

CDC I-Catalyst Program Project
CSELS Behavioral Health Data for Response Efforts
Interviews with Nongovernmental Organizations
Interview Protocol Guide and Questions

Public reporting burden of this collection of information is estimated to average 30 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 (0920-1158).

Background Information:

Statistics show that health is largely a behavioral phenomenon and that interventions to change behavior are effective and can dramatically improve health. Currently, CDC is not maximizing use of its behavioral science expertise to conduct needed behavioral assessments that inform an evidence-based infectious disease outbreak response plan. As a result, CDC makes behavioral recommendations for infectious disease prevention and control that may not be culturally appropriate, relevant, understood, or acted upon by participants, resulting in ineffective or inefficient outbreak or emergency response efforts. CDC's Division of Health Informatics and Surveillance (DHIS) in the Center for Surveillance, Epidemiology, and Laboratory Services seeks to explore opportunities to help outbreak response teams come up with the best recommendations, including interventions based on both epidemiological and behavioral evidence that communities at risk of infection will be most likely to understand, accept and act on. A possible solution is to explore whether rapid audience/user input tools or templates, based on free and widely available tools (e.g., Epi-Info), could be effective and feasible tools for helping public health authorities understand the behavioral drivers of people in communities at risk during an outbreak response.

Interviewer to Respondent: Hi, my name is ...Thank you for your time. You are invited to participate in a discussion about public health programs and disease prevention during emergency response efforts. Your name will not be used in any reports. Participating in this discussion is completely voluntary. You can decline to answer any question and can stop the interview at any time. We expect the interview to last no more than 30 minutes. We will take notes during the discussion, but will not record identifying information, and all data will be reported in aggregate. You can decline to answer any question and can stop the interview at any time.

I am a part of a team involved in the Ideation Catalyst program at CDC. As part of this program this team will be conducting a series of interviews with key stakeholders to better understand outbreak investigations and public health responses. The goal of the project is to identify opportunities to strengthen existing processes, methods, and approaches used during outbreak investigations and responses. [If asked for more specifics or what we are recommending or proposing] The I-Catalyst process is about understanding the needs of customers and stakeholders. So, our goal is to understand what your job entails]. Thank you for participating in this data collection effort.

1. Can you describe your roles in any recent outbreak investigations or responses?
 - a. Were you involved in directing the strategies or approaches used as part of the response?
 - b. What priorities drove most of what you did? (for each role)
 - c. Where would you say these priorities came from? Ex. leadership, mission, professional commitment, personal commitment?
 - d. How did you see those priorities translate to the types of activities done?
 - e. What factors facilitate an effective response?
2. What factors inhibit an effective response?
 - a. Probe - what disciplines contribute to an effective response
 - b. Can you give some examples? (If they haven't already or if we need more)
3. Tell me about how you develop interventions when in the midst of an emergency response.
 - a. What information do you look for or use to help guide the development of interventions?
 - b. What critical evidence is collected at the outset of a response to guide interventions?
 - c. How is this evidence collected?
4. What role(s) do you see as most important in a response? Why?
5. What can detract from an effective response?
6. What was the greatest challenge in [past emergency response]?
7. What was the greatest success? What made it so successful?
8. Tell me about your experience with social or behavioral scientists. What was their main role, and at what point in the response? Why/not was it important?
 - a. What are some examples of behavioral science work?
 - b. CDC will be the early adopters of behavioral science and state and local authorities will follow CDC's lead.
 - c. Can you tell us about working with partners during a response?
 - d. To what degree did their input influence decision made? To what degree did CDC have influence?
 - e. Can you give us some examples?

Those are all of the questions that I have for you. However, before we end, is there anything else that you would like to discuss or add that I didn't ask about?

Thank you.