

Attachment C: Data Collection Instrument

Form Approved
OMB No. 0920-0879
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Introduction: Each interviewer will review the project context and purpose prior to asking specific questions, as follows:

Hello, my name is [name] of the National Ground Water Association. Thank you for taking the time to speak with us. Before we pursue specific questions, I'd like to provide some context for our conversation and review the project purpose described in the one-pager I sent you when we were scheduling this interview:

- This project is funded by CDC under contract with the National Ground water Association. I'm part of the NGWA team conducting the interviews and preparing a report on what we learn.
- On behalf of CDC, we are trying to learn about different facts, opinions, perspectives, and views of various stakeholders involved in public outreach programs aimed at educating and motivating private well owners to test and/or treat their water. These stakeholders include state and local agencies developing and implementing such public outreach programs.
- We would like to identify and describe existing public outreach campaigns that actively promote well testing and treatment.
- We will use these individual interviews to gather some data from program managers that are indicative of program success from their perspective.

Taking part in this interview is voluntary. You may skip questions that do not apply to you or that you prefer not to answer—and you may end the interview for any reason.

We would like your permission to record this interview. Your responses will be confidential. We will not share notes or transcripts outside of our data collection and analysis team. Findings in project reports will not be identifiable by any individual respondent. Do you agree to participate?

- Yes
- No

[If respondent agrees, interviewer initiates automated recording.]

Do you have any questions before we get started?

Public reporting burden of this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing 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 Office of Management and Budget control number. Send comments regarding this burden estimate, or any other aspect of this information collection, including suggestions for reducing this burden to CDC/Agency for Toxic Substance and Disease Registry Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attention: PRA (0920-0879).

Program Manager Information

1. What is your current position in your agency? [**select all that apply**]

- Director
- Manager (If so, specify your area of management)

-
- Communications or public relations
 - Responsible for overseeing private well issues
 - Other (Please describe)
-

2. What is/was your role in your organization's public education program for private well owners? [**select all that apply**]

- Developed the program
- Directed implementation of the program
- Implemented a part of the program (If so, specify what part you implemented)

-
- Evaluated the program activities and/or results
 - Other (Please specify)

Program Description

I'd like to ask some details about your program:

3. Does/did your program have a name, tagline, or anything that identifies it as a specific program?

- Yes
- No
- Don't Know
- Refused

If Yes:

What is/was the name?

4. What are/were your program start and stop dates? Start _____ Stop _____

- Ongoing program

5. What is/was the name of the agency(ies) implementing the program?

i. Name of agency: _____

Type of agency:

- County
- State
- Nonprofit
- What state are they located in? _____

[If more than one implementing agency, enter additional information below]

ii. Name of agency: _____

Type of agency:

- County
- State
- Nonprofit
- What state are they located in? _____

iii. Name of agency: _____

Type of agency:

- County
- State
- Nonprofit
- What state are they located in? _____

iv. Name of agency: _____

Type of agency:

- County
- State
- Nonprofit
- What state are they located in? _____

6. What is/was the funding source for your program? [**select all that apply**]

- Federal funds
- State Funds
- Local funding
- Grant (Please specify) _____
- Other (Please specify) _____

7. Is/was the funding adequate to enable you to meet the goals of your program?

- Yes
- No
- Don't know
- Refused

8. Why did you decide to implement program (If yes to any of following, please elaborate) [**select all that apply**]

- In response to some area issue or concern?

- Ongoing need to educate private well owners on monitoring and protecting their water quality?

- In response to news media attention to the issue?

- In response to the availability of funding?

- In response to requests from well owners?

- Other? _____

9. What are/were the goals of your program?

10. What are/were your strategies to achieve the goals? **[select all that apply]**

- News media
 - Advertising
 - Public presentations
 - Literature distribution
 - Web/social media outreach
 - Partnerships
 - Other (specify)
-

11. What tactics do/did you use to carry out your strategies? **[select all that apply]**

- Issued news release(s)
 - Staged news event(s)
 - Met with editorial board
 - Advertised in newspaper, or on radio, TV or website
(Specify all that apply)_____
 - Presentation at meeting of governmental entities, nonprofits organizations, civic groups, a staged public meeting, or citizens organization
(Specify all that apply)_____
 - Provided literature by direct mail, door to door, centralized locations
(Specify all that apply)_____
 - Web or social media posts
 - Other (specify)
-

12. How is/was your program implemented?

13. Does/did your program address water **testing**?

- Yes (please elaborate) _____
- No
- Don't Know
- Refused

If Yes:

Does/did it address testing for: **[select all that apply]**

- Arsenic
- Bacteria
- Nitrate

- Radon
- Uranium
- Other (please elaborate) _____

14. Does/did your program address water **treatment**?

- Yes (please elaborate) _____
- No
- Don't Know
- Refused

If Yes:

Does/did it address treatment for: **[select all that apply]**

- Arsenic
- Bacteria
- Nitrate
- Radon
- Uranium
- Other

15. Does/did the program provide any guidance on how well owners can find options for water treatment?

- Yes
- No
- Don't Know
- Refused

If Yes:

Describe the guidance and how it was provided.

If No:

Why was such guidance not provided?

16. What geographical area does/did the program target?

- County
- Multiple counties
- Water district
- State
- Other (specify) _____

17. Does/did the program have a website we can look at?

- Yes (specify) _____
- No
- Don't Know

- Refused

18. Is there anything in writing that describes the program, such as brochures or other printed materials?

- Yes (specify) _____
- No
- Don't Know
- Refused

If Yes:

Are copies of the brochures or materials available?

- Yes (specify) _____
- No
- Don't Know
- Refused

19. Can/could you track who tested their water as a result of your program?

- Yes
- No
- Don't Know
- Refused

If Yes:

Does/did your program include any follow-up after the consumer tested their water?

[Select all that apply]

- Yes, < 3 months
- Yes, 3 to < 12 months
- Yes, ≥ 12 months
- No
- Don't Know
- Refused

If follow up < 3 months:

Does/did your follow-up involve: **[select all that apply]**

- Asking additional questions (specify types of questions)

- Providing additional information on water testing or treatment (specify type of information) _____
- Other (specify)

Is/was your contact via: **[select all that apply]**

- Telephone
- Email
- Postal mail
- Other (specify)

If follow up ≥12 months:

Does/did your follow-up involve: **[select all that apply]**

- Asking additional questions (specify types of questions)

- Providing additional information on water testing or treatment (specify type of information) _____
- Other (specify)

Is/was your contact via: **[select all that apply]**

- Telephone
- Email
- Postal mail
- Other (specify)

20. Does/did your program partner with a lab that can perform the water analysis as a service?

- Yes
- No
- Don't Know
- Refused

If Yes:

Is/were there any costs to the consumer associated with this?

- Yes (specify) _____
- No
- Don't Know
- Refused

If Yes:

Does/did the lab offer discounts to people who test after getting information from your program?

- Yes (specify) _____
- No

Program Assessments:

21. Do you know how many people the program reached?

- Yes
- No
- Don't Know
- Refused

If Yes:

Was it:

- 10-50
- 51-100
- 101-200

- 201-300
- 301-400
- 401-500
- >500

How did you measure the number of people reached? **[select all that apply]**

- Hits to the website
- Calls from the public
- An increase in well testing (Please explain how this was quantified)_____
- Other (Please specify)_____

22. Did you get feedback from well owners regarding whether your program was helpful?

- Yes
- No
- Don't know
- Refused

If Yes:

How was/is this feedback assessed?

Would you say a majority of well owners found the program:

- Very helpful
- Somewhat helpful
- Not helpful
- Don't know

23. Do/did you measure the activities, effort, and/or work products associated with your program such as number of advertisements placed, presentations made, well owners canvassed?

- Yes
- No
- Don't Know
- Refused

If Yes:

What do/did you measure? (specify)

24. Do/did you measure the results, effects, or consequences associated with your program such as water tests taken, well owner feedback, help line calls taken?

- Yes

- No
- Don't Know
- Refused

If Yes:

What do you measure? (specify)

What results do/did you find most effective and/or important in terms of well owners acting to protecting their water quality? (specify)

25. Did you do a formal assessment to gauge success of the program?

- Yes
- No
- Don't Know
- Refused

If Yes:

Who did the assessment and how was it done?

What was measured?

What were the results?

Program Manager Expert Opinion

26. Are/were there any barriers to the program's success?

- Yes
- No
- Don't Know
- Refused

If Yes:

What were the barriers?

During the course of your program, have you learned ways to overcome some of these barriers?

- Yes

- No
- Don't Know
- Refused

If Yes:

What have you learned?

How did this knowledge change your program?

27. Based on your experience with the program(s), what are the major barriers to private well owners seeking water **testing**? [**select all that apply**]

- Cost
- Confusion about what their water should be tested for
- Time involved in investigating, selecting, and purchasing testing
- The absence of health symptoms indicating of a water quality problem
- The absence of aesthetic indicators of a water quality problem
- Concern about follow-up if testing identified a problem with your water
- Other (please specify)_____

28. Based on your experience with the program(s), what are the major barriers to private well owners seeking water **treatment**? [**select all that apply**]

- Cost
- Confusion about what treatment technology is needed
- Time involved in investigating, selecting, and purchasing treatment equipment and getting it installed
- The absence of health symptoms indicating a water quality problem
- The absence of aesthetic indicators of a water quality problem
- Maintenance of water treatment system
- Other (please specify)

29. In your opinion, what do you think is a strategy that can reduce the barriers to private well owners testing their water?

30. In your opinion, what do you think is a strategy that can reduce the barriers to private well owners seeking water treatment?

31. Have you been involved with other public education programs aimed at private well owners before?
- Yes
 - No
 - Don't Know
 - Refused

If Yes:

What did you learn from prior programs?

Did those lessons help in your current or most recent program?

- Yes
 - No
 - Don't Know
 - Refused
32. Based on your experience in general, what are key considerations for planning a public education program for private well owners?

33. Is there anything that surprised you about the program—positively or negatively?
- Yes (please elaborate)
-

- No

Arsenic or Nitrate Specific Programs

34. Did you/do you have a regional program that focuses primarily on arsenic or nitrate?
- Yes, arsenic (**answer questions 35-39**)
 - Yes, nitrate (**answer questions 40-44**)
 - Yes, both (**answer questions 35-44**)
 - No
 - Don't Know
 - Refused

35. Why did you decide to focus your program on arsenic?

36. What were/are the goals of your program specific to arsenic?

37. Is/was there a specific region you targeted related to arsenic?

- Yes (specify) _____
- No
- Don't Know
- Refused

38. Among your program's target population, how aware are private well owners about arsenic exposure and its possible health effects? **(please explain)**

39. How concerned are you about arsenic exposure and its possible health effects among private well owners in your program's target population? **(please explain)**

40. What in your opinion are the primary barriers to your target audience *learning about or acting upon* arsenic contamination? **(specify which apply learning about or acting upon)**

41. During the course of your program, have you learned ways to overcome some of these barriers?

- Yes
- No
- Don't Know
- Refused

If Yes:

What have you learned?

How did this knowledge change your program?

Were you able to assess improvement in your audiences' response to or behavior from these changes in your program?

- Yes (specify) _____
- No
- Don't Know
- Refused

42. Why did you decide to focus your program on nitrate?

43. What were/are the goals of your program specific to nitrate?

44. Was there a specific region you targeted related to nitrate?

- Yes (specify) _____
- No
- Don't Know
- Refused

45. Among your program's target population, how aware are private well owners about nitrate exposure and its possible health effects? **(please explain)**

46. How concerned are you about nitrate exposure and its possible health effects among private well owners in your program's target population? **(please explain)**

47. What in your opinion are the primary barriers to your target audience *learning about or acting upon* nitrate contamination?

48. During the course of your program, have you learned ways to overcome some of these barriers?

- Yes
- No
- Don't Know
- Refused

If Yes:

What have you learned?

How did this knowledge change your program?

Were you able to assess improvement in your audiences' response to or behavior from these changes in your program?

- Yes (specify) _____
- No
- Don't Know
- Refused