# **CDC I-Catalyst Program Project**

# **Community-based Mosquito Surveillance - MHPs**

# **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**:

CDC has provided funding and technical assistance in the development of a surveillance, education, and community engagement app called Kidenga (http://Kidenga.org), launched in the fall of 2016, to help prevent and control the spread of Aedes mosquito-borne diseases like Zika, dengue, and chikungunya in US-Mexico border communities. Developing a flexible and responsive framework for neighborhood-level environmental management is paramount to controlling mosquito populations, and without significant community engagement, mosquito control programs have often failed. The Health Belief Model suggests that ‘cues to action’, in conjunction with other factors can improve the chances of the recipient of the cue performing health behaviors. In a survey conducted by partners at the Arizona Department of State Health Services, participants ranked targeted weather-based alerts of mosquito risk as a top feature that would motivate them to use the Kidenga app regularly, and over 70% of pregnant women surveyed reported interest in such weather-based alerts. Therefore, the CDC Kidenga team seeks to explore potential solutions for better engaging pregnant women and their families in mosquito-control in their environments through the Kidenga app. With this innovation, pregnant women, their families, and ultimately the communities using this app may improve their capacity to take action in mosquito control at the most critical risk periods.

Therefore, to succeed in building useful app features for pregnant women, the Kidenga team seeks to talk with Maternal-Child Health providers (MHPs) to better understand the end-user, the problem, and the appropriate solutions. Ultimately, the team aims to develop an innovative, low-resource approach to facilitate improved community engagement in mosquito control.

**Interviewer to Respondent**: Hi, my name is ...Thank you for your time. I know you are busy, I only need about 30 minutes of your time. I’m from the Division of Global Migration and Quarantine in the Center National Center for Emerging & Zoonotic Infectious Diseases (NCEZID) working on a project on healthy pregnancy and individuals do to have a healthy pregnancy. CDC is gathering this information to help improve the messages and the ways in which they are made available to help prevent diseases caused by mosquitoes. We will use the information you provide us today to help us make decisions on how to better provide public health messages to pregnant women and maternal health providers. Your name will not be used in any reports. Thank you for participating in this data collection effort. Participating in this discussion is completely voluntary. You will not be identified in any published reporting. Individual respondents will not be identified in study reports except with their express permission.

**Questions for Maternal Health Providers**

1. What is your role in providing care to pregnant women?
2. Tell me about a typical visit with a pregnant woman.
3. Tell me about how you provide infectious disease information to pregnant women during a visit.

***Examples of probing questions:***

1. What health protection measures do you discuss during the visit?
2. When are the most critical points during a visit to share information with a patient?
3. Are there other issues you wish you could discuss with patients? What are some of the reasons why those issues don’t get addressed during a visit?
4. Tell me about the information or education resources you refer women to?

***Examples of probing questions:***

1. If you don’t get to discuss something during a visit, how do you get that information to the patient?
2. What type of resources are they (website, apps, brochures, printouts, patient/provider platforms)?
3. Where do you get those materials?
4. Who puts out that information? (ACOG, health departments, pharma, etc.)
5. What makes it easy for you to provide those resources? What makes it difficult?
6. How could this information or how it is provided be improved? (e.g. adding videos to patient portal, different languages, more up-to-date information, etc.)
7. What information about mosquito borne diseases do you share with pregnant women?

***Examples of probing questions:***

1. How do you get up-to-date information about mosquito borne diseases? What about Zika?
2. What information about personal protective measures or environmental measures do you share?
3. What information about travel do you discuss?
4. How has Zika changed what you do with a patient? (testing, intakes, travel recs, procedures, etc.)