

## **CDC DGMQ USMU**

### **U.S. Mexico Unit Key Informant Interview Participant Discussion Process**

#### **A Discussion Guide for: 1) Needs Assessment for Health Education and Communication for Migrants; 2) Adaptation of Existing Health Education Materials for Migrants; and 3) Social Marketing/Health Communication Campaign Plan for Low English Proficiency (LEP) Spanish-speakers and Indigenous Mixtec and Zapotec Migrants from Mexico**

##### **Key Informant Interview Goals**

- To familiarize key informants with the following projects: Needs Assessment for Health Education and Communication for Migrants, Adaptation of Existing Health Education Materials for Migrants, and Social Marketing and Health Communication Campaign Plan.
- To gather information from the Key Informants about their relationship with and knowledge of the priority populations to be included in the projects, including what they would like to see incorporated into methods and data collection.
- To determine best practices in health education and communication with the 3 priority populations.
- To assess the needs and barriers of the priority populations related to health education and communication surrounding the 5 priority topics for the Adaptation of Existing Materials.
- To gather information about the cultures, as they pertain to health and wellness, and health information seeking behaviors of the priority populations.
- To gather information from key informants about their needs and preferences for the Social Marketing and Health Communication Campaign Plan, and learn about other relevant plans already in place.
- To determine best practices in reaching and communicating with the priority populations about seasonal and pandemic influenza.
- To assess the needs and barriers of the priority populations related to seasonal and pandemic influenza education and communication.
- To obtain information about routine and emergency health communication needs/preferences.

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 Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-XXXX.

**Interview Guide**

**Participant Initials ONLY:** \_\_\_\_\_

**Interview Date:** \_\_\_\_\_

**Interviewer Initials:** \_\_\_\_\_

**Start Time:** \_\_\_\_\_

**End Time:** \_\_\_\_\_

Suggested discussion length is 1 hour

## **I. Introduction**

Hello, my name is [Insert Name]

I work for the (Insert name of institution). (Insert name of institution) has been tasked by the Centers for Disease Control and Prevention (CDC) to work on various health communication and education projects for the following target populations:

- Low English proficiency (LEP) Spanish-speakers
- Indigenous Migrants from Mexico: Mixtecs and Zapotecs

You have been identified as a key informant that will be able to provide insight into the health education and communication needs surrounding the 5 priority topics: access to care, HIV/AIDS, tuberculosis, hepatitis B, seasonal and pandemic flu, of one or more of the target populations. Today I'd like to talk to you a little bit about your knowledge of the target populations and your interaction with their communities so that we may develop a better understanding of population needs, preferences, barriers, and best practices in relation to health education and communication. The expected interview length today is approximately 1 hour.

## **II. Informed Consent**

Before we begin, I'd like to explain that your participation in this discussion today is voluntary and you may end your participation in the discussion at any time. The risks in taking part in the discussion are the same as you would face in daily life activities. Your name will not be released to anyone outside of the project teams at (Insert name of institution) and CDC. You may benefit from participation by having the opportunity to advise CDC and (Insert name of institution) on various health communication and education projects for the identified populations.

Is today a convenient day/time for you to participate in this interview?

[Circle: Yes/No]

Our conversation today will be recorded. The recording will be kept on (Insert name of institution) secure server for 3 years and then destroyed. This will allow me to pay closer attention to your comments and make my notes more accurate. There will also be a separate notetaker from (Insert name of institution) listening in on our discussion today, USMU Health Education and Communication Projects but she/he will not be interacting with us. Your participation is voluntary and you may stop our discussion at any time. Would you like to participate in this interview today?

[Circle: Yes/No]

Do you give your permission to be recorded for the duration of this discussion?

[Circle: Yes/No]

IF YES:

Good, thank you.

IF NO:

Then we can continue the interview without an audio recorder and I will take notes throughout.

### **III. Warm-Up & Organizational Affiliation Questions**

I would like to begin with learning a little bit about your organization.

Which of the populations [LEP Spanish-speakers, and Indigenous migrants from Mexico (Mixtec, Zapotec)] do you work with?

**PROBE:** Please describe the specific populations you have worked with (e.g, countries of birth, occupation, geographic location, indigenous groups)

With which population(s) do you have the most experience?

Tell me about your experience working with the population(s).

**PROBE:** How long have you been working with them?

In what capacity have you been working with them? (e.g., health communication or education, health screenings research, needs assessments)

How do you believe your organization is perceived by the population(s)? How do you perceive your organization's relationship with the population(s)?

### **IV. General Health KAB & Access to Care Questions**

I would like to ask you some questions about general health attitudes and the populations' access to care.

Where does the typical member of the population work?

Where do they gather in their free time?

What are their family structures like?

Who is in charge of decision-making related to the family's health?

What is the population's general attitude related to obtaining health services from traditional healers?

**PROBE:** Are you aware of utilization of traditional healers for health care?

How would you describe those traditional healers (e.g., curanderos, sobadores, etc.)

What kinds of services does the population seek from traditional healers? Are they an important source of health information?

How would you describe the population's general attitude regarding routine and/or preventive health care in the US?

**PROBE:** Regarding routine vaccinations? Regarding regular doctor's visits?

## **V. Seasonal & Pandemic Influenza Questions**

Now I'd like to ask you a few questions specifically about seasonal and pandemic influenza. Can you tell me a little bit about the population(s)' beliefs about seasonal influenza?

**PROBE:** Regarding influenza transmission? Regarding influenza risk perceptions?

Can you tell me about the population(s)' beliefs about pandemic influenza?

**PROBE:** Regarding their risks during a pandemic outbreak?

What are their attitudes surrounding influenza prevention strategies?

**PROBE:** Influenza vaccines?

If they receive the influenza vaccine, where do they go to obtain it?

Handwashing?

Sneezing and coughing into one's sleeve?

Social distancing and isolation of the sick?

What (if any) are the prominent myths about influenza and flu vaccines in the population(s)?

**PROBE:** Have there been any efforts to dispel myths?

If yes, how? By whom? Was it successful?

Has your agency been involved in any sort of flu communication programs with the population(s) in the past?

**PROBE:** Tell me about the flu communication programs.

What were the successes (what did work)?

What didn't work?

What about other organizations?

Has your agency been involved in any sort of flu communication campaign with the population(s) in the past?

**PROBE:** Tell me about the flu communication campaign.

What were the successes (what did work)?

What didn't work?

What about other organizations?

## **VI. HIV/AIDS, TB & Hepatitis B Questions**

Now I have some questions to ask about HIV/AIDS.

Can you tell me a little bit about the population(s)' beliefs about the transmission and prevention of HIV/AIDS?

Can you tell me about the barriers the population(s) faces to HIV testing and counseling?

**PROBE:** Are you aware of any gender-specific barriers to testing?

Are you aware of any HIV risk behaviors common to the target population(s) you work with?

**PROBE:** If yes, tell me about them?

What are the risk behaviors?

Are there any cultural practices that place the target population(s) at risk for HIV transmission?

Any specific to Indigenous migrants?

Now I have some questions to ask about Tuberculosis (TB).

Can you tell me a little bit about the population(s)' beliefs about the transmission and prevention of TB?

Can you tell me about any myths that the population(s) carries surrounding the transmission of TB?

**PROBE:** Are you aware of any efforts to dispel these myths?

What worked? What didn't?

Now I have some questions to ask about hepatitis B.

Can you tell me a little bit about the population(s)' beliefs about the transmission and prevention of hepatitis B?

Can you tell me anything about hepatitis B in the population(s)?

**PROBE:** Vaccination rates?

Intravenous drug use? Injection of antibiotics and vitamins?

Are you aware of any gender-specific differences?

## **VII. Information & Trusted Sources Questions**

I would like to ask you a few questions about information-seeking behaviors and trusted institutions among the population.

If you were to recommend specific communication channels or media to reach the population(s), what would you suggest? Why?

**NOTE:** If interviewee has provided answers to the questions that follow during the previous question, skip to next relevant question or section.

Who in the family is the most credible source of health information?

**PROBE:** Father? Mother?

Who are the gatekeepers\* to this community?

\*Note: if asked what a gatekeeper is:

Individual or group of individuals who have access to the target population and are respected by the members of the community because of their social networks and/or position in the community.

**PROBE:** Local level trusted individuals or institutions?

Political or religious leaders? Promotoras (community health workers)? Educators? Social workers?

Community development advocates? Non-profit organizations, their national consulate?

How do these individuals reach the population(s) with health education and communications? Phone trees? Weekly assemblies? Health fairs?

Do you know how these people or groups can be contacted by CDC?

Are messages delivered by government agencies generally trusted in the population(s)?

**PROBE:** If no, why not?

Any agencies in particular that are generally trusted or not trusted?

How mobile is/are the population(s), either within the US or across borders?

**PROBE:** Frequent border crossers?

Seasonal migrants? (Farm workers?) Migration patterns?

Do they maintain strong hometown links? (Via remittances, association membership, family ties?)

Where does the population(s) get their news and information in general?

**PROBE:** From the radio? Which stations? Newspapers, TV ...

Where do they get their information about health?

Approximately what percentage of the population(s) owns and uses a cell phone?

**PROBE:** Does the population(s) use text messaging?

What are the generational differences in use?

Approximately what percentage of the population(s) frequently listens to radio?

**PROBE:** What particular radio stations do they listen to?

Are there any differences in listening among men vs. women? Young vs. old?

What languages are broadcasts preferred in?

Approximately what percentage of the population(s) reads newspapers?

**PROBE:** Are they language/population specific newspapers?

Which newspapers in particular do they read?

What other communication media are used by the population(s)?

**IF YES THEN PROBE:**

Internet Use?

Use of social media (facebook/myspace/twitter)?

Frequently visited websites?

**IF NO THEN PROBE:** Do you believe that any segment of the population is currently using any of these media channels?

Do they access information from media originating from their home country?

**PROBE:** Which media?

If health communication messages were delivered is there a preference among the population(s) for Written, oral or pictographic?

If health communication messages are delivered via written or oral communication, is there a preference for Spanish only, Spanish, and English?

**PROBE:** Spanish and Mixtec or Zapotec, or other indigenous languages?

Are there different preferences among Indigenous groups?

### **VIII. Existing Health Education Materials Questions**

Now I'd like to ask you about health education outreach strategies.

Are there any existing health education materials for access to health care that you would recommend for use either as is or after cultural and linguistic adaptation with the population(s)?

**IF YES THEN PROBE:**

What can you tell me about the material(s)? (TITLE, Format, language, topic)

Have you used this/these material(s) with the population(s)? What was your experience like?

Would those materials need to be adapted to any of our target populations? Why?

Do you have access to the material(s)? Would you be willing to share those with CDC?

Are there any existing health education materials for HIV/AIDS that you would recommend for use either as is or after cultural and linguistic adaptation with the population(s)?

**IF YES THEN PROBE:**

What can you tell me about the material(s)? (TITLE, Format, language, topic)

Have you used this/these material(s) with the population(s)? What was your experience like?

Would those materials need to be adapted to any of our target populations? Why?

Do you have access to the material(s)? Would you be willing to share those with CDC?  
Are there any existing health education materials for seasonal and/or pandemic influenza that you would recommend for use either as is or after cultural and linguistic adaptation with the population(s)?

**IF YES THEN PROBE:**

What can you tell me about the material(s)? (TITLE, Format, language, topic)

Have you used this/these material(s) with the population(s)? What was your experience like?

Would those materials need to be adapted to any of our target populations? Why?

Do you have access to the material(s)? Would you be willing to share those with CDC?

Are there any existing health education materials for TB that you would recommend for use either as is or after cultural and linguistic adaptation with the population(s)?

**IF YES THEN PROBE:**

What can you tell me about the material(s)? (TITLE, Format, language, topic)

Have you used this/these material(s) with the population(s)? What was your experience like?

Would those materials need to be adapted to any of our target populations? Why?

Do you have access to the material(s)? Would you be willing to share those with CDC?

Are there any existing health education materials for hepatitis B that you would recommend for use either as is or after cultural and linguistic adaptation with the population(s)?

**IF YES THEN PROBE:**

What can you tell me about the material(s)? (TITLE, Format, language, topic)

Have you used this/these material(s) with the population(s)? What was your experience like?

Would those materials need to be adapted to any of our target populations? Why?

Do you have access to the material(s)? Would you be willing to share those with CDC?

Are you familiar with any experienced translators or health educators in the area who are members of the priority population(s)?

**PROBE:** Have you worked with them before?

May CDC contact them for help with the adaptation of existing health education materials? Contact info?

What do you think are the 3 most pressing health education and communication needs among the priority population(s)?

What do you think would be good distribution locations/people for disseminating health education materials to the target population?

**PROBE:** Do you have suggestions for field testing?

## **X. Conclusion**

This concludes our discussion today. Is there anything we have not discussed that you would like to mention?

Do you have any questions for me?

Thank you so much for talking with me today. I really appreciate you taking the time to share your insights and experiences for CDC's health communication and education projects with the target populations. As we are going through our notes, we may have brief follow-up questions or need further clarification. If so would it be OK to contact you?

[Circle: Yes/No]

Do you prefer that follow-up take place by telephone or email?

[Circle: Phone/Email]

Would you be willing to participate in a review and/or evaluation of any future tools or materials?

[Circle: Yes/No]

This correspondence would be done by Email, is this okay?

[Circle: Yes/No]

If you have any future questions about this project, you may call: **(insert contact information)**

If you have questions about your rights as a participant in this discussion, you can contact: **(insert project lead information here)**

On behalf of ORISE and the CDC, we thank you for your time and expertise. Have a wonderful day.