ATTACHMENT 5H

MYRX FACILITY ADMINISTRATOR 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

Houston
Housing Authority Administrator Questions

Dear Facility Administrator:

Thank you for agreeing to answer a few questions about **MyRx Medication Adherence** that is being held at your facility. The information you give us will help us to understand what was involved with offering with this activity program at your facility.

Thank you for completing this survey.

Today's Date   _____

Facility Name   _____

Parent Organization _____

Facility Address _____
                    Number, Street, City, State, Zip Code

Your Name _____

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 and 30 minutes 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

To help us better understand your organization, we would like the following information about your organization. We are interested in understanding what types of organizations offer this program.

Please provide a copy of the following when you return your completed survey:
- Mission
- Catchment area information
- Population Served: numbers served by race/ethnicity, gender, age, health status
- Staff Profile – e.g., number of professionals such as medical doctors, nurses, pharmacists, CHWs
- Length of time your organization has served this community

1. In what ways has your organization benefitted from participating in PCCC? What tools, resources, and support would your organization require to promote or adopt MyRx?

   _____
   _____
   _____

2. If resources were available, how likely is that your organization would offer PCCC? How feasible is it for your facility to provide home visits and follow up phone calls to participants? Given the opportunity would you provide this opportunity again?

   _____
   _____
   _____

3. How ready was your organization to implement a new program that would improve health conditions for diabetics, those with hypertension, and obese individuals?

   _____
   _____
   _____

4. Which factors played into your decision to offer this program at your facility, what did you consider and who was involved in the decision making process?

_____

_____

_____

5. How did the fact that the MyRx Medication Adherence used proven CER impact the decision to implement it in your facility?

_____

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_____

6. Please describe your process for identifying, recruiting, and securing staff to work with the participants. How successful was your staff recruitment plan in securing all the staff you needed for the program? Were there any staffing issues or constraints?

_____

_____

_____

7. Please discuss the importance of Pharmacists/Health Educators having experience working with the targeted populations (African Americans, Hispanic/Latinos, and Asians)? and to be culturally and linguistically competent?

_____

_____

_____

8. Please describe the level of resources required for you to operate this program. How did this impact your decision to participate? Were you required to provide any in-kind services for this program? Was this a problem for you, if so why?

_____

_____

_____

9. What reactions have you received from other participants/residents, staff, or management as a result of this initiative?

_____

_____

_____

10. How likely is it that your facility will make any long-term changes as a result of offering this program? If so, what changes will you make?

_____

_____

_____

11. How does your facility plan to promote the adoption of this program's strategies internally and among its partner networks?

12. _____
_____
_____

13.   What were your biggest successes in implementing this program and your biggest challenges (consider management buy-in and commitment, funding, staffing, participants, adaptations, spread of the program to other topics)?

_____
_____
_____

14.   What suggestions can you offer other organizations who are thinking about implementing this program? What recommendations/considerations do you have for them?

_____
_____
_____