

**CDC I-Catalyst Program Project
Customer Feedback on CDC CVD Policy Platform
Interview Protocol Guide and Questions**

Public reporting burden of this collection of information is estimated to average 30 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 (0920-1050).

Background Information:

Over 800,000 Americans die from cardiovascular disease (CVD) each year. Heart disease and stroke are the 1st and 5th leading causes of US deaths, respectively. Controlling CVD risk factors can reduce a person's risk of heart attack or stroke by up to 80%. However, eliminating the burden of preventable CVD requires the creation of population-wide changes, helping population subgroups most affected, and ensuring that effective public health interventions are implemented across multiple sectors. State and local public health practitioners play a critical role in orchestrating this work. However, despite a glut of information in the published and gray literatures, there are very few resources that provide these professionals with accessible, actionable information about the identification, implementation and potential impact of CVD prevention and control policies. To fill this gap, the Applied Research Translation team within the Division for Heart Disease and Stroke Prevention has developed a series of methods and related products to identify evidence-based policy interventions, track implemented policies at the state level, explore effective case examples of policy implementation, and determine the impact of policy interventions. However, we are concerned whether our growing portfolio of work is meeting the needs of state and local public health practitioners and whether alternative methods would work better for sharing this information and supporting public health practitioners in achieving their long-term goals. CDC is requesting OMB approval to collect feedback to ensure the manner by which the Division is making its data and information accessible is meeting the needs of practitioners. The Division for Heart Disease and Stroke Prevention intends to use the results of this effort to improve the manner by which it engages public health practitioners and delivers information about the identification, implementation and potential impact of CVD prevention and control policies.

Interviewer to Respondent: Hi, my name is ...Thank you for your time. My colleagues and I from the CDC National Center for Chronic Disease Prevention and Health Promotion would enjoy meeting with you to learn more about how you and your colleagues gather and access information on CVD prevention and control policies. [Insert text to describe why this specific person is invited. For example: We are interested in talking with state and local public health practitioners and thought you would be a great resource.] This conversation is completely voluntary and is not directly associated with any ongoing or future partnerships between our groups. Is there a convenient time for you to meet for 30 minutes?

You are invited to participate in a discussion about how you use and access health information. We are gathering this information to help improve public health programs and products. We will use the opinions and impressions you provide only for analyzing the general trends and information useful for developing information tools and resources. Your name will not be used in any reports.

We will take notes during our discussion, to help capture your comments accurately. If we have any follow-up questions we would like to know if you are comfortable with us re-contacting you in the next 3 months. Thank you for participating in this data collection effort.

1. Do you seek information on CVD prevention and control policies as part of job? [If no, skip to Question 5.]
 - a. What are the circumstances when you seek this information?
 - b. How far in advance do you seek this information?
 - c. What type of information do you search for, and how do you find it?
 - d. Has the information you found been useful to you? Why or why not?
2. What types of sources of information on CVD prevention and control policies have you used or recommended?
 - a. What is it about this information source that you like or that led you to recommend it?
 - b. How do you use these data/information sources in your current role/job?
 - c. What are your biggest challenges with using or finding information on CVD prevention and control policies?
3. Have you ever had difficulty finding and using information CVD prevention and control policies?
 - a. If so, can you tell us about the experience—what were you looking for? What did you find? What did you do next?
4. Where do you go to look for information on CVD prevention and control policies? Tell me about your process.
 - a. How do you find this information?
 - b. Can you give me an example and tell me about how you used this information and why?
 - c. How do you decide which data sources to use?
5. How do you do your work when you can't find information on CVD prevention and control policies?
 - a. What are the challenges or barriers in these situations?
6. Have you used (past or current) CDC information sources on CVD prevention and control policies?
 - a. If so, how do you use CDC information?
 - b. How and why was it helpful?
 - c. What are the challenges or barriers to using CDC information?

I would like to note again that if we have any follow-up questions we would like to know if you are comfortable with us re-contacting you in the next 3 months. I will be the one to talk with you again, to

ensure that we can efficiently start our next conversation based on what we have already discussed.
Thank you for your time.