

# **ATTACHMENT 8C**

## **NON-GRANTEE PARTNER INTERVIEW GUIDE**

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

## INTERVIEW GUIDE NONGRANTEE PARTNER

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)

Hello. My name is [full name], and I'm with ICF Macro. We are working with the Centers for Disease Control and Prevention, or CDC, to better understand how States implement colorectal cancer (or CRC) screening and how these efforts change over time. This interview should take no more than 1 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 that 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 dissemination information about the evaluation, descriptive data for each program will be presented so that various program models can be shared. Specific 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 will be 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.

#### BACKGROUND OF RESPONDENT

---

1. Can you briefly describe your agency and how long it has been involved with
  - [Name of State]'s health department
  - Work related to colorectal cancer control and prevention
2. Can you briefly describe the role you play in your State health department's CRC prevention efforts?
  - What are your specific duties related to these efforts?
  - Approximately, how much time per week do you spend working on your State health department's CRC prevention efforts?
3. How long have you been involved with your State health department's CRC prevention efforts?
4. How did you become involved in your State health department's CRC prevention efforts?
5. How has your involvement with the State health department's CRC prevention efforts changed over time?

6. What would you say are the goals of the State health department's CRC prevention efforts?

#### IMPLEMENTATION ACTIVITIES

---

One of the goals of this site visit is to better understand how State health departments work with their partners to implement CRC-related efforts. If there are any key issues, concerns, or considerations that we do not ask about, please let us know.

### **Screening Provision**

1. Are you or your organization currently working with your State health department to provide CRC screening to underinsured individuals? If, yes, please describe.
2. Do you have a formalized relationship with the State health department (e.g., contract, memorandum of understanding)?
3. Are you or your organization working with your State health department to recruit individuals for CRC screening? If yes, please describe how. [Probe by asking about the following:]
  - o Providing support for small and large media campaigns
  - o Promoting the availability of screening in community-based or workplace settings
  - o Referring eligible individuals
4. If you or your organization is assisting with recruitment, to date which activities have been most effective at recruiting individuals for screenings?
5. Do you or your organization help the State health department enroll qualified individuals into available health insurance programs? If yes, please describe your role.
  - What procedures are used to identify these individuals?
  - What is the process used to enroll them?
  - What challenges, if any, have been encountered?
6. Do you or anyone from your organization work with a group of providers or experts who offer input or oversight to your State health department's CRC screening efforts?
  - If yes, can you describe the group's composition and their primary activities?
7. In your opinion, what factors, if any, have facilitated your State health department's CRC screening provision efforts thus far?
8. In your opinion, what factors, if any, have posed challenges to your State health department's CRC screening provision efforts thus far?
9. Do you think your State health department's CRC screening provision activities would have occurred in the absence of your [State's] funding?

### **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 aimed at increasing population-level screening rates.

1. Are you or your organization currently working with your State health department to promote CRC screening to the general population? If, yes, please describe your current activities. [Probe by asking about the following:]
  - o Small media
  - o Provider assessment and feedback
  - o Provider reminders
  - o Client reminders
  - o Reducing structural barriers
  - o Quality assurance initiatives
  - o Promotion of EHRs
  - o 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?
2. For EACH activity, please describe
  - How you and your organization became involved?
  - Who is responsible for implementing the activity?
  - What is the intended scope of the activity? (e.g., system- or organizationwide, communitywide, statewide)?
  - Has this activity been implemented at the intended level?
    - o If yes, please describe how you were able to achieve this.
  - Does your organization receive funding from the State health department to implement the activity?
    - o If yes, how much funding?
    - o How is the funding provided (e.g., contract)?
  - What challenges have you and your organization encountered while trying to implement this activity? (e.g., staffing, resources)
  - What facilitators have helped your implementation efforts?
  - Have you or your organization been involved in any policy changes, either organizational or legislative, related to colorectal cancer screening? If yes, please describe.
  - Do you think these screening promotion activities would have occurred in the absence of your State's CRC efforts?
3. From your perspective, what CRC screening promotion activities have been particularly effective?
4. Besides the State health department, are you or your organization working with any other partners to promote CRC to the general population? If yes, please describe.

5. In general, what have been challenges to developing and implementing screening promotion activities that support systems and organizational change?

#### PARTNERSHIP INVOLVEMENT AND INFLUENCE

---

1. Do you think people in your State are aware of your organization's and/or the State health department's CRC screening efforts?
2. What aspects of your partnership with the State health department have been the most important in advancing CRC screening at the population level? Please describe why.
3. Has there been any difficulty in developing or sustaining your relationship with the State health department?
4. What impact do you think participation in your State health department's CRC efforts has had on your organization?

#### EVALUATION

---

1. Do you have an evaluation plan to assess the effectiveness of your organization's CRC screening and/or promotion activities? If yes, please describe
  - The plan's focus
  - Key measures or indicators for the evaluation
  - Data sources are being used
  - Baseline data if you have any
2. Have you encountered any difficulties using these measures? If so, please describe the difficulties.
3. What does this evaluation activity tell you about the success of your organization's efforts thus far?

#### TECHNICAL ASSISTANCE AND TRAINING

---

1. Have you received any technical assistance or training that has been especially valuable to your organization's CRC efforts? If yes, from whom? Why was it valuable?
2. Have you or your organization provided any technical assistance or training to others interested in CRC screening provisions or promotion? If yes, please describe what was provided.

#### CONCLUSION

---

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

1. In your opinion, what are the key strengths of your State health department's CRC efforts?
2. In your opinion, what are the key limitations of your State health department's CRC efforts?
3. What has been accomplished as a result of your State health department's CRC efforts that otherwise would not have been?
4. Overall, do you think your State health department's CRC efforts use an effective approach to improve colorectal cancer screening?
  - If so, why?
  - If not, why?
  - Is there another approach you would recommend using? Why?
5. What concerns, if any, do you have about future efforts to evaluate your State health department's CRC efforts?
6. Is there anything else you would like to say about your State health department's CRC 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!