Attachment 3G

PCCC chicago Local Hub member KEY INFORMANT INTERVIEW QUESTIONS

**Patient Centered Care Collaboration Initiative to Improve Minority Health**

**U.S. Department of Health and Human Services’ Office of Minority Health**

**Chicago**

**Local Hub Member Key Informant Interview Questions**

Dear Local Hub Member:

Thank you for agreeing to answer a few questions about the Patient Centered Care Collaboration Initiative. The information you give us will help us to understand your involvement and how the initiative has worked.

**Thank you for completing this survey.**

Today’s Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Number, Street, City, State, Zipcode

Work Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructions**

Please read each item carefully and provide a response to each one in the space provided.

Please return your completed survey to:

Name

Address

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990- . The time required to complete this information collection is estimated to average 1 hour per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

1. In regards to the project leadership, were the appropriate local hub members including the workgroup and other community stakeholders at the table and were they the right people to make decisions for this community? If you could have recommended someone to participate on the local hub team, who else would you have suggested and why?

1. Was the project vision understood and shared by all hub members including workgroup members and other involved stakeholders?

1. How important was it to your organization that you collaborate on this project? Select a response and then explain.

\_\_\_\_\_ 5=Very important

\_\_\_\_\_ 4= Moderately important

\_\_\_\_\_ 3= Important

\_\_\_\_\_ 2= A little important

\_\_\_\_\_ 1= Not important

1. What was your local hub's process for making decisions? How were local hub members role and involvement in decisions regarding the proven CER selection and implementation? How satisfied were you with this process?

1. What role did engaging local stakeholders play in facilitating the implementation of HELP in your community?

1. How did the fact that HELP used proven CER (strategies known to improve health conditions) support implementation in your community?

1. What were the local hub considerations regarding adaptations to HELP in order to enhance translation and implementation? What are your thoughts about the value and acceptability of implementing HELP through home visits and follow-up visits and follow up telephone calls?

1. How ready is your organization to implement a new program to improve health conditions for diabetics, those with hypertension, and obese individuals?

\_\_\_\_\_ 5= Very ready

\_\_\_\_\_ 4= Moderately ready

\_\_\_\_\_ 3= Ready

\_\_\_\_\_ 2= A little ready

\_\_\_\_\_ 1= Not ready

1. How satisfied were you with your level of involvement in the PCCC project? Was it easy to be involved or did you have challenges with your involvement (e.g., meetings were routinely set in my calendar which made it easy to attend; it was difficult to attend meetings due to my work responsibilities)? Select a response and then explain.

\_\_\_\_\_ 5=Very satisfied

\_\_\_\_\_ 4= Moderately satisfied

\_\_\_\_\_ 3= Satisfied

\_\_\_\_\_ 2= A little satisfied

\_\_\_\_\_ 1= Not satisfied

1. What benefits did you receive from your participation in this project (develop new local and national partnerships for collaborations, availability of additional resources, increased knowledge of CER/PCOR, enhanced ability to implement evidence-based practices, new materials)?

1. In what ways did the level of available resources (staff, time, dollars) shape project decisions?

**Chicago**

**Local Hub Leaders**

1. Did the environmental scan conducted by Westat yield useful comparative effectiveness research for this project to consider implementing?

1. Please describe your process for identifying, recruiting, and securing staff to work with the participants. What were your successes and challenges?

1. Describe the Local Hub process for setting up the training program and training staff to deliver the curriculum. Who developed the curriculum, and who conducted the training. Were the trainees able to get CEU credits for the training?

1. How important do you think it is for the CHWs/Health Educators to have experience working with the targeted populations (African Americans and Hispanic/Latinos)? What types of experience are needed most and why?

1. What factors influenced local hub decision to use CHWs/Health Educators who reflect the target populations’ race/ethnicity and who speak participant's language?

1. Please describe your understanding of the local hub process for identifying and recruiting program participants. What were your successes and challenges?

1. What was the selection criteria (inclusion and exclusion) and what impact did it have on identifying a sufficient number of participants for the program?

1. What role did incentives play in recruiting participants? Could you have implemented the program without them?

1. What types of approvals did you need to implement this type of program in your facility (e.g., Institutional Review Board)? Did getting these approvals delay your program? Please explain.

1. What factors played a role in your decision to conduct PCCC/HELP at the health clinic?