**Attachment 8A**

**Non-Grantee Program Staff Interview Guide**

**Form Approved:**

**OMB No.: 0920-XXXX**

**Expiration Date: XX/XX/XXXX**

Interview Guide

Program Staff for Nongrantee Program

Public reporting burden of this collection of information is estimated to average 1 hour and 15 minutes 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)

Hello. My name is [*full name*], and I am with ICF Macro. We are working with the Centers for Disease Control and Prevention, or CDC, to better understand what activities related to colorectal cancer are being planned or implemented in your State. This interview should take no more than 1 (2) hour of your time. Let me share a copy of our Informed Consent Form with you; you can follow along as I read it aloud.

[Provide the participant with a copy of the Informed Consent Form. Read the form aloud.]

We want to make sure that you know your answers to any questions that I ask you during this interview will be treated in a secure manner. In evaluation reports, manuscripts, and other materials developed to disseminate information about the evaluation, descriptive data for each State will be presented so that various program models can be shared. State names will be specified. Specific quotes may be included, but these quotes will not be attributed to any *particular individual*.

I want to ask for your permission to audiotape our interview. This will allow me to capture all the details of our discussion. The tape will be kept secure and used only by the evaluation team to supplement the notes we take. Your name will be removed from the notes and transcript.

Do you have any questions?

Let’s begin.

RESPONDENT AND PROGRAM BACKGROUND

1. Would you briefly describe your role at the State health department (or your respective agency)?

* Do you work with the B/C, comprehensive cancer control (or CCC), or any other programs?

1. What would you say are the goals of the State’s colorectal cancer (or CRC) efforts? Has your State participated in a Dialogue for Action sponsored by the Prevent Cancer Foundation? If yes

* When did you hold your Dialogue for Action?
* What organizations participated?
* How has that experience influenced your State’s CRC efforts?

PROGRAM MANAGEMENT

Now, we want to ask you a few questions about your experience managing/administering the State’s CRC, B&C, and/or CCC efforts. We are particularly interested in understanding the staffing and funding resources currently available to support implementation, particularly those related to CRC prevention.

1. How are your cancer programs organized at the State health department?
2. Besides you, who are the key health department staff members currently involved in planning and implementing your State’s CRC prevention efforts?

* What organizational units (e.g. B/C, CCC, National Program of Cancer Registries (or NPCR), WISEWOMAN) do they work in?
* What are their responsibilities?

1. What goals, if any, has the State health department established for CRC prevention?
2. What Federal and State resources are available to support your State health department’s CRC prevention efforts? (e.g., amount, source)

* Are you able to leverage resources of other CDC-funded programs (National Breast and Cervical Cancer Early Detection Program [or NBCCEDP], CCCP) to support your CRC prevention efforts?
* If yes, how have these resources been used?

1. Are other partners in the State committing resources to support additional CRC prevention activities? If yes

* Which partners?
* What kind of resources have they committed?
* If dollars, how much?

1. Given the goals you’ve set, are there any constraints in meeting them? If yes, please describe those constraints.
2. Are your State’s CRC efforts integrated with other CDC-funded programs, such as CCC, WISEWOMAN, NBCCEDP, or NPCR? If yes, please describe how.

* Are there management activities that are shared (e.g., staffing, oversight)?
* Are there program activities, such as public education, that address multiple program areas (CRC, B/C, prostate cancer)?

Implementation Activities

One of the goals of this site visit is to better understand what CRC prevention activities are being implemented in your State. If there are things we do not ask about related to CRC, please let us know.

***Screening Provision***

1. Is your State currently supporting the provision of CRC screening? If so, how?

* Do individuals need to meet certain eligibility requirements? If so, please describe these?
* What kinds of tests are you using? (e.g., fecal occult blood test [or FOBT]/FIT, colonoscopy)

1. How are these efforts financed? What is the approximate cost?
2. Approximately how many people receive these services on an annual basis?
3. Who are the providers of CRC screening services (e.g., primary care providers, gastrointestinal specialists)?

* Where are they located geographically (e.g., throughout the State, specific counties)?
* How were these providers identified?
* Do you have a formalized relationship with them (e.g., contract, memorandum of understanding)?

1. Do you provide or support the provision of any wraparound services to facilitate CRC screening (e.g., patient navigation, quality assurance initiatives, education and outreach, recruitment)?

* If patient navigators are used, can you briefly describe their roles and responsibilities?
* Are they funded solely by the State? If not, what are other funding sources?
* Has the State been involved with or promoted efforts to give providers feedback on their performance with respect to CRC screenings?
* Has the State assisted in any way with helping providers secure or update their electronic medical records?

1. What kinds of activities has your State engaged in to recruit individuals for CRC screening? [Probe by asking about the following organizations:]
   * Small and large media campaigns
   * Partnerships with community-based organizations
   * Referrals from other CDC-funded programs
2. What, if any, activities are aimed specifically at recruiting men for screening? To date, which activities have been most effective at recruiting individuals for screening?
3. Are there other partners (nonproviders) involved with the provision of CRC screening? If so, please describe the partners and their respective roles/responsibilities and contributions.
4. Do your State CRC efforts include helping qualified individuals enroll in available health insurance programs? If yes, please describe these.

* What procedures are used to identify these individuals?
* What is the process used to enroll them?
* What challenges, if any, have been encountered?

1. What factors, if any, have facilitated screening provision thus far?
2. What factors, if any, have posed challenges to screening provision thus far?
3. Do you have a data management system that helps you monitor your screening provision activities? If yes, please describe it. What is your impression of the data quality at this time?
4. Do you think these screening provision activities would have occurred in the absence of your State’s funding?
5. Are there other screening provision activities in your State that are currently underway and funded by another entity? If so, please describe these. Are these activities specifically for low income or uninsured individuals?
6. What are your State’s future plans regarding the provision of CRC screening? Do you think your current efforts are sustainable?

***Screening Promotion***

For the purposes of these questions, screening promotion refers to program activities that promote the implementation of policy-, systems-, and community-level, evidence-based interventions[[1]](#footnote-1) aimed at increasing population-level screening rates.

1. Is your State currently involved in efforts to promote CRC screening? If so, can you please describe them?

* Who are these promotion efforts geared toward? Providers? The general population? Low income or uninsured individuals?
* If not population-level: Has your State considered moving to a more population-based approach? Why or why not?
* If population-level: What made your State decide to use a population-based approach to CRC screening promotion?

1. How did you select and prioritize activities to promote CRC screenings?

* What challenges, if any, were encountered during the selection process?
* What factors facilitated the process?

1. Please briefly list EACH activity currently being implemented as part of your State’s efforts to promote colorectal cancer screening. [Probe by asking about the following:]
   * Small media
     + Have you used Make It Your Own Tool (MIYO) to assist with small media? If yes, please describe how.
   * Provider assessments and feedback
   * Provider reminders
   * Client reminders
   * Reducing structural barriers
   * Quality assurance initiatives
   * Promotion of EHRs
   * Organizational or legislative policy change
     + Is there existing State legislation related to CRC screening? If yes, please describe it.
     + When was it passed?
     + Is it at the city, county, regional, or State level?
     + What has the impact been to date? How has it influenced your CRC efforts?
2. For EACH activity:

* What is the intent of the activity or policy change? (e.g., increasing awareness; changing patient or provider knowledge, attitudes, beliefs)
* Who is responsible for implementing the activity? [Probe by asking about the following:]
  + - State health department
    - Federally Qualified Health Center, or FQHC
    - Other health care systems
    - Insurers
    - Professional organizations
    - Workplaces
    - Policymakers
* [If the State health department is working with a partner:]
  + How did you identify the partner?
    - Did the CCC program or coalition assist in any way with identifying partners?
  + What is (are) the partner(s)’s role or contribution?
  + How difficult was it to develop this partnership?
  + Do you have a formal agreement (memorandum of understanding [or MOU] or memorandum of agreement [or MOA]) with this partner?
    - If so, were there any challenges in establishing this agreement?
  + Does your State provide funding to the organization to implement the activity?
    - If yes, how much funding?
    - How is the funding provided (e.g., contract)?
* What is the intended scope of the activity or policy change? (e.g., system- or organizationwide, community- or countywide, regional or statewide)
* Has this activity been implemented at the intended level? If yes, please describe how you were able to achieve this.
  + - What is the intended reach of the activity or policy change?
    - Is the activity or policy designed to reach specific populations?
    - About how many individuals do you think are or will be reached by the activity or policy change? Do you have data on the numbers?
    - Approximately how long has the activity or policy change been in effect?
    - Is there data currently available on the activity or policy change?

1. Of these activities, which one or two do you think has been the most important or had the most impact? Please explain.
2. Which ones have not worked out well? Why do you think that is?

1. How do you think the various screening promotion activities complement each other? Is there a synergy created?
2. Do you anticipate any large sources of funding coming to your State to support CRC-related activities? If, yes, from whom?

Partnership Involvement and Influence

1. Does your State have champions who have demonstrated outstanding leadership and/or made substantive contributions to advance CRC prevention activities in your State?

* If so, please describe each champion (e.g., Program Director, Physician, Nurse in clinic where CRC screening occurs), what organization he/she represents, and how the champion has helped with CRC-related activities.

1. What has been the role of your State CCC program/coalition in CRC prevention?
2. What other partners have been important to CRC prevention activities to date?
3. Why have they been important?
4. If relevant—Has there been any difficulty in developing and/or sustaining partnerships necessary to achieve organization- and system-level change?
5. Has your State health department been able to use any of its partner relationships to leverage additional partnerships, funding, or resources?
6. What impact do you think participation in your State health department’s CRC prevention efforts has had on each organizational partner?
7. What partners would you like to have involved in your State’s CRC prevention efforts, but currently are not involved? Please describe what potential role they may play.

Evaluation

1. Has the State health department conducted any evaluation efforts related to CRC screening? If yes, please describe what activities you are evaluating?
2. Do you have an evaluation plan to assess your State health department’s CRC efforts? If yes, please describe its focus.

* Does the evaluation plan include an explicit evaluation of the effectiveness of the program? If yes:
  + Who was involved in developing the evaluation?
  + What are key measures or indicators for the evaluation?
  + What data sources are being used?
  + Is there baseline data? If so, please describe.

1. What does this evaluation activity tell you about the success of the State’s CRC prevention efforts thus far?
2. Have you entered into data sharing agreements with any of your partners? If so, please describe the agreement.
3. What additional data, if any, does your State health department use to aid in the evaluation of its CRC prevention efforts?
4. Are you aware of any competing issues or priorities that have affected the evaluation? If so, please describe them.

Technical Assistance and Training

1. Have management tools, such as logic models, action plans, and/or implementation plans, been used to guide your planning and implementation of the State health department’s CRC prevention efforts?

* If so, please describe the tool and how useful it was in guiding implementation.
* If not, are there other tools that might have been useful?

1. What technical assistance or training has been especially valuable to your State health department’s CRC prevention efforts?

* Why was it valuable?

Conclusion

Now we would like to hear your thoughts on how well you think your State’s CRC prevention efforts are currently working.

1. In your opinion, what are the key strengths of your State’s CRC prevention efforts?
2. In your opinion, what are the key limitations of your State’s CRC prevention efforts?
3. What would you say have been some key lessons learned to date?
4. What has been accomplished as a result of your State’s CRC prevention efforts that otherwise would not have been?
5. Overall, do you think your State’s CRC prevention efforts utilize an effective approach to improve colorectal cancer screening? Why or why not?
6. What concerns, if any, do you have about future efforts to implement your State’s CRC prevention activities?

* How do you think national health care reform will affect your implementation efforts?
* Are you currently engaged in any efforts to prepare for the advent of health care reform? If yes, please describe.

1. Is there anything else you would like to say about your State’s CRC prevention efforts that we have not discussed?

Those are all the questions I have for you at this time. Before we wrap up, do you have any questions for me about anything we’ve talked about?

Thank-you again for taking the time to speak with me. We sincerely appreciate and value your input!

1. Grantees are encouraged to implement evidence-based CRC activities endorsed by the Guide to Community Preventive Services, which can be accessed at <http://www.thecommunityguide.org/cancer/index.html> [↑](#footnote-ref-1)