

Evaluation of Communication between Immigrant, Refugee, Migrant Health Branch at the Centers for Disease Control and Prevention and Association of Refugee Health Coordinators partners during responses in 2020-2022

Principal Investigator

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Investigators & Collaborators

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Background

During the North American Refugee Health conference held June 23-25, 2022, concerns were noted from various state partners about losing trust in the CDC and feeling a lack of understanding as to why certain decisions were made regarding recent Afghan and Ukrainian responses. This project will evaluate how both members of the Immigrant Refugee Migrant Health Branch (IRMH) at the CDC and members of Association of Refugee Health Coordinators (ARHC) perceived communication paths during the multiple responses that occurred during 2020-2022 (COVID-19, Southwest Border, Operation Allies Welcome, United for Ukraine), so as to improve federal and state relations and communication during future responses.

Project Goals & Objectives

Overall, the goal of this project is to improve state and federal partner relationships and improve communication during emergency responses, especially in the context of multiple simultaneous responses. This will enhance the CDC's ability to respond to emergencies and support our state partners. This will be achieved through meeting the following objectives:

- Determine successes in communication between the CDC-IRMH during 2020-2023.
- Determine if members of ARHC and CDC-IRMH had similar feedback and perceptions of the CDC's role during emergency responses.
- Determine which communication strategies were most successful during the responses.
- Determine how to improve communication during response-related meetings.

Projected Time Frame

This project is projected to take two months- one month for conducting interviews and one month for processing the data and creating the report. This project is not time sensitive in nature.

Methods

CDC will send an email to each state refugee health coordinator as designated on the list of [Key State Contacts](#) kept by the Office of Refugee Resettlement, ensuring no more than one person per state is reflected in the evaluation. Interviews will also be conducted with approximately 10 IRMH staff who participated in the ARHC meetings. The participation request sent to potential participants via email will include a statement of purpose. This email will also link to a scheduling mechanism. CDC personnel or representatives will hold 30-minute one-on-one interviews with all respondents. PI will conduct interviews, recording responses in a password protected Excel sheet, stored on the Shared Drive.

A descriptive analysis will be generated from the collected information. Perceptions will be compared between the CDC participants and the ARHC participants to create a thematic analysis of differences in experience, perceived communication success, and a proposal for a shift in the communication approach to foster trust and collaboration between the federal and state levels.

Data Collection and Management

Qualitative data will be collected from first-person interviews. The questions are predetermined and will all pertain to the respondent's role within each emergency response and their perceptions of communication during each response. This data does not currently exist. These responses will be aggregated and will not have any identifying data. It will be maintained if they work for a state department or IRMH, and all other identifiable data will be deleted. No coding system will be used.

Deidentified transcripts of recordings will be retained according to federal records schedules. Data will not be made available publicly as this is an internal evaluation of CDC's communications processes and the data would not be of benefit to external investigators.

Ethical Considerations

Risks and Benefits

There is little risk to participants, as their choice to participate or not or any information provided will not affect their role or relationship with the CDC/IRMH. Participation is also voluntary for CDC staff; their decision to participate and any information provided will not be reflected in their performance evaluations. The benefit would be improved communication processes during future emergency responses and offering everyone a platform to have their concerns heard and feedback incorporated

Consent Process

Consent will be obtained at the beginning of each interview verbally by reading the consent script prior to asking any interview questions. the following script:

Vulnerable and Higher Risk Populations

There will be no vulnerable or higher risk populations targeted in this survey. Any participants who are members of vulnerable groups or higher risk populations will be incidental and unintentional.

Privacy & Confidentiality

- The recordings will be destroyed upon completion of the report.
- All personally identifying information will be removed from the data set
- Data will be kept in a password protected Excel file on the CDC-IRMH Shared Drive

Human Subjects

We are requesting nonresearch determination for this project. Its purpose is to evaluate and improve communications strategies with specific public health partners and not to obtain generalizable knowledge.

Paperwork Reduction Act

We are requesting use of the General Service Delivery mechanism (OMB Control Number: 0920-1071) for this data collection.

Dissemination of Results

As this is being done for internal review, there will be no publication or dissemination of findings. The results are intended to inform future communications during emergency responses between members of IRMH and ARHC.

Associated Materials

Included materials include Interview Questionnaire, Service Delivery Fast Track for Paperwork Reduction Act, Survey Invitation, and Data Collection tool.