OMB Approved OMB No: 0920-0879 Expiration date: 04/30/2017

#### Attachment A: Interview Guide

# Immunization Core Components and Staffing Project Interview Guide

## **Purpose:**

The purpose of this data collection is to enhance knowledge about the variation that exists among immunization programs with regard to the staffing levels and structure essential for conducting core immunization program components and to identify scalable immunization program staffing models.

## **Interview Objectives:**

- Describe the staffing level and structure used to implement core immunization program components
- 2) Identify strengths and weaknesses of your immunization program's current staffing level and structure
- Identify opportunities to enhance the effectiveness and scalability of immunization program staffing models

#### I. Introduction

The information gathered during this interview will be shared in a report to CDC and ASTHO and will be used by CDC to inform guidance provided to immunization programs related to structure and staffing models. The information you provide during the first part of the interview will be reported to CDC in such a way that they will be able to see your specific responses to questions 1 through 9. No individually identifiable information (IIF) will be collected. Knowing how specific awardees respond to

Public reporting burden of this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0879).

these first nine questions will be helpful to CDC because this will allow them to put your responses into context based on other information and knowledge that they have about your immunization program. However, the information gathered during the second part of the interview -- during which I will ask for your thoughts about how your immunization program is currently structured and how this might change in the future -- will only be reported in an aggregated manner that does <u>not</u> allow for specific comments to be attributed to you or your specific immunization program.

You should have received an email inviting you to participate that contained an overview of the types of questions that I would like to ask you today. This was provided to you just in case you wanted to preview the questions prior to the interview, but you certainly did not need to review or prepare for these questions in advance of the interview. Did you receive the email and overview of the questions? (*If not, interviewer will immediately resend via email and then continue with interview.*) Do you have any questions before we begin?

Do you have any objections to my recording this interview? (If the interviewee does not provide permission to record the interview, the interview will continue and the interviewer will take notes throughout the interview.)

## II. Interview Questions Related to Objective #1

As I previously mentioned, one of the primary purposes of this project is to enhance knowledge about the variation that exists in immunization programs with regard to staffing levels used to implement core immunization program components. The first few questions that I will ask you are about your immunization program staffing levels.

- 1. Based on information from your 2014 awardee funding application and reported in eGratis, we understand that your immunization program has \_\_\_\_\_\_ allocated (non-vacant or filled) FTEs¹, including both partial and full time FTEs, who are supported by your annual award. Is that correct?
  - a. *If no*: What is the total number of partial or full-time FTEs in your immunization program who are supported by your annual award?
- 2. Based on 2014 information reported in eGratis, we also understand that your immunization program has \_\_\_\_\_ vacant (or unfilled) FTE positions that are supported by your annual award. Is this correct?
  - a. *If no*: What is the total number of vacant FTE positions that are supported by your annual award?
- 3. Does your immunization program include any partial or full time contract staff supported by your annual award that are not listed as FTEs in eGratis<sup>2</sup>?

<sup>&</sup>lt;sup>1</sup> For all counts of FTE, staff, and contractors in Q 1-6, include both partial and full time FTEs; sum partial and full time to report total (i.e., 3.0 full time and one 0.5 report as 3.5 FTEs.

 $<sup>^{2}</sup>$  Number of contract staff supported by the annual award are <u>not</u> included in eGratis.

- a. *If yes*: What is the total number of contract staff in your immunization program that are supported by your annual award but not listed as FTEs in eGratis?
- 4. Does your immunization program have any vacant contract positions that are supported by your annual award?
  - a. *If yes*: what is the total number of vacant contract positions that are supported by your annual award?
- 5. In addition to the previously noted FTEs and contractors who are supported by your annual award, please tell me how many staff or contractors (excluding CDC-assigned public health advisors and CDC fellows) in your immunization program are supported with:
  - I. State (or local) funding
  - II. PPHF funding
  - III. Federal funding other than PPHF or your annual award
  - IV. Any other funding source (e.g. from private grants, foundations, universities, etc.)
- 6. Does your immunization program have any vacant staff or contract positions that are supported by any funding other than your annual award?
  - a. *If yes*: What is the total number of vacant positions in your immunization program supported with:
  - I. State (or local) funding
  - II. PPHF funding
  - III. Federal funding other than PPHF or your annual award
  - IV. Any other funding source (e.g. from private grants, foundations, universities, etc...)

The next questions are designed to identify the core components or activities of your immunization program and staffing structure. We understand that all CDC-funded immunization programs are required to conduct activities in support of requirements outlined in the Immunization Program Operations Manual (IPOM), including those related to: (a) Program Stewardship and Accountability; (b) Assessing Program Performance; (c) Assuring Access to Vaccines; (d) Immunization Information Technology Structure; and (e) Improving and Maintaining Preparedness.

- 7. Does your immunization program put special emphasis on one or more required or suggested activity outlined in the IPOM?
  - a. *If yes*: Please explain which activity(s) and why
- 8. Does your immunization program conduct any activities that are not directly related to the required or suggested activities outlined in the IPOM?
  - a. If yes: Please explain these activities
- 9. In thinking about all staff that conduct core immunization program components, please generally describe the staffing structure. In other words, are all staff housed within the immunization program or spread across multiple programs?

### III. Interview Questions Related to Objective #2

Now I'd like to ask you about your thoughts regarding how your immunization program is currently staffed. As I mentioned previously, the information that you provide in response to the questions I ask from this point in the interview forward will be reported only in an aggregated manner that does <u>not</u> allow for specific comments to be attributed to you or your state (or jurisdiction). Thinking about current immunization program staffing levels and structure...

- 10. What is working especially well about the way your immunization program is currently staffed? In other words, in what way(s) does your immunization program's current staffing level and structure <a href="help">help</a> your program to meet the immunization needs of the population it serves?
- 11. What is <u>not</u> working well about the way your immunization program is currently staffed? In other words, in what way(s) does your immunization program's current staffing level and structure <u>hinder</u> your program's ability to meet the immunization needs of the population it serves?
- 12. For which of your current immunization program core components or activities, if any, could you most use additional staff?
  - a. How many additional staff?
  - b. What would these additional staff do?
  - c. Why are the additional staff needed?
- 13. If you could make any other changes to the way your immunization program is currently staffed, what changes would you make and why?
- 14. Are there any other staffing challenges that your immunization program is currently facing?
  - a. *If yes*: Please explain these challenges.

#### IV. Interview Question Related to Objective #3

As I mentioned earlier, one objective of this interview is to identify immunization program staffing models that allow for scaling up as necessary during pandemics or other unexpected events.

- 15. Have you been in your position long enough to have experienced the H1N1 influenza pandemic or a more recent unexpected event that required more staffing resources than are routinely available in your immunization program?
  - a. If yes: Thinking about the H1N1 influenza pandemic or a more recent unexpected event that required more staffing resources than are routinely available, can you please tell me how existing staffing levels and structure were modified to respond to the event?
    - i. Please describe the event
    - ii. Were these staffing modifications successful in supporting the response to the event?
    - iii. If not, why and what could have been done differently?

b. *If no*: If you were to be faced with an event such as the H1N1 influenza pandemic or another event that required more staffing resources than are routinely available in your immunization program, what modifications would you make to the existing staffing levels and structure?

# V. Conclusion

Those are all the questions I have for you today.

16. Are there any other comments you would like to provide?

Thank you very much for your time.