Public reporting burden for this collection of information is estimated to average 60 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: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-XXXX). Do not return the completed form to this address.

## NHLBI GHI COE Outcome Evaluation DRAFT DCP Key Informant Interview Protocol

Thank you for agreeing to do this interview. My name is \_\_\_\_\_\_ and I am part of an evaluation team that has been contracted to assess the NHLBI and UnitedHealth Global Health Initiative, which I'll refer to as the COE Program. The team includes evaluation staff at Westat and NHLBI. Although Westat served as the Academic Coordinating Center (ACC) for the COE Program, the evaluation team does not have any involvement with the ACC.

I'd like to speak with you today regarding your involvement in the [center name] and the COE Program to better understand your role and contributions, areas for improvement, and lessons learned. We'll discuss the center's training program and your perspective of the COE Program.

Our goal is to understand how the COE Program was implemented, progressed, and the extent that it has been continued after funding for the Program ended. I [interviewer] was not involved in developing or implementing the program, so I encourage you to tell me about your experiences as frankly as you wish. Many times learning what works is just as important as learning about what does not work. Findings may be used to inform NIH and NHLBI about operational issues relevant to planning both global and domestic biomedical research and training programs.

Your decision to participate will not impact your involvement with NHLBI or future funding with NHLBI. While themes will be extracted from the interviews for analysis, the interviews will be held in confidence. Statements may be used for illustrative purposes, but would not be attributed to individuals. The interview will be audio-recorded to supplement our notes, but your name will not be associated with any of your comments, and the recordings will be destroyed once analysis is complete. The interview should take about 60 minutes of your time.

Do you have any questions? Do I have your consent to participate in this interview? Do I have consent to audio-record this interview?

### A. Current Status of the Center

First, I would like to start by asking you some questions about the current status of the center.

- 1. Please briefly describe the current status of the center. *Probe*: Has the center been able to continue work [at the same or higher capacity] on the [key areas] of CVPD? Do you envision expanding to other areas within/outside of CVPD?
- How are you currently involved with the center? How does this compare to your role when the center was funded by NHLBI?
  *Probe*: Types of scientific and technical guidance provided, involvement on subcommittees, training and mentoring activities.

## B. Training Program

Next, I have a few questions about the training program.

- 1. Please briefly describe the current status of the training program. *Probe*: How has it changed since the time when it was funded by NHLBI? Training activities sustained, enhanced, suspended?
- What supporting and/or impeding factors do you attribute to the current state of the training program?
  *Probe*: Funding, support/resources from other COEs, local institutional partners, DCP staff, NHLBI, ACC, UHG, training subcommittee?
- 3. What elements of the training program do you think were the most effective? *Probe*: How were these elements effective? What contributed to their effectiveness? How was the DCP able to contribute to the training program? Were these developed during or after the center was funded by NHLBI?
- 4. What elements of the training program do you think were the least effective? *Probe*: How were these elements ineffective? Were there efforts to address these elements?
- 5. What factors are most critical for [sustaining/enhancing based on response from B1] the training program (support from the institution, funding, retaining trainees)?
- 6. Were these lessons learned shared with others involved in the COE Program? If so, how were they used by others in the program?

### C. Research

I'd now like to get your thoughts about the center's research activities.

### Research Infrastructure

1. Please briefly describe the current status of the center's research infrastructure.

*Probe*: How has it changed since the time when it was funded by NHLBI? Research infrastructure sustained, enhanced, suspended

- What supporting and/or impeding factors do you attribute to the current state of the research infrastructure?
   *Probe*: Support/resources from other COEs, local institutional partners, DCP staff, NHLBI, ACC, UHG, training subcommittee?
- 3. What factors are most critical for [sustaining/enhancing based on response from C1] the research infrastructure (support from the institution, funding)? *Probe*: Were these lessons learned shared with others involved in the COE Program?

## Research Capacity

- 4. How did you engage or collaborate with the following stakeholders in terms of increasing research capacity and public health awareness (including policy change) in the area of CVPD? Which collaborations were the most effective, and why? Which are ongoing?
  - a. Research partners at local, national and international levels (including Local Partners) *Probe*: What factors have supported any ongoing collaborations?
  - b. Higher level officials within your institution (deans, directors) and those external (MOH officials and other)

*Probe*: What factors have supported any ongoing collaborations?

- c. The community (advocacy groups, local champions) *Probe*: What factors have supported any ongoing collaborations?
- d. Community health workers *Probe*: Will this be an outcome of government buy-in? *Probe*: What factors have supported any ongoing collaborations?
- e. Other trained investigators/graduates (Fogarty scholars, other scholars from outside institutes)

*Probe*: What factors have supported any ongoing collaborations?

# Research Conduct

- 5. As a result of the COE program, was the center able to conduct breakthrough research studies or improve research methods?
  - a. *If yes*, did the breakthrough studies or improved research/methods occur during the award period of after? How long after the award period? What was the impact of the COE program on these breakthroughs/improvements? How were these breakthroughs/improvements recognized? How were these breakthroughs/improvements disseminated?
- 6. What were the critical lessons learned as far as conducting research studies (logistical, implementation/operational, regulatory, data management)?

a. *Probe*: How did the DCP assist with these issues? Were these lessons learned shared with others involved in the COE Program? If so, how were they used by others in the program? Was there resolution of these issues by the end of the award program? What contributed to these improvements and were they sustained?

## D. Dissemination

Let's move on to discuss the center's dissemination activities.

- Please briefly describe the center's current [post award] dissemination activities. *Probe*: What changes occurred since the end of the award period? Dissemination activities sustained, enhanced, suspended? What type of dissemination activities (note: list examples of the important ones that should be captured)?
- What supporting and/or impeding factors do you attribute to the current state of the center's dissemination activities?
  Probe: Support/resources from other COEs, local institutional partners, DCP staff, NHLBI, ACC, UHG, training subcommittee?
- 3. Which audiences did the center try to reach with their dissemination activities?
- 4. Did you find the center's dissemination strategies to be effective at reaching target audiences? *Probe*: What are your methods to target specific audiences? How did the DCP assist with dissemination strategies?
- 5. What were the critical lessons learned as far as disseminating information to target audiences (support from the institution, outreach to target audiences)? *Probe*: Were these lessons learned shared with others involved in the COE Program? If so, how were they used by others in the program?

### E. Consortium Level

Now I'd like to learn about your thoughts on how to improve the COE program.

- What elements of the overall COE Program structure worked well? What areas needed improvement?
   Probe: administration and management of COE program, bidirectional communication/collaboration between partners (leveraging resources, sharing scientific expertise, best practices, publications, community buy-in)
- 2. How did the COE Program compare to other networks/initiatives with which you have been involved?
- 3. If given the chance to advise on the design of a COE program, what would you recommend?
- 4. What are your thoughts on the feasibility of replicating this program for CVPD research? For other types of research areas?

## F. Wrap-Up

1. Those are all the questions that I have. Do you have any questions or comments for me?

Thank you for your time. The information you have provided will be very valuable to NHLBI. Together with other information being collected, it will help NHLBI to better plan global and domestic biomedical research and training program. Should you have questions or input regarding the evaluation, feel free to contact Jennifer Huang, the Project Director of the evaluation, at JenniferHuang@Westat.com.