# INSTRUCTIONS

## Purpose of the Interview Guide

The purpose of the Lifestyle Change Program (LCP) Staff/Coach Interview Guide is to assess LCP enrollment material dissemination, LCP recruitment and enrollment staffing, and perceptions about Information Session planning and delivery. The Abt team will conduct interviews with staff responsible for LCP recruitment and enrollment and coaches leading Information Sessions. We will use the results of the interviews to identify LCP enrollment activities/strategies used at both intervention and non-intervention sites to further refine and finalize the Pre- and Post-Session Survey Tools and make changes to the Be Your Best Implementation guide if needed. The interview should take no more than 75 minutes.

## Interview Materials

* Audio recorder (extra batteries)
* Paper and pen
* Interview guide
* Two copies of the consent form

## The Interview Process

### **Before the Interview**

#### Preparation

* Gather your interview materials.
* Read the questions. Try to be as familiar with the questions as possible.
* Secure a location that allows you to conduct the interview with minimal background noise.
* Begin completing the background section (gray box) prior to the interview noting interview participant ID(s) and roles, interview location, interview date and primary/secondary interview names.

#### Audio Recorder and Notes

* Complete the Background Information Form on the next page.
* If applicable, test the audio recorder prior to starting the interview.
* Be prepared to take hand written notes (in addition to the recording) or have a note taker.

#### Consent

* Use the consent form that is included at the back of this document.
* Confirm or obtain consent before starting the interview including consent to record the interview.
* Give the interviewee a signed copy of the consent form.

### **After the Interview**

* Document the time interview ends and turn off the audio recorder (if using).
* Add observations to Section 1.
* If necessary, complete or “clean up” notes.
* Secure notes, according to protocol.
* Upload the audio, according to protocol.

# Section 1. Background Information

|  |  |
| --- | --- |
| **Interview Participant ID(s)** |  |
| **Interview Participant role(s)** |  |
| **Interview location** |  |
| **Interview time** | **Start:** | **End:** |
| **Interview date** |  |
| **Primary interviewer**  |  |
| **Secondary interviewer(s)**Record Abt and CDC team members’ names and roles (i.e., note taker, observer) |  |
| **Observations**Include information that provides context about the interview (e.g., environment such as room set-up; late starting the interview; multiple individuals participating in the interview; consent requests/concerns) |
|  |

## Informed Consent

**\* Introduce the consent form and review with participants before beginning the interview.\***

Introduce yourself as noted below and walk interview participants through the informed consent. Provide two copies to each person, one to fill out and one to keep.

*Hi. My name is \_\_\_\_\_\_\_\_\_\_. Thank you for this opportunity to interview you. This interview will take up to 75 minutes of your time. Let me share a copy of our informed consent, so you can follow along.*

Review the form in its entirety and ask participants if they have any questions.

*Do you have any questions before we get started? [ADDRESS ANY QUESTIONS].*

Instruct participants to indicate *YES or NO* about participating in the interview. If *YES*, ask participants to indicate whether they agree to have the interview audio recorded. Last, ask participants if they would be willing to have the evaluation team contact them in the future if clarification is needed.

# Section 2. Intervention Implementation

##### I am going to start by asking a few questions about the Information Session that you offer  before the first session of your lifestyle change program. You might call these sessions  “Session Zero”, “Class Zero”, or “Discovery Session”.

##### [Read for intervention sites only: Please answer these questions based on your implementation of the Be Your Best Implementation and not based on what you have done in the past.]

1. What do you call these sessions? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [**Use their term during the interview]**
2. How is your **[session name]** staffed?

**Interviewer: Read position titles a-d below. If the position is used to staff the Information Session, ask how many of each type are used. If “0”, indicate in the column on the right.**

| **Position name/title** | **Number used to staff Information Session** |
| --- | --- |
| 1. Certified Lifestyle Change Program Coach
 |  |
| 1. Program Coordinator
 |  |
| 1. Other Program Staff Members
 |  |
| 1. Current or Past Program Participants
 |  |
| 1. Other (e.g., volunteers)
 |  |

**Ask if any others are used to staff Information Sessions. Record position names next to “other” (line e).**

**Interviewer: Because up to three people may be present for the interview, ask each person to respond to the question below.**

1. What are your responsibilities with [**LCP organization name**] and the **[session name**]?

a. Are you a certified LCP coach?

|  |  |  |  |
| --- | --- | --- | --- |
| **Respondent initials** | **Responsibilities at LCP** | **Responsibilities with the Information Session** | **Certified LCP coach** **(“x” for yes)** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

1. How long have you been in your position?

|  |  |  |
| --- | --- | --- |
| **Respondent initials** | **Years in position** | **Months in position** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |

1. How long has your organization facilitated/ run lifestyle change program Information Sessions? Years\_\_\_\_\_ Months\_\_\_\_
2. How long have you assisted with lifestyle change program Information Sessions? (If the participant indicates they do not assist with Information Sessions, write “0” in the Years column)

|  |  |  |
| --- | --- | --- |
| **Respondent initials** | **Years assisted with Information Sessions** | **Months assisted with Information Sessions** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |

***The next series of questions do not require each person to respond. Whomever is best suited to answer the question should reply. Then, give others the opportunity to provide additional information before moving on to the next question.***

**[For intervention sites only:** *Please answer based on your implementation of the Be Your Best intervention and not what you have done in the past.]*

1. What kind of training or support did your organization receive to condcut **[session name]**?
	1. **PROBES:**
		* + - **Training in group facilitation**
				- **Prediabetes, diabetes knowledge training**
				- **Specific session facilitation training**

**Before moving on to the next question, ask participants if any of them received any additional/individual training related to Information Sessions.**

1. Do you use a manual or implementation guide to help run the **[session name]**?
	1. Were any components or materials removed or modified?
		1. **[If yes]** what was removed?
		2. **[If no]** If a manual/guide is available, what are some of your reasons for not using it?

**Great, thank you. Now I have a few more questions about the [session name].**

1. Could you briefly describe what happens during an Information Session? What are the key activities?
	1. **Probe: Ask about specific activties if not mentioned. This may include distributing sign-in sheets, surveys, type 2 diabetes fact sheets and posit-it notes; conducting activities assessing/addressing physical activity, values and/or diabetes risk; conducting small group discussions; inclusing testimonials from current/past participants; and providing opportuninities to enroll in the program.**
2. Are attendees provided with an incentive, (such as a gift card, small gift, food or babysitting) for attending the Information Session? Y\_\_\_\_ N\_\_\_\_\_

a. If yes, what is the incentive that is provided?

1. Are all Information Sessions coordinated by your organization run the same way? Y\_\_\_\_N\_\_\_\_
2. How long do Information Sessions last? Hours\_\_\_\_ Minutes\_\_\_\_\_
3. Of all the things you do in your Information Session, what do you think is the one thing that has or will motivate people at risk of type 2 diabetes to enroll in a lifestyle change program?
	1. **Probe: Is there something else your LCP does that you think is the main driver/factor to get people to enroll (e.g., personal touch, testimonials, incentives, meals, location, personality of coach).**
4. Do LCP coaches or staff follow-up with attendees after the **[session name]** to support attendance at the first session of the lifestyle change program?

***Excellent, thank you. For the next series of questions, I want you to think about the Information Session you just held and our team was able to attend.***

1. Thinking about the Information **[session name]** you just conducted, what aspects worked well and what did not work well?
	1. What, if anything, would you do differently?
	2. Was the session too long or too short?
2. What, if any, challenges or barriers did you encounter while running **[session name]**?

**PROBES:**Program policies and procedures; financial resources; staffing resources; attendee barriers; transportation to the session (access); timing of the session; need for childcare; other challenges.

# Section 3. Recruitment and Referrals

##### Great, thank you for the information that you have shared about your Information Session.

##### For this next section, I would like to talk about activities that happen before the [session

##### name] is offered.

##### [For intervention sites only: Again, please answer based on your implementation of the Be Your Best intervention and not what you have done in the past.]

1. How do people typically find out about the **[session name]** in your experience?
* Recruitment materials
* Healthcare provider referrals
* Friends and family
* Not sure
* Other
1. Do you use enrollment materials/information materials?

□ Yes

□ No **(Skip to question 3)**

□ **Do not know (Skip to question 3)**

2a. **(If yes to question above and if an intervention organization)** ***Great. Now I would like to ask some questions about how you use enrollment materials.***

|  |  |
| --- | --- |
| **Questions** | **Check box, if yes** |
| * + 1. **Did your organization review current materials? *(If no, skip to iv)***

If yes, who was involved in the review (e.g., all people involved with LCP enrollment, all LCP coaches)? | 🞏 |
| * + 1. **Did your organization review current materials to determine if they meet your needs?**

If no, why didn’t they meet your needs: | 🞏 |
| * + 1. **Did your organization review current materials to determine if they are appropriate for your target audience?**

If no, why were they not appropriate for your target audience? | 🞏 |
| * + 1. **Did your organization review current materials to determine when they are used?**
 | 🞏 |
| * + 1. **Did your organization determine that additional materials were needed?**

If yes, what were they:  | 🞏 |
| * + 1. **Did your organization identify changes that needed to be made to the current materials?**

If yes, what changes did you make to the materials?  | 🞏 |
| * + 1. **Did your organization complete a training session to discuss how to use the updated materials?**

Who was involved in the training (e.g., all people involved with enrollment, Information Session coaches only, etc.) | 🞏 |

1. How are recruitment or enrollment materials handed out?
	1. Do you work with doctors or other healthcare providers so they can refer their patients to the Session?
	2. If yes, do you give them any of the following to share with their patients:

|  |  |  |  |
| --- | --- | --- | --- |
| **Enrollment Matieral Type** | **Yes** | **No** | **Don’t know** |
| Brochures  | 🞏 | 🞏 | 🞏 |
| Meeting Reminders | 🞏 | 🞏 | 🞏 |
| Type 2 Diabetes Information | 🞏 | 🞏 | 🞏 |
| Other Materials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞏 | 🞏 | 🞏 |
| Other Materials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞏 | 🞏 | 🞏 |
| Other Materials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞏 | 🞏 | 🞏 |

1. How does your program use current/past program participants to help with recruitment and referrals?

**(If organization does not use current/past program participants, skip to question 5)**

* 1. **[If Applicable]** Please describe how current or past program participants are trained to refer new participants.
	2. **[If Applicable]** Are they given any of the following materials for recruitment?

| **Enrollment Matieral Type** | **Mark check box below if yes** | **No** | **Don’t know** |
| --- | --- | --- | --- |
| Brochures | 🞏 | 🞏 | 🞏 |
| Meeting Reminders | 🞏 | 🞏 | 🞏 |
| Type 2 Diabetes Information | 🞏 | 🞏 | 🞏 |
| Other Materials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞏 | 🞏 | 🞏 |
| Other Materials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞏 | 🞏 | 🞏 |
| Other Materials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞏 | 🞏 | 🞏 |

* 1. During a lifestyle change class, do lifestyle change coaches do any of the following:

|  |  |  |  |
| --- | --- | --- | --- |
| **Referral Activity** | **Mark check box below if yes** | **No** | **Don’t know** |
| * + 1. provide advice (to current/past lifestyle change program participants) about how to talk about the LCP with friends and family?
 | 🞏 | 🞏 | 🞏 |
| * + 1. provide advice for introducing difficult topics (e.g., weight, lifestyle changes, type 2 diabetes risk) in conversations with friends and family?
 | 🞏 | 🞏 | 🞏 |
| * + 1. ask participants to identify and invite potentially eligible friends and family to attend the LCP Information Session?
 | 🞏 | 🞏 | 🞏 |
| * + 1. debrief with participants after they have invited potentially eligible friends and family?
 | 🞏 | 🞏 | 🞏 |
| * + 1. collect information on the referrals/social referrals?
 | 🞏 | 🞏 | 🞏 |

1. Are attendees rewarded or encouraged in any other way to attend a (session name)? Are those who enroll in an LCP provided with incentives (e.g., gift card, small gift, food or babysitting) for attending session 1 of an LCP?
2. Are all people who are interested in a LCP allowed to enroll?
	1. If not, what is the process for determining who enrolls?
	2. What happens to those who show interest but are not allowed to enroll?

# Closing

Before we end, is there anything else that you would like to share about your Information Session or how to get people motivated to attend a lifestyle change program?

Do you have any questions for me? [Address any comments or questions]

**[Read after you finish the closing section]**

**Thank you for your time and participation. We appreciate hearing your perspective and look forward to talking again as the project continues. If you provided consent to be contacted for a follow up, we may contact you to clarify information. Thank you, and as a reminder, we will not associate your name with any information or quotes that you provided.**