

**NATIONAL COMMUNITY CENTERS OF EXCELLENCE  
(CCOE) IN WOMEN’S HEALTH  
NATIONAL EVALUATION: ROUND II**

**CCOE Site Visit Protocol - Round II**

The site visit interview protocol includes questions to be asked and topics to be addressed during Phase III of the **CCOE National Evaluation: Round II**. The CCOE Center Director and Program Coordinator Survey and CCOE Community Partner Survey will provide key information that will allow this protocol to be further refined. Therefore, the topic areas in this protocol should be considered *potential* topics and questions, as they may be altered after results from the CCOE Center Director and Program Coordinator Survey and the CCOE Community Partner Survey have been analyzed.

This protocol may be used for both CCOE programs and their partner organizations. However, some questions are only for the staff at the CCOEs. Those questions are noted as such. Partner organization questions should be phrased appropriately to ensure relevance to the organization being visited.

The number of focus groups and/or individual interviews conducted at each site will depend on the number of CCOE and partner staff available and the time available for each site visit after travel time is taken into account. Only staff that dedicates at least 25% of their time to CCOE activities will be included. A tentative itinerary with preliminary time estimates is provided below. The itinerary is subject to change based on results from the CCOE Center Director and Program Coordinator Survey and the CCOE Community Partner Survey.

**STATEMENT OF CONFIDENTIALITY:**

A statement of confidentiality will be made prior to the beginning of each interview and focus group. The statement, read verbatim, is as follows:

*The information you provide will be kept **confidential**, and will not be disclosed to anyone but the Department of Health and Human Services (DHHS) Office on Women’s Health (OWH), except as otherwise required by law. Only aggregate data will be given to the OWH so individual responses will not be identifiable. If you have any questions or concerns about this survey or would like more information about this project, please contact Barbara James, Director, National Community Centers of Excellence in Women’s Health at (301) 443-1402.*

All CCOEs will be asked to gather the following documents in preparation for Booz Allen’s site visit:

- Organizational chart(s)
- Participant tracking form(s)
- Patient women’s health intake form
- Copies and descriptions of all educational materials and activities available to CCOE women (to include all handouts and brochures developed by the CCOE and/or partner organizations) (NOTE: only need a sample of CCOE and partner brochures and those brochures that describe unique CCOE or partner programs)

This information will be collected during the site visit. Additionally, other materials may be requested from the CCOE based on the results from the Center Director and Program Coordinator and Partner surveys.

**SAMPLE FOCUS GROUP INTRODUCTION SCRIPT:**

My name is \_\_\_\_\_ and this is \_\_\_\_\_. We’re from Booz Allen Hamilton, a consulting firm that is supporting Round II of the Office on Women’s Health CCOE National Evaluation effort. As a stakeholder in this program, we are interested in your insights on your day-to-day functions, service offerings, best practices, and lessons learned.

As you may be aware, there are four main data collection activities associated with this project: CCOE Center Director and Program Coordinator survey, CCOE Community Partner survey, CCOE Client survey, and CCOE Site Visits. All data collections occurred consecutively, except for the Client survey, which is ongoing. The current phase, site visits, involves conducting focus groups at each CCOE and a sample of their partner organizations. The site visit findings will be summarized in the final report, which will include an assessment of the CCOE program, relevant lessons learned, and best practices. Individual responses will not be identified.

We anticipate this focus group will take about 1.5 hours. *The information you provide will be kept **confidential**, and will not be disclosed to anyone but the Department of Health and Human Services (DHHS) Office on Women’s Health (OWH) in aggregate form only, except as otherwise required by law.* If you have any questions or concerns about this survey or would like more information about this project, please contact Barbara James, Director, National Community Centers of Excellence in Women’s Health at (301) 443-1402.

Do you have any questions before we begin?

**Center Director/Program Coordinator's Questions (Partner organizations should only answer questions #3 - #6)**

1. In general, what types of **skills and expertise** do CCOE program staff need and why? Is it difficult to find staff with these skills and expertise?
  - a. What recruiting strategies do you use to find and hire specialized personnel?
  - b. What improvements have been made in regards to training of CCOE program staff since the Fall of 2003? *(N/A to new CCOEs)*
2. How have you **distributed funds** among CCOE staff in a way that contributes to positive program outcomes? Please describe specific instances since Fall 2003 where these funds have impacted CCOE program operations *(N/A to new CCOEs)*.
3. Do the CCOE and partner organizations have a **database that tracks** CCOE women?
  - a. If so, what information is entered into the database and how is it used by the CCOE?
    - 1) Cost of Services
    - 2) Services rendered by CCOE
    - 3) Services rendered by Partner Organizations
    - 4) Non-health care services rendered by CCOE
    - 5) Non-health care services rendered by Partner Organizations
    - 6) Referrals
    - 7) Referral Compliance
    - 8) Wellness Check Compliance
    - 9) Other: \_\_\_\_\_
  - b. If not, how do you identify CCOE women?
  - c. Is this data shared with providers? If so, how is it transferred (by telephone, email, internet, mail, etc.)?
4. Do the CCOE and partner organizations have a database that tracks **costs of services**?
  - a. If so, what information is entered into the database and how is it used by the CCOE?
  - b. Are both insurance and out-of-pocket payments tracked?

## CCOE Governance

5. Please indicate any **evidence of success** regarding the number of CCOE women seen, the types of healthcare services provided, and/or how costs are tracked. What is done to ensure that CCOE women are able to see health care professionals in a reasonable amount of time? How is success measured?
6. Please describe your **information technology infrastructure**. What record-keeping systems, other than those used to track participants and cost, exist within this structure? What technological limitations exist?
7. How does the CCOE measure its effectiveness: ask about performance metrics (e.g., how do they know they are doing a good job?)
8. What are the best practices related to your day-to-day operations implemented by your CCOE? What are your lessons learned?
9. What are the biggest issues or concerns related to your day-to-day operations?
10. Does your organization have a technical assistance or replication site? If yes, please describe your technical assistance or replication site:
  - a. Why was this site selected?
  - b. How much do you interact with them?
  - c. What is the status of the TA site (e.g., how far along are they)?
  - d. Does the TA site have an advisory board?
  - e. Whom do they interact with the most (e.g., position title)?

*This section focuses on gathering more detail on the CCOE's governance structure including the CCOE advisory board. CCOE leadership should answer this section.*

### **Center Director/Program Coordinator's Questions**

1. Please describe the CCOE's **governing structure**. What are the **key roles and responsibilities** of CCOE leadership and management staff?
11. What are the **main activities or functions** the CCOE advisory board performs? (If needed, offer examples such as, approve use of funds, create rules and regulations for the CCOE or facilitate partner relationships.) How have these activities evolved since the Fall of 2003?
12. How **frequently** does your CCOE advisory board meet? (Examples include weekly, monthly, quarterly, or bi-annually)
13. Who **serves** on your CCOE advisory board? As I read a list of types of board members, please indicate how many serve on your advisory board.

**CCOE Governance**

- \_\_\_\_\_ CCOE community partners
- \_\_\_\_\_ Community leaders
- \_\_\_\_\_ Local business professionals
- \_\_\_\_\_ Previous advisory board members (those who were on a board prior to the CCOE designation)
- \_\_\_\_\_ Other (please specifically describe the **TYPE** of board member):

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\_\_\_\_\_ **TOTAL**

14. Please describe the step-by-step process for **selecting board members**. May I have a copy of your **by-laws**?
15. Please describe your success in addressing action items developed during your Board meetings to further develop the CCOE program?
16. What are you biggest challenges during Board meetings to achieving established goals?
17. What types of activities have been proposed by the Board addressing future objectives for the CCOEs?

## General Questions

*This section will serve to clarify and gather more information on input gathered during Phase I (CCOE Center Director and Program Manager Survey) and Phase II (CCOE Community Partner Survey) of the CCOE Evaluation.*

Staff Questions (For each person in the focus group: Please introduce yourself and describe your role at your organization and with the CCOE program.)

### Delivery of Healthcare Services

1. Please describe the ways the CCOE program has impacted or influenced the delivery of health care services in your organization.
2. What are the relevant health care issues in your counties? Which issues have become increasingly more prominent since the Round I evaluation (Fall 2003)?
18. In what ways has the CCOE impacted the surrounding community?
19. Describe how the relationship between the CCOE and its partner organizations has evolved since the Round I evaluation (Fall 2003). Has the relationship become more formal, reactive, or proactive? What new services have been added since the Round I evaluation (Fall 2003)?
20. Has having partners available enhanced your ability to care for the whole patient?
21. Clarify any questions/issues relating to CCOE services. Are CCOE women able to receive services they need in a timely manner? (Review data from Phase I on what their new service suggestions are.) In your opinion, are those services of high quality? Why or why not? Have the quality of services improved or have they maintained the level of quality since the Round I evaluation (Fall 2003)? What initiatives have you implemented to make improvements?
22. Is the provision of quality care to women part of your performance appraisal? If so, was it a factor prior to the implementation of the CCOE program?
23. Are there any additional barriers to service/access that have manifested since the Round I evaluation (Fall 2003)? If yes, please describe what prevents CCOE women or potential CCOE women from receiving services.
24. How has the CCOE program impacted your interaction with women patients?
25. How has the CCOE and/or partner organization improved access to health care services? What steps have been taken to remove service barriers?
26. Do you utilize telemedicine to expand access to health care services? If so, what types do you use? What additional costs are associated with these services?
27. Please describe any improvements or changes that have been implemented in the process involved in issuing and processing a referral and follow-up (within the CCOE partner network) since Round I (Fall 2003).
28. What is the **average amount of time** it takes to issue a referral?

## General Questions

- a. What is the average time lapse between a patient receiving a referral and scheduling an appointment (consider only the health professionals' availability and exclude conflicts in the patient's schedule)?
  - b. What is your estimate of **patient compliance** with referrals?
  - c. Do you track this information?
29. If your program has graduated and become part of the **AFC** program, can you please describe whether and how your relationships with your partners have changed as a result of the change in status and in funding?
30. If your program has graduated and become part of the **AFC** program, and you are sustaining any of your CCOE partnerships, what role, if any, has the contribution of funds or lack of contribution of funds from OWH played in your ability to sustain those partnerships?
31. What is the **value** of the **CCOE** program and/or the **AFC** program to your organization? To your patients?
32. If your organization has graduated from the CCOE program and is now part of the **AFC** program, please describe the impact of this change in status and in funding on your organization. *(Follow up with clarifications on the data provided in the Director and Program Coordinator Survey for any of the core components (if necessary): Health service delivery, training, community-based research, public education and outreach, leadership development, and technical assistance).*

## Diversity of Patient Population

33. Does your CCOE serve Native American patients? If so, please describe any additional service offerings provided to this community.
34. Does your CCOE provide services to incarcerated populations?
- a. If yes, please describe the types of services provided.
  - b. How is the delivery of these services coordinated with correctional facilities?
  - c. Do these women receive regular healthcare services?
  - d. What are the biggest challenges posed by serving this population?
35. Does your CCOE provide guidance for low-income populations regarding food or employment services?

## Mental Health Service Offerings

36. Do you offer special services to address mental health issues of CCOE women?

## General Questions

37. What types of services are provided?
38. What types of outreach are presented to inform patients of mental health issues, such as depression, stress, or self-disclosure?
39. What percentage of mental health patients seen also present with health issues?
40. Do providers proactively screen patients for mental health issues?

## Substance Abuse Offerings

41. What steps have been taking by your CCOE to address the shortage of substance abuse treatment slots?

## Elderly Population/Medicare

42. What, if any, services does your CCOE provide regarding education and/or outreach related to the new Medicare Part D program? Please describe problems encountered by CCOE women related to the recent implementation (e.g., enrollment, access to drugs, issues related to dual eligibles, etc.).
43. Does your CCOE provide education and/or outreach related to living wills and/or healthcare directives? If so, please describe this process and/or provide any educational materials.
44. What initiatives, if any, have been implemented by your CCOE to better educate patients regarding multiple chronic conditions commonly associated with aging?

## Youth Programs

45. Does your CCOE provide any counseling or education regarding youth and gangs (e.g., signs of gang activity, intervention, prevention, etc.)? If yes, please describe your offerings in further detail.
46. Does your CCOE offer or participate in mentoring programs for youth to promote health-related careers, such as the Summer Youth Initiative? If yes, please describe your offerings in further detail.
47. Does your CCOE offer any counseling or education regarding dating and/or maintaining healthy relationships? If yes, please describe your offerings in further detail.
48. Does your CCOE provide any counseling or education for youth regarding how to deal effectively with bullying behavior? If yes, please describe your offerings in further detail.
49. Does your CCOE offer any counseling or education regarding body image and appropriate nutrition? If yes, please describe your offerings in further detail.



## General Questions

### Nuances in Women's Health

50. What types of initiatives have been implemented that are geared toward **empowering women** on how to become more proactive in decisions regarding their own health?
51. What types of faith-based initiatives is your CCOE involved in?
52. Does your CCOE offer any education / materials informing patients of the benefits/procedures regarding organ donation? If yes, are they continuous or one-time only?
53. Does your CCOE offer any education or activities tailored specifically to elderly women? If yes, please describe your offerings in further detail.
54. Does your CCOE offer any education or activities tailored specifically to women in rural settings? If yes, please describe your offerings in further detail.

## Lessons Learned/Best Practices

To prepare for this session, write the core components (including personnel practices) on a flip chart and read examples for each after reading the instructions below.

### *Center Director, Program Coordinator, and Staff Questions*

*(For each person in the focus group) Please introduce yourself and describe your role and responsibilities in the CCOE program.*

For each topic listed, please describe any important lessons of what has or has not worked well since being designated as a CCOE. Please include any anecdotal information you may have on other programs that you think may be applicable to the CCOE program.

- Personnel practices (i.e., recruiting staff and community health workers)
- Integration/continuum of care across the CCOE and providers
- Community-based research (i.e., leveraging local resources and integrating research into CCOE activities)
- Leadership development (i.e., recruiting, training and retaining women in leadership and/or health professions)
- Training community health workers and health care providers, including allied health professionals (i.e., conducting training needs assessment, developing curricula, and publicizing training)
- Public education and outreach (i.e., sponsoring workshops, participating in health fairs, and developing publications and brochures)
- Technical Assistance (i.e., suggestions and contributions to the “How To” manual and conference participation)

Your feedback to the next several questions will be part of the final evaluation report.

1. Describe the steps your program takes to provide an **integrated approach** to care for women. In what ways has your CCOE integrated each of the core components mentioned above with the delivery of health care? *(Review each of the core components above –one at a time with the group).*
2. Has your CCOE’s **integrated approach to care been adopted by your organization** and/or other programs within your organization?
3. Has your organization **leveraged any lessons learned or best practices** gained from the CCOE program?
4. Do you **intend to keep the CCOE model in place** after you’ve graduated from the CCOE program? After you’ve graduated from the AFC program?
55. What methods are currently used to **recruit community partners and participants**? Have these methods changed over time? What methods are the most effective and least effective?

## Lessons Learned/Best Practices

56. Describe the **barriers** your program encountered in delivering care or partnering for care. How were those barriers overcome?
57. How has your CCOE program's **organizational structure** evolved since its inception to enhance effectiveness and efficiency?
58. Have you seen a **system change** within your organization? Do you think it will be sustained?
59. What are some areas for **improvement or enhancement** for the CCOE model? How can those improvements be accomplished?

## Additional Partner Organization Questions

### *Partner Organizations Only/ Medical Advisor Questions*

1. Please describe your **interaction** with CCOE staff. How frequently do you interact with them and what types of issues are discussed?
60. Are you or your organization involved with the CCOE Board of Directors or Advisory Board? If so, in what capacity?
61. Are there opportunities to **improve communication or coordination** between your partner organization and the CCOE? If so, what are some of your improvement suggestions?
62. Please describe any **lessons learned** about your experience in setting up a relationship with the CCOE program. What processes have changed or improved since the beginning of the relationship?