

Identifying and Prioritizing Information Needs and Research Priorities of Public Health Emergency Preparedness and Response Practitioners

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For which topic were research priorities identified?

public health emergency preparedness and response

In which location was the research priority setting conducted?

North America - USA

Why was it conducted at all?

To ensure that jurisdictional needs are met, it is crucial for public health agencies to have the information they need - including knowledge of the most efficacious practices - to adequately protect against, respond to, and recover from public health emergencies. To this end, CDC recognized the importance of engaging practitioners in an assessment to identify PPHR topics requiring additional research to validate, improve, and inform programmatic operations, policy decisions, and public health practices.

What was the objective?

to identify perceived knowledge gaps, information needs, and research priorities among state, territorial, and local public health preparedness directors and coordinators related to public health emergency preparedness and response (PHPR)

What was the outcome?

a ranking list of 44 research questions

How long did the research prioritization take?

December 2014 - December 2015

Which methods were used to identify research priorities?

focus group; survey; workshop

How were the priorities for research identified exactly?

Step 1: survey: presenting 44 research questions organized into six broad domains, within each domain participants were asked to rank importance of each research question, participants also asked to report additional research questions. Step 2: 3 focus groups, 2 with state and local public health preparedness staff and 1 with CDC staff, to identify other topics where participants believed additional research is needed. Step 3: expert panel: to prioritize and refine research questions, expert panel members asked to rank order the five most important questions in each domain, followed by consensus decision-making process to determine which questions should remain on priority list and which questions required additional revisions or clarification

Which stakeholders took part?

State, city, and territorial health agencies, local health departments, state and local practitioners, subject matter experts from the Centers for Disease Control and Prevention (CDC). Survey: 129 participants. Focus groups: 25 participants. Workshop: 18 participants.

How were stakeholders recruited?

The survey was sent to the universe of health departments directly funded by the PHEP Cooperative Agreement and a stratified, random sample of LHDs. A non-random convenience sample of 16 public health practitioners was recruited from the universe of state and local public health practitioners. Similarly, a non-random convenience sample of 9 CDC staff with PPHR expertise was recruited. For the expert panel, 9 state and local public health preparedness practitioners and 9 CDC staff were recruited. The practitioner experts represented a range of expertise and geographical diversity of health departments across the country, including 6 state, 1 regional, 1 city, and 1 county health department.

Were stakeholders actively involved or did they just participate?

Stakeholders were mere participants of the research prioritization process; they were not actively involved in the process.