

Attachment E – Focus Group Facilitation Guide, Word Version

This data collection is meant for state, local, tribal, or territorial health department staff and aims to obtain input on training, exercises and related professional development best practices and gaps among public health practitioners who have served—or may serve—in public health emergency response leadership positions.

Your feedback is important in helping the Project Team identify best practices and gaps in the training and/or development of public health emergency response leaders across state and local health departments and agencies. The information gathered from the voluntary focus group discussions will complement the concurrent web-based assessment on the organizational perspectives of public health emergency response leadership development and readiness. **The focus group discussions will take approximately 75 minutes.**

The Institute for Public Research at CNA and Johns Hopkins University (JHU), the facilitators of the focus groups, will not publish or share any identifying information about individual participants with the Centers for Disease Control and Prevention (CDC). There are no known risks or direct benefits to participants from participating or choosing not to participate, but their answers will help CDC understand how to better support public health emergency response leadership training in respondents jurisdictions.

All questions or concerns about the focus groups will be directed to CNA/JHU at (FocusGroup_Email_TBD@cna.org).

To begin, the facilitator will refer to the following introductory remarks and subsequent discussion questions to conduct the focus groups.

CDC estimates the average public reporting burden for this collection of information as **75 minutes per response**, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information 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 burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0879).

Introductory Remarks:

Facilitator: Hello and welcome to this discussion about public health emergency response leadership training, exercises, and related professional development opportunities at health departments. We would like to thank you for your willingness to participate today on this topic. This discussion supports the U.S. Centers for Disease Control and Prevention (CDC) sponsored project with the Institute for Public Research at CNA and Johns Hopkins University (JHU). The goal of the project is to identify best practices and gaps in the training and/or development of public health emergency response leaders across state and local health departments and agencies.

The purpose of this discussion is principally to gather input on public health emergency response leadership training as well as to identify barriers in accessing training and professional development opportunities. The information gathered will be important to understand ideas on optimal opportunities and those that exist today at state and local health departments. In addition, the information resulting from the discussions will complement our concurrent web-based assessment examining the organizational perspectives of public health emergency response leadership development and readiness. The information collected today will help CDC ascertain how to better support public health emergency response leadership training in your jurisdiction. Following this project, we aim to share the results and potential adaptable recommendations among state and local health departments to address organization-level training or exercise gaps. The discussion will take approximately 75 minutes. As key public health emergency response leaders within your health departments, you can provide us with valuable insights today.

Facilitator: My name is **[insert name of facilitator]**. I am **[insert job role/title]** at CNA/JHU. I am here to facilitate the discussion and encourage conversation on several important topics related to public health leadership training needs and barriers to access. Before we get started, I would like to allow my co-facilitator to introduce him/herself.

Co-Facilitator: My name is **[insert name of co-facilitator]**. I am **[insert job role/title]** at CNA/JHU. My role today is to document the conversation. We are also going to audio record the conversation so that we do not miss anything important and can revisit the conversation if needed. As a reminder, participation in today's discussion is voluntary and you may opt to discontinue participation at any time without penalty or loss of benefits. You should have completed a recording consent and waiver form prior to this meeting. If not, please let me know so I can provide you with one before we begin this session. Only CNA/JHU will have access to the full audio recording. The audio recording data will be shared only in aggregate form and you will not be individually identifiable. If there are no issues or questions, I am going to begin recording now.

Facilitator: Before we begin today's discussion, there are a few guidelines to go over:

- First, we ask that you please respect each other's responses. There are no right or wrong answers to the questions asked today.
- We would like to hear everyone speak, so I may ask people who have not spoken up to comment.
- I may move the conversation along to a new topic, since we have limited time.
- We will not attribute any statements to an individual or specific health department/jurisdiction. That means your name and health department/jurisdiction corresponding to a statement will not be written in the notes from today's discussion or any reports about this project.

- We also ask that you not discuss other participants' responses outside of the discussion. Please keep in mind that because this is in a group setting, other individuals participating will know your responses to the questions.

Facilitator: Now I would like to take a few minutes for each of you to briefly introduce yourself to the group by stating your first name, title/role, and if you choose to, which health department you represent. Please also indicate how many total years of experience you have served in public health and/or emergency response.

[Facilitator note: Allow participants to introduce themselves].

In today's discussion, we are interested in learning about all of your experiences with existing public health emergency response leadership training, exercises, and related professional development opportunities, what additional trainings and resources are needed in the field, and how CDC can better support public health emergency response leadership training and development in your jurisdiction. We hope to use the data gathered from this focus group discussion to inform and to improve best practices accepted among practitioners in the field. We encourage free and open discussion and welcome the sharing of diverse perspectives today.

Facilitator: Does anyone have any questions before we begin?

Discussion Questions:

[Facilitator note: Bold questions are the primary discussion questions. The other questions that follow each bold question are designed to prompt discussion if necessary, but do NOT have to be asked if the participants are freely discussing the primary questions on their own.]

- 1. What kinds of trainings or related professional development opportunities (e.g., exercises) are you aware of or have you participated in to enhance your ability to be an effective public health emergency response leader?** Examples of trainings or professional development opportunities to think about are technical skills courses (e.g., Incident Command System [ICS]); leadership and/or management skills courses (e.g., teambuilding, conflict resolutions, etc.); role-specific training courses (e.g., Operations Section Chief training); and other types of opportunities such as conference attendance, job shadowing, and mentorship programs.
- 2. To what extent does your organization offer or support (e.g., financial support and/or permissive support) your involvement in these training and professional development opportunities?**
 - a. If so, in what ways? For example, does your organization provide in-house vendor contracted training or support your attendance to off-site training or conferences?
 - b. How are these training and professional development opportunities delivered (e.g., in-person, online, blended learning)?
 - c. Which delivery methods do you prefer, and why?
- 3. Are these trainings and professional development opportunities required, encouraged, or available (or optional) based on your interest?**
 - a. If there are required training courses, what are they?

- b. How frequently are training and professional development opportunities offered for leadership personnel?
 - c. How frequently do you participate in training and professional development opportunities for leadership personnel?
 - d. Are these opportunities offered to both experienced and emerging leaders in public health emergency response? If not, how do the opportunities differ by level of experience?
- 4. Which types of training or related professional development opportunities are easier to access or take? Which are more difficult to access or take?**
- a. What specifically has helped make it easier to take or access them?
 - b. What specifically has made it more difficult to take or access them?
- 5. What kinds of trainings or related professional development opportunities have you found to be most useful in preparing you as a public health emergency response leader?**
- a. Are there trainings and professional development opportunities that are more beneficial for experienced leaders compared to new and emerging leaders, and vice-versa?
 - b. What types of content (e.g., ICS courses, leadership courses) are more useful?
 - c. In your opinion, which modality or delivery methods are the most useful and effective in increasing your leadership knowledge, skills, and abilities (KSA)?
- 6. What kinds of trainings or related professional development opportunities have not been so useful, and why?**
- a. What would make them better or more useful?
- 7. What kinds of new trainings or related professional development opportunities would be helpful to you?**
- a. Specifically, which content or curricula, delivery methods, etc. would be most helpful to you?
 - b. What types of training and/or resources can the federal government provide to complement your current training and development opportunities and/or resources to improve your leadership KSA during public health emergency responses?
- 8. When thinking about a public health emergency response in which you held a leadership role, did you feel adequately prepared for your role?**
- a. Are there any specific training courses or opportunities that you have taken that better prepared you to fulfill your role and responsibilities during the response compared to others? If so, what are these specific courses or opportunities?
 - b. Has participation in exercises made you better prepared to meet your objectives, as well as roles and responsibilities, during a real-world public health emergency response?
 - c. Were there any aspects of public health emergency response leadership that you did not feel well prepared for? Are there trainings or other opportunities that could address this?
- 9. Are exercises beneficial to developing public health emergency response leadership skills?**
- a. How so or how are they not?
 - b. What type(s) or scales(s) of exercises do you think are most beneficial for public health emergency response leaders?

- c. If you have previously participated in local-, state-, and/or federal-level exercises, do you feel the frequency of these exercises is sufficient to apply your KSA in a practical setting?
- d. If you have previously participated in these exercises, do you feel the training you have received is adequate to prepare you for participating in these exercises?
- e. If not, what are the main barriers to your involvement in these types of exercises?