

Data Collection Instrument 1: Pre-Exhibit Face to Face Survey

Interviewer notes: The survey will be conducted on Sunday, Nov 13 to ensure that all potential respondents will be eligible (i.e., those who have not attended are eligible). Part of the survey may be answered by the respondent entering data themselves into the tablet to facilitate the use of Likert scales and reduce duration. Otherwise, we will use laminated cards.

Read to prospective respondent:

Hi. I'm _____ with the CDC. Would you be willing to help out by answering a few questions related to a new exhibit we are showing at this Annual Meeting? It will take about 7 minutes. It is anonymous and voluntary. We are hoping to speak with some meeting attendees who have not yet been to the exhibit. The results from these surveys will help us know if we were successful in meeting our goals this week. Do you have any questions? May I begin?

A. Exposure and Background (assuming other background information is available through Lead Retrieval)

Read: The first few questions are about your professional background.

1. Do you currently work in the field of refugee health? (If yes, skip next question)

2. What is your primary area of interest?

Bacteriology / Clinical Tropical Medicine / Entomology / Global Health / Parasitology – Clinical /
Parasitology - Molecular and Cellular / Virology / Other

3. What is your professional role?

Administration/Executive / Clinical / Prevention and Control / Research / Teaching / Other

4. What is your primary work setting?

Academia / CDC / Consultant / FDA / For-Profit / HHS / Local Government / NIH / Non-Profit / Post-
Doc/Fellow/Student / Private Practice / Retired / State Government / USAID / Other

Public reporting burden of this collection of information is estimated to average 7 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 Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-1071

5. What is your level of interest in working in the refugee health field in the future? It's ok to say "I don't know." Very interested / Interested / Not interested / Not at all interested / Unsure

6. Are you currently a student, Post-Docs, Medical Resident or Fellow? Y/N

B. Awareness, Knowledge, and Attitudes

Read: The first few questions are about your understanding regarding a few refugee health topics. It's ok to not know, please answer as best you can.

1. Please share with me your understanding of how the UN High Commission on Refugees defines a refugee. (Open-ended. Must include 2 of 3 concepts: 1) crossed international border, 2) unable to return home, 3) persecution due to race, religion, nationality, political opinion, or social group.)

2. Across the globe, the number of refugees, asylum seekers, and internally displaced people is estimated to be:

2.5 million / 15 million / 35 million / **65 million**

3. For U.S. bound refugees, what is the average processing time between referral for resettlement and admission to the United States?

6-9 months / 9-12 months / **18-24 months** / 24-36 months

4. Are vaccinations required as part of the overseas medical assessment for U.S.-bound refugees?
Yes / **No**

5. Refugees receive a medical exam before they leave for U.S. resettlement. What screenings are part of this exam? You can select from this list.

*Hepatitis screening / syphilis and gonorrhea screening / Drug screening / **Mental health screening** / **Hansen's disease (leprosy) screening** / Cholesterol screening*

6. Upon arrival, domestic resettlement agencies provide basic necessities and core services for a period of time following resettlement. How long is that period?

1-2 weeks / **1-3 months** / 1 year / 2 years

Read: Thanks. We are over half way done! The next few questions ask you how much you agree or disagree with statements about refugees and the field of refugee health. Each one can be answered on a scale where 1 is strongly agree and 4 is strongly disagree.

7. It is important that health providers serving refugee communities are culturally and linguistically competent. 4-point Likert scale: Strongly Agree to Strongly Disagree

8. It is important to start providing care to refugees before they leave for the United States. 4-point Likert scale: Strongly Agree to Strongly Disagree

9. I am aware that CDC has issued guidelines for domestic medical screening for newly arriving refugees to the United States. 4-point Likert scale: Strongly Agree to Strongly Disagree

10. There is a cohesive, evidence-based scientific body of knowledge that supports the provision of health services to refugees. 4-point Likert scale: Strongly Agree to Strongly Disagree

11. CDC is a trusted leader in the science and practice of refugee health. 4-point Likert scale: Strongly Agree to Strongly Disagree

12. I believe that my current professional work can contribute to improving refugee health. 4-point Likert scale: Strongly Agree to Strongly Disagree

13. I feel connected to the experience of refugees. 4-point Likert scale: Strongly Agree to Strongly Disagree

Read: Thank you very much for your time. Do you have any questions? I hope you have a chance to attend the exhibit "The Refugee Journey to Wellbeing" over the next week. Have a good meeting.

End survey.