EXAMPLE

Form Approved OMB No. 0920-XXXX Expiration Date: XX/XX/XXXX

Attachment 7

Example Telephone Script

IMPROVING THE QUALITY AND DELIVERY OF CDC'S HEART DISEASE AND STROKE PREVENTION PROGRAMS

Public reporting burden of this collection of information is estimated to average one hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data 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 this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX)

Improving the Quality and Delivery of CDC's Heart Disease and Stroke Prevention Programs

TELEPHONE SCRIPT FOR INTERVIEWS

hank you very much for agreeing to be interviewed for our study on the Division for I	Heart
isease and Stroke Prevention's Cost Calculator. I'm and I'll be cond	ucting
e interview. That means I have a set of prepared questions that I will be asking you.	_
will be helping me and taking notes. We're both from [name of organized]	zation], a
lescription of organization].	

Interview Purpose

We are conducting a series of interviews and group discussions for the Centers for Disease Control and Prevention-the CDC-which is the government agency that works to improve detection and prevention of many different diseases, all over the country. Our goal is to get your ideas and opinions about the DHDSP Cost Calculator and to find out how you have used this tool in your work. Information will be used by the DHDSP to improve the Cost Calculator and other similar products it produces. This interview will last about one hour.

Here are some basic procedures for the interview:

- 1. First of all, I want you to know that there are no right or wrong answers. We want to know your honest ideas and opinions. We are here to learn from you, and we want to hear what you think about the issues we will be discussing.
- 2. If you do not understand a question that I ask, please let me know. I'll try to re-phrase it or explain what we are trying to get at with the question.
- 3. We would like to audiotape this interview. We will refer to the tapes when writing our report. However, your identity and anything you say here will be treated in a confidential manner unless otherwise specified by the law. Your name, address, and phone number will not be given to anyone, and no one will contact you after this group is over. No one except project staff will hear the audiotapes. When we write our report, we will report on what was said, but not on who said it. Is it ok if I audiotape this session?

[If respondent agrees, begin audiotaping]

4. Sometimes I may need to move the discussion along to make sure we cover everything. Please understand that I am not trying to cut you off. I am just trying to ensure that we get through all of the questions in the time we have available.

5. Please don't hold back from giving us your honest opinions. If you have something negative to say, that's all right. Sometimes the negative things are the most helpful. Remember, there are no right or wrong answers. We just want to hear your opinions.

Participation Statement

Your participation today is voluntary. If you feel uncomfortable at any time you don't have to answer a question or you can stop the interview. You will not be penalized in any way if you refuse to participate or skip any of the questions. We will write a summary report of the findings from all the interviews and groups we conduct. As I said, we will report on what is said but not on who said it. Your name won't be used.

If you have any questions about this study, you can call [Name] at [Phone Number]. If you have any questions about your rights as a study participant, you can call the Office of Research Protection. The toll free number at CDC is 1-800-584-8814. Please leave a message with your name, phone number, and refer to CDC study #XXXX, and someone will call you back.

Do you have any questions before we start? Are you willing to participate? (If yes, proceed. If no, stop interview and thank them.)

[Interviewer: initial and date, as approp	riate:
Willing to participate	
Not willing to participate]

Thank you for agreeing to participate. As I mentioned before, I am going to be asking you a series of questions about the Cost Calculator, a tool to help policy makers and health planners understand the current cost burden incurred by states to treat chronic diseases. To remind you, the Cost Calculator estimates the state-specific Medicaid costs of six major chronic diseases - heart disease, stroke, hypertension, congestive heart failure, diabetes, and cancer - and the proportion of the state cost burden of these diseases on the total state budget.

Qualifying Questions

Are you familiar with this tool? (If yes, proceed. If no, stop interview and thank them.) Have you used this tool? (If yes, proceed to question 1. If no, ask question below) (If no) Why did you decide not to use it? (Stop interview and thank them.)

Interview Questions

Relevance

- 1. How did you find out about the Cost Calculator?
 - a. Probe: Is this the way you prefer to find out about CDC products such as the Cost Calculator?
 - i. (*If no*) How would you prefer to find out about the CDC products such as the Cost Calculator?

- 2. How did you access the Cost Calculator?
 - a. Probe: How easy was it for you to access the Cost Calculator?
 - i. (*If not easy*) What would make it easier for you to access to Cost Calculator?
- 3. How applicable is Cost Calculator to the work that you do?
 - a. Probe: Why is it [not] applicable?
 - b. Probe: What would make it more applicable?
- 4. How useful is the Cost Calculator?
 - a. Probe: Why is it [not] useful?
 - b. Probe: What would make it more useful?
- 5. Does the Cost Calculator solve a problem, interest, or need for your organization?
 - a. (*If yes*) What problem, interest or need does it solve?

Quality

- 6. How easy was it/is it for you to use the Cost Calculator?
 - a. (If not easy) What would make it easier for you to use to Cost Calculator?
- 7. Do you think that the estimates that the Cost Calculator generates are accurate?
 - a. Probe: Why do you think they are [not] accurate?
- 8. Does the Cost Calculator provide up to date information?
 - a. Probe: What makes you think it is [not] up to date?
- 9. Does the Cost Calculator meet your expectations?
 - a. Probe: What could have been done differently in order for the Cost Calculator to more fully meet your expectations?
- 10. How could the Cost Calculator be improved?
 - a. Probe: What features could be added?
 - b. Probe: What else do you wish the Cost Calculator could do?

Impact

- 11. How many times have you used the Cost Calculator in the past year?
- 12. What did you learn after using the Cost Calculator?
- 13. In what ways has the Cost Calculator assisted you at your job?

Please think about the last time you used the Cost Calculator to answer these next questions.

- 14. Why did you decide to use the Cost Calculator? Describe the situation.
 - a. Probe: What information did you need to know?
 - b. Probe: What made you think to use the Cost Calculator?
- 15. Did the Cost Calculator provide you with the information you needed?
 - a. Probe: Did the Cost Calculator solve the problem?
 - i. (*If yes*) How did it solve the problem?
 - ii. (*If no*) Why didn't it solve the problem?
- 16. How did you use the information provided by the Cost Calculator?
 - a. Probe: What benefits did you experience after using the Cost Calculator?
- 17. Would you choose to use the Cost Calculator again in this situation?
 - a. Probe: Why/why not?

Just a few more questions

18. Who else have you shared the Cost Calculator with?

- 19. In what ways has the Cost Calculator been used by others in your organization?
- 20. What effect has the Cost Calculator had on you or your organization's work?
 - a. To what extent do you believe the Cost Calculator has contributed to an increased capacity to make decisions that result in effective policies and/or programs in your organization?
- 21. What other comments do you have about the Cost Calculator?

Background/Demographic

Finally, I am going to ask you some questions about the work that you do.

- 22. What organization do you work for?
- 23. What is your job title?
- 24. How long have you been in this position?
- 25. Does your State currently receive funding from the DHDSP?
 - a. If yes, for which program(s) are you funded? Options:
 - i. CDC HDSP State Program Capacity Building
 - ii. CDC HDSP State Program Capacity Building with optional funding
 - iii. CDC HDSP State Program Basic Implementation
 - iv. CDC HDSP State Program Stroke Network
 - v. CDC Coverdell Stroke Registry
 - vi. CDC WISEWOMAN
 - vii. Other

We're all done for today. Thanks very much for your time. Your comments and insights have been very helpful.