CDC NATIONAL HEALTH SECURITY PREPAREDNESS INDEX

SEMI-STRUCTURED INTERVIEW GUIDE INSTRUMENT

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  Utility of the National Health Security Preparedness Index for Public Health Preparedness

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INTRODUCTION

[NOTE: This interview guide is designed for use with three groups of respondents: (1) Index Use and Usability respondents will be asked about their experiences with use of the National Health Security Preparedness Index [Part I]; (2) Core PHEP Metrics respondents will be asked to evaluate a potential list of core Public Health Emergency Preparedness and Response metrics [Part II]; and (3) Index Guidance and Tools respondents will be asked to evaluate draft Index guidance documents and tools [Part III]. All respondents will be asked questions in the Background and Context section and the Concluding section.]

1. **Introduction of team members**. "Hi, my name is ___ and this is my colleague _____. He/she/They are with me today to help ensure I cover all the bases and to take notes. Thank you for taking the time to speak with us today. "

2. **Broad goals**. "Before we begin, let me review some general information. This interview is being conducted as part of a study to assess the utility of the National Health Security Preparedness Index for public health preparedness programs. This study is funded by the U.S. Centers for Disease Control and Prevention (CDC), and conducted by the University of Kentucky in partnership with the University of Colorado, University of California Los Angeles (UCLA), New York University, the National Association of County and City Health Officials (NACCHO), and the Association of State and Territorial Health Officials (ASTHO). We will ask questions about your role as it relates to public health emergency preparedness in your [state or local jurisdiction], the types of information you use to inform this work, and your perceptions of the use and utility of the index and how it could be improved."

3. **Security of Responses**: "To protect security, throughout this interview it will be helpful if you can refer to your colleagues by title or role rather than name. If you forget and use names that is okay; we will redact names later.

4. **Interview format**: "We expect the interview to last approximately 70 minutes. This interview is voluntary, and you are free to skip questions or stop or postpone the interview at any time."

5. **Permissions.** "Because we value everything you have to say and want to make certain we don't miss anything, we would like to audio-record this interview. Is this okay with you? Only project staff will hear the recording and it will stay password protected on secure computers. Recordings will be transcribed, analyzed, and summarized. Your name and your agency's name will not be used in interview paperwork or in any final reports or publications. Instead, each participant receives a unique ID number that is used in place of your name or other identifying information. The recording is purely for our internal purposes. If you are not comfortable being recorded, we can take written notes instead. Only aggregated data will be reported to individuals outside the study team, and no information will be attributed to you or your agency."

[If Yes] Thank you. I will now turn on the recorder and re-ask this question of you to record your oral permission to record. [Turn on Recorder] This interview is being recorded. I am asking your oral permission to be recorded. Do you grant me your permission to record this interview session? [pause for "Yes" answer] As stated before in our earlier conversation, you can ask me to pause or turn off the recorder at any time.

[If No] OK, I will not be recording this session but only taking notes of our conversation.

[If recording] This is code number XXXXXX, and the date is XXXXXXX.

BACKGROUND AND CONTEXT
[Ask all respondents]

I'd like to ask a little bit about the context in which public health emergency preparedness (PHEP) activities occur in your jurisdiction.

1. Can you tell us about your role in [agency name] and how long you have been in that role?

2. In what ways are you involved with public health emergency preparedness in your jurisdiction? Please tell us a little bit about your responsibilities in this area, and the types of outcome(s) you are accountable for.

3. Can you tell me a little bit about how responsibilities for PHEP are distributed in your jurisdiction?
   - Which PHEP capabilities and activities is your program responsible for?
   - What other programs and organizations have PHEP responsibilities?
   - Can you describe the types of staff who work on PHEP in terms of their professional training and credentials?
   - Do these staff work solely on PHEP or do they have other responsibilities as well? What types of other responsibilities do they have?

4. What do you view as your agency's current priorities related to PHEP?
   - Which PHEP capabilities are a priority?

5. What do you perceive as the greatest strengths of your current PHEP activities?

6. What do you perceive as the greatest weaknesses of your current PHEP activities?

7. What are the principal challenges you encounter in carrying out your program's PHEP responsibilities?

Next, I'd like to ask a few questions about existing relationships or collaboration with other organizations in your jurisdiction related to PHEP.

8. From your perspective, which community partners or other external partners are most important for effective PHEP in your jurisdiction?

   [Probe: public safety organizations, environmental agencies, health care organizations, faith-based organizations]

   - How engaged are these partners in PHEP? Probe for active participation in drills or exercises; participation in cross-sector partnership for training or other PHEP activities.
   - How do you keep in touch and share information related to PHEP?
   - What challenges do you encounter in engaging these partners?
   - What strategies have been most successful in engaging partners? (e.g., participation in coalition-building activities, mutual aid agreements)

- Does your agency have access to any designated funding to help support partner engagement in PHEP?

9. Can you tell us about any unique features of your community that may affect PHEP? For example, demographics, availability of certain resources / services.

PART I: INDEX USE AND USABILITY
[Ask only for Index Use and Usability respondents]

I'd like to ask a little bit about the type(s) of resources you find most useful in informing your work related to PHEP.

10. What type of information or data (if any) do you typically draw on to inform your work?
    - What type of data, assessments, or other tools do you rely on to identify the most relevant hazards / risks in your jurisdiction?
    - What types of data, assessments, or tools do you use to monitor PHEP capabilities and/or performance for your jurisdiction?
    - Do you use NHSPI or the Community Assessment for Public Health Emergency Response?

11. What training or technical assistance resources do you find most useful in informing your work?

12. What additional resources do you wish you had that are not currently available? Probe: data, training, technical assistance, other.

Familiarity, Use and Utility of the Index

Now I'd like to shift to questions about the National Health Security Preparedness Index specifically, which I will subsequently refer to as the Index. The Index was developed in 2013 as a mechanism for assessing how health security capabilities may vary across the U.S., how they may change over time, and how they can be strengthened. In response to initial feedback, the Index is currently being "downscaled" to better reflect health security at local level, not just federal and state.

13. Can you tell us a little bit about your familiarity with the Index? What do you know about it?

14. From your perspective, what are the main goals of the Index?

15. To what extent have you used the NHSPI?
    - If not, why not?
    - If yes, how are you using it (e.g., to inform strategic planning, political advocacy, leverage funding, quality assurance)? Please provide specific examples.

16. In what ways is the Index useful to you or [agency name]?

17. What is your impression of how others (e.g., community partners, colleagues) are using the Index?

18. What do you view as the most appropriate use of the Index right now? (Provide examples)

19. What kinds of impact, if any, has the Index had on you, your agency, and/or community? Tell me about the changes you have noticed.

Index Strengths, Weaknesses and Desired Changes

20. What are the primary strengths of the Index?
    - What is working well in the Index?
    - Why do you think they work?

21. What are the primary weaknesses of the Index?
    - Where is there room for improvement?
    - What is not working and why?

22. What do you perceive as the major challenges to using the Index?

23. What changes are needed to improve the Index and/or make it more useful to you, your agency, and/or your community partners?

    [Examples: changes to how the Index is marketed or messaged; enhanced tools for interpreting or displaying the data; changes to the metrics being used; etc.]

24. How might these changes impact what you, your agency, and/or your community partners are able to achieve?

25. What additional feedback do you have on improving the dissemination of the Index?

26. What about processes for soliciting feedback on the Index from key stakeholders? How could this be improved?

PART II: CORE PHEP PREPAREDNESS METRICS
[Ask only for Core PHEP Metrics respondents]

Based on feedback from a survey of preparedness stakeholders like yourself, we have identified a preliminary set of measures designed to reflect the capabilities of state and local PHEP programs such as yours. These measures are summarized on the attached document.

27. Are there any measures on this core list that do not appear very relevant to the PHEP capabilities of your program? Which ones, and why are they not relevant?

28. Are there any measures on this core list that appear to be especially strong and relevant indicators of the PHEP capabilities of your program? If so, what makes them strong?

29. There are measures on this core list in which your jurisdiction scores relatively low compared to other jurisdictions. Can you think of some reasons why this may be the case? How well do these measures correlate with other information you have about preparedness in your jurisdiction?

30. There are measures on this core list in which your jurisdiction scores relatively high compared to other jurisdictions. Can you think of some reasons why this may be the case? How well do these measures correlate with other information you have about preparedness in your jurisdiction?

31. Are there any measures on this core list that appear to provide an inaccurate representation of preparedness in your jurisdiction, based on other information you have available? If so, do you have other data or documentation that demonstrate this inaccuracy or inconsistency?

32. Can you think of any capabilities or measures that are missing from this core list of PHEP metrics that should be added? If so, what are they?

PART III. INDEX GUIDANCE AND TOOLS
[Ask only of Index Guidance and Tools respondents]

Based on feedback from preparedness stakeholders like yourself, we have developed a preliminary guidance document and data tool that is designed to help stakeholders in PHEP programs such as yours use the NHSPI data and measures to strengthen their programs. Please take a moment to access and review these items, so that we can discuss your impressions of them.

33. After reviewing the Index Guidance Document and Tool, what are your overall impressions of this resource in terms of its utility for your program?

34. Is the purpose of the document and tool clear? Why or why not?

35. Are there elements of the Guidance Document and Tool that are unclear or difficult to understand? If so, which elements?

36. Do the data displays and results shown in the tool make sense to you, based on your knowledge of preparedness in your jurisdiction? Why or why not?

37. Can you think of ways in which you or other people affiliated with your program could use this Document and Tool? If so, describe them.

38. Are there any reasons why you or other people affiliated with your program would not want to use the Guidance Document and Tool? If so, describe them.

39. What changes would you like to see to the Guidance Document and Tool in order to make it a more useful resource for your program?

40. What other kinds of guidance documents and tools would help your program make use of the Index data and measures?

CONCLUDING QUESTION

41. Is there anything I haven't asked that you think would be important for us to know?

END OF INTERVIEW