

## DSMES Site-Level Rapid Evaluation - Semi-Structured Interview Guide, Professional Team Members

Date of Interview:	MM/DD/YYYY
Interviewer:	
Interviewee Name:	
Interviewee Position/Title:	
Program Name	
Organization Name	
Organization Type	
Organization Code	
Organization City	Zip Code

### Introduction

*Thank you for taking the time to participate in this interview. My name is [Insert name] and I am with the Deloitte National Evaluation Team [or the DDT PIE Team]. Our team is working with CDC's Division of Diabetes Translation to evaluate the 1815 Cooperative Agreement. As part of that larger evaluation, we are seeking to learn more about the implementation of CDC-recognized lifestyle change programs at the site-level and understand how the state health departments are contributing to your efforts.*

*The interview is expected to take no longer than 120 minutes. Your participation in this interview is completely voluntary. You may choose to skip any questions or stop the interview at any time and it will not in any way impact the funding or technical assistance you receive from the state health department and/or CDC. Your answers will be kept strictly confidential and will never be associated with your name.*

*If at any time during the interview you are not clear about what we're asking, be sure to let me know. We appreciate your candid response.*

*With your permission, we would like to record this interview for transcription purposes.*

#### **Do we have your permission to record?**

- Yes  
 No

#### **Do you have any questions or concerns before we start the interview?**

**Note:** Public reporting burden of this collection of information is estimated to average 120 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 (0920-19BHC)

### Background

1. Describe your role within this DSMES program?

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<p><i>Probes:</i></p> <ol style="list-style-type: none"> <li>a. How long have you been in this role?</li> <li>b. How long have you been working with this program?</li> <li>c. Did you previously have a different role? If yes, what was your previous role?</li> <li>d. Have you worked in any other DSMES programs? If yes, how long?</li> <li>e. What is your education or professional training/background?</li> </ol>	
<b>Overview of the DSMES Program</b>	
<p>2. Can you tell me how this initiative/program began serving people with diabetes?  <i>[If participant does not know, SKIP to Q3]</i></p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> <li>a. When was it established?</li> <li>b. What was the catalyst for establishing the program?</li> <li>c. Were there any partners that were instrumental in helping to set up the program?</li> </ol>	
<p>3. Does your program have a specific population group of focus?  <i>Probes:</i></p> <ol style="list-style-type: none"> <li>a. How/why was this population prioritized?</li> <li>b. Was this informed by members of the population?</li> <li>c. Was there specific stakeholder feedback that supported the decision to focus on these populations?</li> </ol>	
<p><i>[ASK ONLY IF THE SITE IS NOT STANDALONE]</i></p> <p>4. This initiative/program is located in <i>[pre-fill organization name]</i>. In your opinion, how supportive is the organizational leadership of this program?  <i>Probes:</i></p> <ol style="list-style-type: none"> <li>a. What, if any, type of support does the program get from <i>[pre-fill organization name]</i> organizational leadership?             <ol style="list-style-type: none"> <li>i. What kinds of material, personnel, logistical, and/or financial support does the program receive from the organization?</li> <li>b. If leadership is not supportive, what do you think is the cause of this lack of support? What challenges have you encountered because of this lack of support?</li> </ol> </li> </ol>	
<p>5. What partnerships are currently in place to support the program?  <i>Probes:</i></p> <ol style="list-style-type: none"> <li>a. Please tell me more about the nature of these partnerships? For example, do you have any partnerships with health care providers? Pharmacists? Worksites? Others?             <ol style="list-style-type: none"> <li>i. What has worked well for you in securing these partnerships?</li> <li>ii. What has been challenging in securing partnerships?</li> <li>iii. Does the state health department provide any guidance in establishing partnerships?</li> </ol> </li> <li>b. Has there been a champion among the stakeholders/partners in the community?</li> </ol>	
<p>6. In general, how well known would you say this program is</p>	

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<p>among health care professionals (e.g. physician, nurses, pharmacists, dietitians, social workers, community health workers)?</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> <li>a. What do you think is the perception among health care professionals about the program? (e.g. Are they supportive? Aware of the details?)</li> </ol>	
<p>7. Could you describe the relationship your program has with the state health department?</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> <li>a. What kinds of material, personnel, and/or logistical support do you receive from the state health department? Is this support ongoing?</li> <li>b. What kinds of financial support have you received from the state health department? Is this support ongoing?</li> <li>c. What activities have you implemented or what kinds of changes have you made as a result of your relationship with the state health department?</li> </ol>	
<p>8. To what extent, if any, has the COVID-19 pandemic affected the partnership efforts?</p>	
<p><b>DSMES Team Composition/Characteristics</b></p>	
<p>9. Please describe the team that supports and delivers the DSMES.</p> <p><i>Probes:</i></p> <ol style="list-style-type: none"> <li>a. How many team members do you have? What are their backgrounds and roles?</li> <li>b. Does your program/site engage community health workers? If so, what is their role?</li> <li>c. Do you have any dietitians/nutritionists, etc. on the team? What is their role?</li> </ol>	
<p>[ASK ONLY IF THE SITE HAS HEALTH EXTENDERS ON THE TEAM]</p>	
<p>10. In your opinion, how does having a [CHW, dietitian/nutritionist, pharmacist, etc.] impact the program?</p>	
<p>11. To what extent, if any, has the COVID-19 pandemic affected the team composition/characteristics?</p>	
<p><b>DSMES Program Processes</b></p>	
<p><b><u>Referral</u></b></p>	
<p>12. Has your program established any referral partnerships or agreements with health care organizations?</p> <p><i>Probes:</i></p> <p><u>[IF NO]</u></p> <ol style="list-style-type: none"> <li>d. If no, does your program have any other strategies in place to increase provider referrals to your program? Please tell me about these strategies...</li> <li>e. Has the SHD offered any recommendations on increasing referrals?</li> </ol> <p><u>[IF YES]</u></p> <ol style="list-style-type: none"> <li>f. Please tell me a bit about how your program was able to establish these partnerships?</li> <li>g. Did the SHD play a role in establishing these partnerships? Please describe how the SHD supported this.</li> <li>h. About how long have you had these types of</li> </ol>	

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<p>partnerships in place?</p> <ul style="list-style-type: none"> <li>i. What challenges, if any, have you encountered in setting up referral partnerships? What factors have helped/facilitated referral partnerships?</li> <li>j. Is this referral process bi-directional? Or is there a mechanism in place to allow for bi-directional exchange of information between your program and health care providers. Please tell me about how this works.</li> </ul>	
<p>13. In your opinion, how well are these referral partnerships working?</p> <p><i>Probes:</i></p> <ul style="list-style-type: none"> <li>a. Have you seen an increase in the number of people coming to your program since establishing these referral partnerships?</li> <li>b. Do the people referred to your program typically meet the program eligibility criteria?</li> <li>c. Do you have a way to track referrals to your program/site? If no, are there plans to identify methods of tracking referrals?</li> </ul>	
<p>14. What type(s) of support has your program received from the state health department to strengthen/expand referral to your program?</p> <p><i>[If there isn't SHD support currently provided]</i></p> <ul style="list-style-type: none"> <li>a. What support is needed from the state health department?</li> </ul>	
<p>15. To what extent, if any, has the COVID-19 pandemic affected the referral efforts?</p>	
<p><b>Marketing/Promotions</b></p> <p>16. Please tell me about the program's marketing/promotional strategy.</p> <p><i>Probes:</i></p> <ul style="list-style-type: none"> <li>a. How many marketing/promotional campaigns have you conducted in the past year?</li> <li>b. Were any of these efforts specifically tailored to reach populations/communities of focus? <ul style="list-style-type: none"> <li>i. Which populations/communities?</li> <li>ii. How were these efforts tailored?</li> </ul> </li> </ul>	
<p>17. In your opinion, have these marketing/promotional strategies been successful? Why/why not?</p> <p><i>Probes:</i></p> <ul style="list-style-type: none"> <li>a. Have you seen an increase in the number of participants enrolling in your program since launching these strategies?</li> <li>b. Have you seen an increase in participation from different populations/communities since launching these strategies?</li> <li>c. What other changes would you attribute to these marketing efforts?</li> </ul>	
<p>18. How has the SHD supported your program's marketing/promotional efforts?</p> <p><i>Probes:</i></p> <ul style="list-style-type: none"> <li>a. What can be improved upon with SHD support?</li> </ul>	

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19. To what extent, if any, has the COVID-19 pandemic affected the marketing and/or promotion efforts?	
<b>Enrollment and Retention</b>	
20. What would you say are the main reasons that people with diabetes <i>do not enroll</i> in your program? <i>Probes:</i> <ol style="list-style-type: none"> <li>a. What strategies have you found to be helpful in increasing enrollment?</li> <li>b. Are there different approaches used to recruit and enroll individuals from different population groups?</li> <li>c. Does the program offer any incentives for participation? What types of incentives are offered? <ol style="list-style-type: none"> <li>i. Are there some incentives that work better than others for individuals from different population groups?</li> </ol> </li> </ol>	
21. What would you say are the main reasons that people with diabetes <i>do not return</i> for follow up sessions? <i>Probes:</i> <ol style="list-style-type: none"> <li>a. What have you found to be helpful in getting participants to come back?</li> <li>b. Are there different barriers for individuals from different population groups?</li> </ol>	
22. Have you received any support from the SHD to support enrollment and retention efforts? <i>Probes:</i> <ol style="list-style-type: none"> <li>a. How has this support from the SHD affected enrollment and retention rates?</li> <li>b. Has the program received incentive support from the state health department?</li> </ol>	
23. To what extent, if any, has the COVID-19 pandemic affected the enrollment and/or retention efforts?	
<b>DSMES Resources</b>	
24. What type of diabetes self-management training did you receive prior to providing DSMES services? <i>Probes:</i> <ol style="list-style-type: none"> <li>a. When did you take this training?</li> <li>b. Where did you take this training?</li> </ol>	
25. Have you received any follow up training? <i>Probes:</i> <ol style="list-style-type: none"> <li>a. When was the last time you received follow up training?</li> </ol>	
26. What types of training opportunities do you feel would be helpful for someone who is new to delivering DSMES?	
27. Are you aware of the Diabetes Self-Management Education and Support (DSMES) Toolkit provided by the CDC? <i>Probes:</i> <ol style="list-style-type: none"> <li>a. How have you used the toolkit?</li> <li>b. Can you share an example of how using the toolkit has helped your DSMES service make progress or achieve an outcome?</li> </ol> <p>If yes, please indicate in what ways you have used the toolkit by selecting all that apply from the following list of items:</p>	

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<p><i>Probes:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Disseminated the toolkit to DSMES sites under my organization</li> <li><input type="checkbox"/> Presented the toolkit at partner meetings</li> <li><input type="checkbox"/> Referred to the toolkit for guidance on seeking ADA-recognition or ADCES-accreditation for my organization</li> <li><input type="checkbox"/> Used the toolkit with your team and to address barriers to DSMES</li> <li><input type="checkbox"/> Engaged health care providers in discussion on making referrals to DSMES by using resources in the toolkit</li> <li><input type="checkbox"/> Referenced the toolkit to gain insight on reimbursement for DSMES</li> <li><input type="checkbox"/> Other, please describe: _____</li> </ul>	
<p>28. Have you seen an example where using the toolkit has helped your DSMES service make progress or achieve an outcome?</p> <p style="color: blue;">If yes, please describe: _____</p>	
<p>29. To what extent, if any, has the COVID-19 pandemic affected DSMES resources?</p>	
<b>External Factors/ Outer Setting</b>	
<p>30. What other factors outside of your program or organization have impacted your program’s recruitment, referral, participation, or delivery efforts?</p> <p><i>Probes:</i></p> <ul style="list-style-type: none"> <li>a. For example - Any state or local level policies? DSMES health benefit coverage? Community-based partnerships?</li> </ul>	
<p>31. From your perspective, what is needed to expand the reach of your program, particularly among communities/populations of focus?</p>	
<p>32. Are there any additional areas of support needed from the state health department? ADA? ADCES?</p>	
<b>Outcomes</b>	
<p>33. In your opinion, what has been the biggest benefit your program has seen as a result of the SHD’s support to your program?</p>	
<p>34. How do you measure the success of your program?</p>	
<p>35. In your opinion, what is the biggest benefit program participants gain from the program?</p>	
<p>36. What behavioral, clinical, and learning outcomes have resulted from participation in your programs?</p>	
<p>37. To what extent, if any, has the COVID-19 pandemic affected outcomes?</p>	
<b>Wrap up</b>	
<p>38. Those were all the questions I have for you. Is there anything else you’d like to add that we haven’t had a chance to discuss?</p>	
<b>Close</b>	
<p><b><i>Thank you so much for your time. This concludes our interview. If you have any additional questions, please feel free to contact Nicolle Dally, <a href="mailto:ndally@deloitte.com">ndally@deloitte.com</a>.</i></b></p>	

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