Attachment A**:** RHEC Co-chairs Interview

Form Approved OMB No. 0990-XXXX Exp. Date XX/XX/XX

**Interview Guide for Regional Health Equity Council** **(RHEC) Co-chairs**

Your name and organization will not be attached to specific comments that you share today. Your response may be included with those of other respondents in aggregate form in reports or journal articles. In addition, participants’ names will not be included in any information viewed by officials at the Office of Minority Health or any other HHS agency.

Methods will also be taken to protect study data. Data from the survey and interviews will not identify any person. Data from the surveys and interviews will be stored in a password-protected database. Only authorized Community Science staff working on the evaluation will have access to the database. The briefs and reports produced for the evaluation will not identify specific individuals. All potentially identifying information will be destroyed at the study’s conclusion.

**INTERVIEWER: Before the interview, please review the survey responses from the RHEC members and refer to these responses where appropriate in order to probe for deeper insights about the RHEC’s experience, accomplishments, and challenges.**

1. What are the major accomplishments of the RHEC, if any (since it was launched/over the past year)? (probe how these accomplishments affect selected social determinants of health)
2. What knowledge or expertise did RHEC members have that helped the RHEC achieve these accomplishments, if at all?
3. What resources or partnerships has the RHEC leveraged, if any? How did these resources or partnerships contribute to the RHEC’s accomplishments mentioned previously, if at all?
4. What about the way the RHEC is organized that has affected, if at all, the achievement of these accomplishments?

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-XXXX . The time required to complete this information collection is estimated to average 1 hour, 25.2 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 537-H, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

1. How did the support from Federal Interagency Health Equity Team members, Office of Minority Health staff, or contractors involved in the implementation of the National Partnership for Action to End Health Disparities contribute to these accomplishments, if at all?
2. What else contributed to these accomplishments?
3. How has the RHEC engaged federal agencies (or their regional offices) in its plan and actions to end health disparities?
4. How has the RHEC engaged state agencies (including state offices of minority health), organizations, or coalitions in its plan and actions to end health disparities?
5. How has the RHEC engaged city or county agencies, organizations, or coalitions in its plan and actions to end health disparities?
6. How has the RHEC engaged neighborhood, rural, or grassroots groups in its plan and actions to end health disparities?
7. Is the RHEC on track with its workplan? If no, what challenges has the RHEC faced in implementing its plan? What has the RHEC done to overcome these challenges?
8. What do you see as opportunities for the RHEC in the upcoming year to help end health disparities?
9. What technical assistance and support do you need to help you advance the RHEC’s work?