

FoodCORE Model Practice: Student Interview Teams



FoodCORE aims to improve state and local foodborne disease outbreak response and investigations by building capacity; developing collaborative surveillance and response programs; conducting rapid, coordinated, standardized investigations; developing and implementing measurable performance indicators; and identifying and documenting replicable model practices. The FoodCORE Model Practice: Student Interview Teams is intended to describe the practices used in FoodCORE centers to establish, implement, and maintain a team of students to support routine and surge capacity. This model practice describes successful strategies for incorporating student interview teams into a state or local health department's foodborne disease surveillance and outbreak response activities and provides a checklist of tasks for operating a student team using the FoodCORE model practice.

Introduction

State and local public health agencies are the frontline for disease surveillance and response activities.^{1,2} A 2010 survey of state foodborne disease programs identified the need for additional staff to reach full capacity.³ Patients with foodborne diseases are the best source of information about what they've eaten that may have transmitted their illnesses. Detailed interviewing of cases as soon as possible after their illnesses is recognized is key to implicating food vehicles. Such interviewing is labor-intensive, so insufficient capacity can directly affect the completeness and timeliness of individual case investigation and outbreak response activities and the ability to participate in multijurisdictional activities. This decreases the effectiveness of detecting, responding to, and controlling multijurisdictional outbreaks.^{4,5}

To address capacity needs, specifically the need for additional interviewing capacity, state and local health departments have collaborated with academic institutions to recruit students preparing for careers in public health as temporary surge capacity or as an integrated component of their surveillance and outbreak response teams. Student teams have improved the ability to respond to and solve outbreaks in some jurisdictions, while providing the students with real-world public health experience. As of 2010, approximately 25% of accredited schools of public health reported having established some form of student response team.⁶ Please see [Appendix D](#) for a full list of peer-reviewed publications describing student response teams.

In some state and local health departments, student volunteers have provided short-term surge capacity during specific events or responses. In other jurisdictions, including eight FoodCORE centers, paid standing teams of students have contributed to daily disease surveillance and response activities of the health department in addition to providing surge capacity for specific investigations and events. Including students in routine activities provides a more well-rounded experience and valuable training for students.

For example, routine interviewing provides opportunities to practice and improve interviewing skills outside of an acute response when resources and time to train may be limited.

Little information is found in the published literature about establishing and maintaining student-based teams within public health agencies. *The FoodCORE Model Practice: Student Interview Teams* is intended to describe the practices used in FoodCORE centers to establish, implement, and maintain teams of students for public health surveillance and response activities, focusing on illnesses likely transmitted via food. The specific roles and responsibilities of student teams vary across jurisdictions and include conducting routine case-patient interviews, assisting with surge capacity during a response to a specific outbreak or event, data entry, and special projects.

This model practice describes successful strategies for incorporating student interview teams into a state or local health department. [Appendix A](#) provides a checklist of tasks for establishing and operating a student team. [Appendix B](#) provides additional details regarding implementation and management of student teams by the various FoodCORE centers, including a point of contact for each center that has a student team.

1. M'ikanatha N M, Rice DH, Altekruze SF. Strategic use of state and local regulatory and public health surveillance resources to address the growing demand for food safety oversight in the United States. *Foodborne pathogens and disease*. Dec 2008;5(6):747-753.
2. Hoffman RE, Greenblatt J, Matyas BT, et al. Capacity of state and territorial health agencies to prevent foodborne illness. *Emerging infectious diseases*. Jan 2005;11(1):11-16.
3. Centers for Disease Control and Prevention. The epidemiology workforce in state and local health departments - United States, 2010. *MMWR. Morbidity and mortality weekly report*. Mar 30 2012;61(12):205-208.
4. Hedberg CW, Greenblatt JF, Matyas BT, et al. Timeliness of enteric disease surveillance in 6 US states. *Emerging infectious diseases*. Feb 2008;14(2):311-313.
5. Murphree R, Garman K, Phan Q, Everstine K, Gould LH, Jones TF. Characteristics of foodborne disease outbreak investigations conducted by Foodborne Diseases Active Surveillance Network (FoodNet) sites, 2003-2008. *Clinical infectious diseases : an official publication of the Infectious Diseases Society of America*. Jun 2012;54 Suppl 5:S498-50
6. Pogreba-Brown K, Harris RB, Stewart J, Anderson S, Erhart LM, England B. Outbreak investigation partnerships: utilizing a student response team in public health responses. *Public health reports*. Nov-Dec 2010;125(6):916-922.

Appendices

[Appendix A](#). Checklist for Establishing a Student Interview Team

[Appendix B](#). Details Regarding Implementation and Management of Student Teams, by FoodCORE Center

[Appendix C](#). Trainings Available for Interviewers

[Appendix D](#). Peer-Reviewed Publications Describing Student Response Teams

Establishing a Student Team

When establishing a student team to work with a health department, there are numerous logistic considerations. Student teams have been established at central health department offices or at universities that work in close collaboration with the health department in order to integrate students into routine activities. A main point of contact or a coordinator should be designated at the health department and at partner universities. These roles are critical to facilitate the process of starting a team, ongoing identification of interested students, and the day-to-day management and maintenance of a team.

Students should be hired into paid positions. This ensures that students are invested in the work, enhances reliability and retention of team members, and serves to integrate students into routine health department activities. Hiring mechanisms vary by jurisdiction; FoodCORE centers have hired students as:

- Temporary health department staff
- Part-time staff or through job-sharing of a full-time position
- Paid interns
- Contract employees with universities or other groups

If multiple hiring options are available, selecting the most flexible option is generally best for establishing and maintaining a student team. To streamline hiring efforts, human resources staff should be engaged early to determine specific hiring mechanisms and requirements.

Regardless of the mechanism, students are paid an hourly wage for their activities with the health department. FoodCORE funding provided specifically for student teams varies by center and depends on a number of factors, including the number of students. The average funding for student positions is \$50,000 with a range in funding from \$16,000 - \$92,000, where the higher funding levels provide support for a larger student team. In addition to the costs associated with paying students (wage, indirect and administrative costs) there are also other costs and considerations associated with training and supervising students and managing the team, as described below.

Before hiring students, it is important to plan for dedicated office space, computers, computer software, phones, and supplies that student teams will need. Consideration should be given to where student interviewers will work so that conducting interviews will not disrupt, or be disrupted by, other health department work. Having student interviewers work together in a common space can facilitate exchange of ideas, mentorship among the students, and building a team atmosphere. To help bring on students, centers work proactively with human resources (or a similar department) staff to ensure all necessary paperwork and requirements are completed before students start working.

It is also important to determine requirements for student supervision and how that supervision will be accomplished. For example, in some centers, a health department staff member may have to be on-site for students to work during weekend or evening hours. As described in the ["Initial Case-Patient Interviewing" model practice](#), attempts to interview case patients should be made at different times of day, with at least one attempt during evening or weekend hours, to improve the chance of reaching them. Therefore, it is important to discuss how scheduling and supervision will be coordinated within the health department. Determining this before students begin work will allow teams to be up and running more quickly after students are hired.

Various avenues can be used to identify potential student team participants, but engaging academic partners is a key component of recruitment. FoodCORE centers have recruited graduate and undergraduate public health and nursing students, pre-med students, and students from other disciplines such as infectious disease or microbiology, as well as some doctoral students. Students have been successfully recruited through:

- Courses or seminars at nearby universities or colleges (e.g., guest lectures, adjunct faculty, etc.)
- Contacts (e.g., faculty members and advisors) at nearby universities or colleges
- Student associations
- Listservs and career center websites to announce opportunities
- Master of Public Health (MPH) program orientation events and career days
- Students who proactively contact the health department inquiring about available opportunities

Recruitment is a recurrent or ongoing process as students complete their studies. Ideally students will be available to participate for at least one full year during their studies. Centers have recruited students at different points in their studies, which can be beneficial. For example, first-year MPH students may have the opportunity to be part of the team for more than one year. To ensure continuity, FoodCORE centers have found it beneficial to have new students overlap with more experienced students, when possible.

The implementation process for teams varies across FoodCORE centers, especially between centralized and decentralized jurisdictions. In decentralized jurisdictions the state health departments have to work in close collaboration with local health departments (LHDs) to determine how students will be incorporated into the workflow. When central student teams were established in decentralized states, the state health departments first informed their LHD partners of the availability of student interviewers to help supplement interviewing capacity. Then, the state health departments and LHDs collaborated to develop mutually agreeable processes for assigning interviews to students and exchanging interview data and findings between the central team and local officials.

In some FoodCORE centers this led to the development of several options for workflow and data exchange from which LHDs could select. Some LHDs have chosen to have all identified cases automatically interviewed by a central student team, with data made available to the LHD upon completion of an interview. Others have opted to retain initial interviewing responsibility, granting permission for interviews by the central student team on a case-by-case basis.

FoodCORE centers found that bringing LHDs onboard for using a new student team often took months. It can be very helpful to begin the process of engaging LHD partners even before student team members are hired. Many FoodCORE centers started with just one or two participating LHDs. Through continued diplomacy and outreach and as participating LHDs shared their positive experiences, additional LHDs began to engage with the state and use the student interview team. A strong feedback mechanism is needed so state and local partners can easily discuss what works well with the student team as well have opportunities to make any procedural changes to improve the collaborations.

Training

Training is essential in building a student team that completes high quality, consistent interviews. Training should encompass information about foodborne diseases, surveillance, and outbreak response. Many training materials have already been developed; [Appendix C](#) includes a list of available trainings and other resources from FoodCORE centers. In addition to technical skills trainings, students should be trained on the specific jurisdictional structure, processes, and protocols. This should include details about the system(s) used to identify cases for interviewing as well as where information from interviews should be submitted or stored. This aspect of the training should cover all systems, resources, and contacts that the students will need to understand and use when completing interviews. Additionally, students should be trained to follow all standard operating procedures of the health department, especially those that address data and patient confidentiality.

Training should cover interviewing techniques and all applicable privacy rules and interview logistics, including:

- The protocol for follow-up if a case-patient is unavailable, including whether or not a voicemail or other message should be left for a case-patient, and if yes, what the message should cover, including contact information for call-backs
- Which educational materials are available to direct case-patients to, or to send to case-patients
- What a student interviewer should do when interviewing a case-patient who should be excluded from work or day care
- What a student interviewer should do if a case-patient has not been notified of their diagnosis before being contacted for the interview

Health department staff should ensure that while performing public health work, students also further their knowledge of the diseases and epidemiologic methods to which their work applies.



Training formats vary across centers and with the number of students being trained. FoodCORE centers have found it beneficial to develop a written student training manual so that students have an easily accessible reference. These manuals are most effective when they are routinely updated to incorporate feedback from experienced students and any procedure or policy changes. Eliciting and incorporating student feedback help tailor the training manual to answer specific questions that incoming students are likely to have about their roles, responsibilities, and the workflow. Ideally, new students will overlap with experienced students so that the more experienced students can help train and mentor the new students.

Some FoodCORE centers have also incorporated shadowing of existing interviewers (more experienced students or staff) and direct observation and feedback for new interviewers as they become more practiced. In some centers, new interviewers also conduct practice interviews before conducting interviews with patients. These types of hands-on trainings can help solidify learning, provide additional opportunities to address any questions, and solicit student feedback.

Maintenance Strategies

Once an interviewing team is established and the students are trained and ready to fully participate, ongoing maintenance and management activities include:

- Team oversight by a public health professional
 - » Reviewing interviews conducted by the students as well as review of other work activities to provide constructive feedback allows for ongoing quality assurance and improvement.
- Student evaluations
 - » Reviewing and evaluating student performance allows health department staff to coach students and to identify any need for refresher trainings.
- Scheduling
 - » FoodCORE centers have found various solutions to coordinating schedules for multiple students to ensure coverage during business and non-business hours. Many have used shared calendars (e.g. Google calendar, or a shared Outlook calendar for all students), which allow both students and team managers to see who is available or scheduled for interviewing. During an acute outbreak response, shared schedules can also facilitate staffing for surge capacity. Some FoodCORE centers have incorporated a student team leader position that helps with team management and scheduling activities. This position can function on a rotation schedule so that the workload and experience can be shared among the students.
- Team Meetings
 - » Centers have found that having regularly scheduled meetings with the student team members and supervisors or coordinators are valuable for discussing any issues, concerns about specific cases or outbreaks, and other items that affect the students and their assigned activities.
- Activities beyond interviewing
 - » In most FoodCORE centers, student activities extend beyond interviewing case-patients. Depending on the needs and protocols in the jurisdictions, training requirements, and availability, FoodCORE students also assist with routine core surveillance activities and help to conduct outbreak-specific activities. For example, in some FoodCORE centers students have been able to participate in conducting analytic studies, data entry and analysis, retail food sampling, and on-site inspection or assessment activities.
 - » FoodCORE centers have also engaged students in special projects, depending on existing needs and interests, including surveillance evaluations and other analytic projects. In some centers students are able to leverage their experience to meet field experience or practicum requirements of their degree program or in completing a thesis project.

Evaluation

Periodic evaluation of both the students and management of the team helps facilitate process improvement and future success. Evaluation should include providing individual feedback to the students and eliciting feedback from the students. The frequency of student evaluation and solicitation of feedback varies by center and by how long a student has participated, but should be undertaken at least as frequently as there is turnover. Ideally, students can give and receive feedback on an ongoing, continuous basis as part of their routine activities.

Centers use formal and informal evaluation processes ranging from day-to-day discussions, to more formal evaluation exercises such as exit interviews. Their evaluation techniques include quantitative and qualitative components to monitor and improve efficiency and quality of the students' work. Feedback from students is used to guide changes for training and day-to-day activities that can improve workflow and the student experience.

In some of the centers, more formal evaluations have included the use of pre- and post-tests when training students. Some centers have also tracked information for individual students such as the number of interviews conducted over time, completeness of the interviews, and the number of different investigations in which they have participated. These data can be shared with the students during a formal review.

Many of the centers have also found it beneficial to track information about their student teams over time, including the number of students who have participated and what positions or opportunities students take when leaving the team.

A brief description of the successes of FoodCORE student teams titled, 'FoodCORE + U: "U"niversity partnerships at the core of FoodCORE', is available at <http://www.cdc.gov/foodcore/successes/foodcore-u.html>



Appendix A. Checklist for Establishing a Student Interview Team

Yes	No	Partial	Will be implemented (Date)	Task
				1. Identify a main point of contact at the health department and partnering university for coordinating the student team
				2. Work with Department of Human Resources (or equivalent) to determine feasible hiring mechanisms and details for paying student wages
				3. Determine where students will work (office space) and have supplies prepared for their work (computers, phones, office supplies)
				4. Determine requirements for supervising students while they work and establish any necessary arrangements to accommodate those requirements with main point of contact/coordinator
				5. Identify venues and partners for recruiting students to participate (e.g. academic institutions, student associations)
				6. Begin recruitment process with plans for future recruitment so that incoming students overlap with more experienced students
				7. Engage LHDs to encourage use of student team assistance for conducting interviews
				8. Engage LHDs to determine standard operating procedures that would be mutually acceptable for state and local public health officials
				9. Review existing training materials and determine needs for developing other materials, including jurisdiction-specific information and protocols
				10. Develop any needed training materials to cover all applicable privacy rules, jurisdictional SOPs, interviewing logistics, data systems, etc. (see page 3). This should include a written training manual that is easily accessible to all students.
				11. Conduct training with incoming students
				12. Evaluate pre- and post-test results following training (if applicable) and elicit feedback from students to improve future rounds of training
				13. Implement a scheduling system to ensure adequate coverage for interviewing that includes business and non-business hours
				14. Implement refresher trainings as needed
				15. Identify routine surveillance activities that students can assist with
				16. Identify special projects that students can participate in
				17. Conduct individual student evaluations for performance and efficiency
				18. Elicit student feedback about their experience as part of the team
				19. Conduct exit interviews with students
				20. Track the number of students who have participated
				21. Track what opportunities students take when leaving the team

Appendix B. Details Regarding Implementation and Management of Student Teams, by FoodCORE Center

	Connecticut	Minnesota	New York City	Ohio
Year Team Established	2012	1995	2009	2012
Centralized or Decentralized	Decentralized	Centralized	Centralized	Decentralized
Initial interviewing responsibility	Centralized interviews for STEC and <i>Listeria</i> ; LHDs interview <i>Salmonella</i> cases with centralized assistance	Centralized interviewing	Centralized interviewing	LHDs interview SSL* cases; Some LHDs participate in routine centralized interviewing for their SSL cases
# and % of LHDs that participate with centralized interviewing (for decentralized states only)	All LHDs (100%) participate with STEC/ <i>Listeria</i> interviews; 66(90%) LHDs participate with <i>Salmonella</i> interviews	N/A	N/A	73 (58%) of LHDs participate with SSL interviews
# of students on team during the school year	5–7	8–12	6	4-5
# of total hours worked per week by students during school year	19 hours per student/week for 2 students 8-12 hours per student/week for remaining students	20 hours per student/week	15–20 hours per student/week	15–20 hours per student/week
# of students on team during the summer	3	8–12	6	4-5
# of total hours worked per week by students during summer	30–35 hours per student/week	≥20 hours per student/week	35 hours per student/week	18–20 hours per student/week
# of SSL* interviews conducted by student team per year	484 SSL (in 2014)	980	~1000	~1,200
# of non-SSL interviews conducted by student team per year	~40 with an additional ~75 outbreak-specific interviews	>2,000	~1100	~50
Can students conduct interviews after hours?	Yes	Yes	Yes	No

* SSL = *Salmonella*, STEC, *Listeria*

Considerations for routine after-hour interviews	Students have FoodCORE cell phones and can interview off-site on evenings and weekends	Routinely work until 8:30pm	Must be supervised by full-time staff	N/A
Hiring Mechanism	Hired as Yale student employees; Students are recruited through word of mouth, current/previous team members, local MPH programs	Hired as paraprofessionals at state health department; Applicants submit a resume and then are interviewed by MDH epidemiologists	Hired through the NYC DOHMH Human Resources department. Students are recruited from local MPH programs	Hired as interns at state health department; Students are recruited from The Ohio State University, via word of mouth and a career fair, and from other Schools of Public Health
Scheduling Solution	Office whiteboard; daily team communications via text messages if schedules are to be altered	Shared paper calendar	Shared Google calendar	Shared Outlook calendar
Student Activities	<ul style="list-style-type: none"> • Routine case interviews • Supervising case management • Routine surveillance activities • Contacting LHDs, PCPs, ICPs • Outbreak specific interviews • Outbreak specific studies • Training other interviewers • Data entry, data cleaning, analysis, GIS • Other special projects 	<ul style="list-style-type: none"> • Routine case interviews • Routine surveillance activities • Calling clinics/hospitals • Outbreak specific interviews • Outbreak specific studies • Data management (entry and analysis) • Specimen collection kit delivery/pick up • Surge capacity for other infectious disease public health emergencies • Assist with complaints • Other special projects 	<ul style="list-style-type: none"> • Routine case interviews • Supervising case management • Routine surveillance activities • Perform exclusion and collection of follow-up stool samples from patients in high risk transmission settings • Cluster investigations • Outbreak specific interviews • Outbreak specific studies • Training other interviewers • Other special projects 	<ul style="list-style-type: none"> • Routine case interviews • Hypothesis Generating Questionnaire interviews • Outbreak specific interviews • Provide surge capacity interviewing for LHDs that do not routinely participate in centralized interviews • Training other interviewers • Other special projects
Point of Contact	Sharon Hurd: Sharon.Hurd@yale.edu	Carlota Medus: Carlota.medus@state.mn.us	HaeNa Waechter: hwaechte@health.nyc.gov	Kim Quinn: Kim.Quinn@odh.ohio.gov

Appendix B (continued). Table with Implementation and Management Details for Student Teams by Center

	Oregon	Tennessee	Utah	Wisconsin
Year Team Established	2012	2011	2009	2009
Centralized or Decentralized	Centralized	Centralized	Centralized student team (at state health department) in a decentralized state	Centralized student team (at state health department) in a decentralized state
Initial interviewing responsibility	Centralized interviewing for STEC and <i>Listeria</i> ; LHDs interview <i>Salmonella</i> cases with centralized assistance	Centralized interviewing for <i>Salmonella</i> and STEC. LHDs interview <i>Listeria</i> cases with centralized assistance.	LHDs interview SSL cases; Some LHDs participate in routine centralized interviewing for their SSL cases and others request assistance with interviews when needed	LHDs interview SSL and non-SSL cases and request centralized assistance for interviewing when needed
# and % of LHDs that participate with centralized interviewing (for decentralized states only)	Most LHDs in OR participate	94 (99%) of counties participate with <i>Salmonella</i> and STEC interviews. Two of these 94 counties attempt initial interviews first.	5 (38%) of LHDs participate in routine centralized SSL interviews. All others request assistance when needed.	~98 (99%) of LHDs have received assistance for SSL or non-SSL interviews from the centralized student team.
# of students on team during the school year	2	4	1-2	3-4
# of total hours worked per week by students during school year	20 hours per student/week	10-20 hours per student/week	20-30 hours per student/week	10-15 hours per student/week
# of students on team during the summer	2	4	2	3-4 (could be 5-6 if outgoing team members stay on temporarily to train new team members)
# of total hours worked per week by students during summer	20 hours per student/week	30 hours per student/week	20-40 hours per student/week	10-20 hours per student/week
# of SSL interviews conducted by student team per year	~400	>1100 attempted; 575 completed.	~150 attempted; 130 completed	~100

# of non-SSL interviews conducted by student team per year	<25	<25	~280 attempted; 240 completed	200–500
Can students conduct interviews after hours?	Yes	Yes	Yes	Yes
Considerations for routine after-hour interviews	Students work independently at state office building after hours	The FoodCORE Epi and students workers received special permission via a Commissioner letter that permits working an adjusted schedule. Calls are usually made Tuesday and Thursday evenings; occasionally on Sunday afternoons during peak enteric peak season or an outbreak.	Interviews must be conducted on-site at UDOH (some exceptions may be allowed)	None, students work independently at the state office building after hours
Hiring Mechanism	Hired as limited-duration employees through state public health division. Recruitment through nearby universities and word of mouth.	Hired as part-time clerk positions at the state health department. Students are recruited through nearby universities and word of mouth. <i>Notes: Since students are part-time, their schedules must average less than 30 hours per week or the state would be at risk of penalties. Tennessee previously hired student workers through a temporary employment agency and university contracts.</i>	Hired as temporary employees through state department of health. Students are recruited through nearby universities and word of mouth.	Hired as Limited Term Employees at state health department with verbal one year commitment. Students are recruited from local MPH and Population Health programs.
Scheduling Solution	N/A	Shared paper calendar	N/A	Shared Outlook inbox and calendar
Student Activities	<ul style="list-style-type: none"> • Routine case interviews • Routine surveillance activities • Data entry and retrieval • Cluster investigation 	<ul style="list-style-type: none"> • Routine case interviews <i>Note: Tennessee uses a stepped approach for student workers. After training, students are observed during interview before interviewing independently. Students must have more experience before interviewing STEC cases.</i> • Supervising case management • Routine surveillance activities • Data entry and retrieval 	<ul style="list-style-type: none"> • Routine case interviews • Routine surveillance activities • Outbreak specific interviews • Outbreak specific studies • Training other interviewers • Other special projects 	<ul style="list-style-type: none"> • Routine case interviews • Routine surveillance activities • Monitor for and document statewide SSL interview completion • Ensure prompt notification for out-of-state cases • Compile weekly case counts • Contact laboratories and providers to collect missing information

	<ul style="list-style-type: none"> • Outbreak specific interviews • Outbreak specific studies • Training other interviews • Questionnaire refinement • Database activities 	<ul style="list-style-type: none"> • Cluster investigation • Outbreak specific interviews • Outbreak specific studies • Training other interviews • Other special projects: lab projects, FoodNet non-O157 STEC project, EHS-Net project, <i>Campylobacter</i> project, Retail Meat Study 		<ul style="list-style-type: none"> • Outbreak specific interviews • Data entry, preliminary analysis, data cleaning • Training other interviewers • Other special projects
Point(s) of Contact	Emilio DeBess: emilio.e.debess@state.or.us	Katie Garman: Katie.Garman@tn.gov Kailey Lewis: Kailey.Lewis@tn.gov	Kenny Davis: krdavis@utah.gov	Rachel Klos: Rachel.Klos@dhs.wisconsin.gov

Appendix C. Trainings Available for Interviewers

Topic Area or Name of Training	Delivery Method (online, in-person)	How to Access	Point of Contact
New student training	In-person	http://mnfoodsafetycoe.umn.edu/team-d/	Joshua.rounds@state.mn.us
SOS Team Fact Sheet- Who, What, Why, When	SOP (read)	https://www.dhs.wisconsin.gov/publications/p01750.pdf	Rachel Klos Rachel.Klos@dhs.wisconsin.gov
SOS Team Training Checklist	SOP (read)	Word doc, email DHSDPHEnterics@dhs.wisconsin.gov for a copy	Rachel Klos Rachel.Klos@dhs.wisconsin.gov
SOS Team Routine Interviews Script, Tips, and FAQ	SOP (read)	Word doc, email DHSDPHEnterics@dhs.wisconsin.gov for a copy	Rachel Klos Rachel.Klos@dhs.wisconsin.gov
SOS Team Wrapping up Interviews and High Risk Settings	SOP (read)	Word doc, email DHSDPHEnterics@dhs.wisconsin.gov for a copy	Rachel Klos Rachel.Klos@dhs.wisconsin.gov
SOS Team Outbreak Interviews Script and FAQs	SOP (read)	Word doc, email DHSDPHEnterics@dhs.wisconsin.gov for a copy	Rachel Klos Rachel.Klos@dhs.wisconsin.gov
SOS Team Outbreak Interviewing Documentation	SOP (read)	Word doc, email DHSDPHEnterics@dhs.wisconsin.gov for a copy	Rachel Klos Rachel.Klos@dhs.wisconsin.gov
SOS Team Web Resources and Links	SOP (read)	Word doc, email DHSDPHEnterics@dhs.wisconsin.gov for a copy	Rachel Klos Rachel.Klos@dhs.wisconsin.gov
TN FoodCORE Interviewer Training	In-person	Send a request	Kailey Lewis Kailey.Lewis@tn.gov
Sample Pre- and Post-Test for Students	In-person	Word docs, email for a copy	Kailey Lewis Kailey.Lewis@tn.gov
Protocol used with Local Health Department Staff	SOP (read)	Word docs, email for a copy	Kailey Lewis Kailey.Lewis@tn.gov
Pre-Evaluation Form for Students	In-person	Word doc, email for a copy	HaeNa Waechter hwaechte@health.nyc.gov
Exit Interview Form for Students	In-person	Word doc, email for a copy	HaeNa Waechter hwaechte@health.nyc.gov
Team <i>Salmonella</i> Working Protocol	SOP (read)	Word doc, email for a copy	HaeNa Waechter hwaechte@health.nyc.gov
Team <i>Salmonella</i> Administrative Guidelines	SOP (read)	Word doc, email for a copy	HaeNa Waechter hwaechte@health.nyc.gov
Use of Excel tracking spreadsheet	SOP (read)	Word doc, email for a copy	Kim Quinn Kim.Quinn@odh.ohio.gov
HIPAA and Confidentiality	Online videos	Intranet based (internal training)	Kim Quinn Kim.Quinn@odh.ohio.gov
Interviewing tips and script	SOP (read)	Word doc, email for a copy	Kim Quinn Kim.Quinn@odh.ohio.gov

Appendix D. Peer-Reviewed Publications Describing Student Response Teams

Gebbie, E. N., Morse, S. S., Hanson, H., McCollum, M. C., Reddy, V., Gebbie, K. M., . . . Balter, S. (2007). Training for and maintaining public health surge capacity: a program for disease outbreak investigation by student volunteers. *Public Health Rep*, 122(1), 127–133.

Koers, E. M., Montealegre, J. R., Bryson, R. S., & Murray, K. O. (2010). Experiences of the Student Epidemic Intelligence Society in strengthening public health response and epidemiologic capacity. *Public Health Rep*, 125(6), 922–928.

MacDonald, P. D. (2005). Team Epi-Aid: graduate student assistance with urgent public health response. *Public Health Rep*, 120 Suppl 1, 35–41.

MacDonald, P. D., Davis, M. K., & Horney, J. A. (2010). Review of the UNC Team Epi-Aid graduate student epidemiology response program six years after implementation. *Public Health Rep*, 125 Suppl 5, 70–77.

Montealegre, J. R., Koers, E. M., Bryson, R. S., & Murray, K. O. (2011). An innovative public health preparedness training program for graduate students. *Public Health Rep*, 126(3), 441–446.

Morse, S. S. (2003). Building academic-practice partnerships: the Center for Public Health Preparedness at the Columbia University Mailman School of Public Health, before and after 9/11. *J Public Health Manag Pract*, 9(5), 427–432.

Oberle, M. W., Foy, H. M., Alexander, R., Kobayashi, J., & Helgerson, S. D. (1995). Enhancing student practicum opportunities: the outbreak investigation option. *J Public Health Manag Pract*, 1(2), 69–73.

Pogreba-Brown, K., Harris, R. B., Stewart, J., Anderson, S., Erhart, L. M., & England, B. (2010). Outbreak investigation partnerships: utilizing a student response team in public health responses. *Public Health Rep*, 125(6), 916–922.

Richmond, A., Hostler, L., Leeman, G., & King, W. (2010). A brief history and overview of CDC's Centers for Public Health Preparedness Cooperative Agreement Program. *Public Health Rep*, 125 Suppl 5, 8–14.