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 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?

	Probes:
	a. How long have you been in this role?
	b. How long have you been working with this program?
	c. Did you previously have a different role? If yes, what was
	your previous role?
	d. Have you worked in any other DSMES programs? If yes,
	how long?
	e. What is your education or professional
	training/background?
Ove	erview of the DSMES Program
2.	Can you tell me how this initiative/program began serving
	people with diabetes?
	[If participant does not know, SKIP to Q3]
	Probes:
	a. When was it established?
	b. What was the catalyst for establishing the program?
	c. Were there any partners that were instrumental in helping
	to set up the program?
3.	Does your program have a specific population group of focus?
	Probes:
	a. How/why was this population prioritized?
	b. Was this informed by members of the population?
	c. Was there specific stakeholder feedback that supported
	the decision to focus on these populations?
-	K ONLY IF THE SITE IS NOT STANDALONE]
	This initiative/program is located in [<i>pre-fill organization</i>
	name]. In your opinion, how supportive is the organizational
	leadership of this program?
	Probes:
	a. What, if any, type of support does the program get from
	[pre-fill organization name] organizational leadership?
	i. What kinds of material, personnel, logistical, and/or
	financial support does the program receive from the
	organization?
	b. If leadership is not supportive, what do you think is the
	cause of this lack of support? What challenges have you
5	encountered because of this lack of support?
	What partnerships are currently in place to support the
	program?
	Probes:
	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?
	i. What has worked well for you in securing these
	partnerships?
	ii. What has been challenging in securing partnerships?
	iii. Does the state health department provide any
	guidance in establishing partnerships?
	<i>iv.</i> Has there been a champion among the
	stakeholders/partners in the community?
6.	In general, how well known would you say this program is
	among health care professionals (e.g. physician, nurses,

pharmacists, dietitians, social workers, community health	
workers)?	
Probes:	
a. What do you think is the perception among health care	
professionals about the program? (e.g. Are they	
supportive? Aware of the details?)	
7. Could you describe the relationship your program has with the	
state health department?	
Probes:	
a. What kinds of material, personnel, and/or logistical	
support do you receive from the state health	
department? Is this support ongoing?	
b. What kinds of financial support have you received from	
the state health department? Is this support ongoing?	
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?	
8. To what extent, if any, has the COVID-19 pandemic affected	
the partnership efforts?	
DSMES Program Processes	
ADA-Recognition/ADCES-Accreditation	
Lunderstand your program <i>liclic net</i> currently recognized by the	
I understand your program <i>[is/is not]</i> currently recognized by the ADA.	
[If program has recognition]	
9. Can you tell me a bit about the process you followed to gain	
recognition?	
Probes:	
a. What helped you in this process of gaining recognition?	
b. What external support did you receive? From whom?	
c. How, if at all, did the SHD support your program in the	
applying for recognition?	
[If program does not have recognition]	
10. What has been the major challenge or obstacle in gaining	
recognition?	
Probes:	
a. What would help your program to gain recognition?	
a. Please tell me a bit about how your program was able	
to establish these partnerships?	
b. What challenges, if any, have you encountered in	
setting up referral partnerships? What factors have	
helped/facilitated referral partnerships?	
c. 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.	
I understand your program [is/is not] currently accredited by the	
ADCES.	
[If program has accreditation]	
11. Can you tell me a bit about the process you followed to gain	

accreditation?	
Probes:	
a. What helped you in this process of gaining recognition?	
b. What external support did you receive? From whom?	
c. How, if at all, did the SHD support your program in the	
applying for accreditation?	
[If program does not have accreditation]	
12. What has been the major challenge or obstacle in gaining	
accreditation?	
Probes:	
a. What would help your program to gain accreditation?	
13. To what extent, if any, has the COVID-19 pandemic affected	
accreditation/recognition efforts?	
Referral	
14. Has your program established any referral partnerships or	
agreements with health care organizations?	
Probes:	
[IF NO]	
a. If no, does your program have any other strategies in	
place to increase provider referrals to your program?	
Please tell me about these strategies	
b. Has the SHD offered any recommendations on increasing	
referrals?	
[IF YES]_	
c. Please tell me a bit about how you/your program was able	
to establish these partnerships?	
d. Did the SHD play a role in establishing these partnerships?	
Please describe how the SHD supported this.	
e. About how long have you had these types of partnerships	
in place?	
f. What challenges, if any, have you encountered in setting	
up referral partnerships?	
g. What factors have helped/facilitated referral partnerships?	
15. In your opinion, how well are these referral partnerships	
working?	
Probes:	
a. Have you seen an increase in the number of people	
coming to your program since establishing these	
referral partnerships?	
b. Do the people referred to your program typically meet	
the program eligibility criteria?	
c. Do you have a way to track referrals to your	
program/site? If no, are there plans to identify methods	
of tracking referrals?	
16. What type(s) of support has your program received from the	
state health department to strengthen/expand referral to	
your program?	
[If there isn't SHD support currently provided]	
a. What support is needed from the state health	
department?	
17. To what extent, if any, has the COVID-19 pandemic affected	
the referral efforts?	

Marketing/Promotions 18. Please tell me about the program's marketing/promotional strategy. Probes: a. How many marketing/promotional campaigns have you conducted in the past year? b. Were any of these efforts specifically tailored to reach populations/communities of focus? Probes: i. Which populations/communities? ii. How were these efforts tailored? 19. In your opinion, have these marketing/promotional strategies been successful? Why/why not?
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been successful? Why/why not?
Probes:
a. Have you seen an increase in the number of participants
enrolling in your program since launching these
strategies?
b. Have you seen an increase in participation from different
populations/communities since launching these
strategies?
c. What other changes would you attribute to these
marketing efforts?
20. How has the SHD supported your program's
marketing/promotional efforts?
Probes:
a. What can be improved upon with SHD support?
21. To what extent, if any, has the COVID-19 pandemic affected
the marketing and/or promotion efforts?
Enrollment and Retention
22. What would you say are the main reasons that people with
diabetes <i>do not enroll</i> in your program?
Probes:
a. What strategies have you found to be helpful in
increasing enrollment?
b. Are there different approaches used to recruit and
enroll individuals from different population groups?
c. Does the program offer any incentives for participation?
What types of incentives are offered?
d. Are there some incentives that work better than others
for individuals from different population groups?
23. What would you say are the main reasons that people with
diabetes <i>do not return</i> for follow up sessions?
Probes:
a. What have you found to be helpful in getting
participants to come back?
b. Are there different barriers for individuals from different
population groups?
24. In your experience, which strategies have been most
successful in enrolling and retaining participants? Why do
you think that is?
Probes:
a. Are specific strategies tailored to reach specific population
groups? If yes, which ones?

25. Have you received any support from the SHD to support	
enrollment and retention efforts?	
Probes:	
a. How has this support from the SHD affected enrollment	
and retention rates?	
b. Has the program received incentive support from the	
state health department?	
26. To what extent, if any, has the COVID-19 pandemic affected	
the enrollment and/or retention efforts?	
DSMES Team Composition/Characteristics	
27. Please describe the team that supports and delivers the	
DSMES.	
Probes:	
a. How many team members do you have? What are their	
backgrounds and roles?	
b. Does your program/site engage community health	
workers? If so, what is their role?	
c. Do you have any dietitians/nutritionists, etc. on the	
team? What is their role?	
[ASK ONLY IF THE SITE HAS HEALTH EXTENDERS ON THE TEAM]	
28. In your opinion, how does having a [CHW, dietitian/nutritionist,	
pharmacist, etc.] impact the program?	
DSMES Resources	
29. What type of diabetes self-management training did you	
receive prior to providing DSMES services?	
Probes:	
a. When did you take this training?	
b. Where did you take this training?	
30. Have you received any follow up training?	
Probes:	
a. When was the last time you received follow up training?	
31. What types of training opportunities do you feel would be	
helpful for someone who is new to delivering DSMES?	
32. Are you aware of the Diabetes Self-Management Education and	
Support (DSMES) Toolkit provided by the CDC?	
Probes:	
a. How have you used the toolkit?	
b. Can you share an example of how using the toolkit has	
helped your DSMES service make progress or achieve	
an outcome?	
If yes, please indicate in what ways you have used the toolkit	
by selecting all that apply from the following list of items:	
Probes:	
Disseminated the toolkit to DSMES sites under my	
organization	
Presented the toolkit at partner meetings	
Referred to the toolkit for guidance on seeking ADA-	
recognition or ADCES-accreditation for my organization	
Used the toolkit with your team and to address barriers to	
DSMES	
Engaged health care providers in discussion on making	

referrals to DSMES by using resources in the toolkit	
Referenced the toolkit to gain insight on reimbursement for DSMES	
 Other, please describe: 	
33. Have you seen an example where using the toolkit has helped	
your DSMES service make progress or achieve an outcome?	
lf yes, please	
describe:	
34. To what extent, if any, has the COVID-19 pandemic affected	
DSMES resources?	
External Factors/ Outer Setting	
35. What other factors outside of your program or organization	
have impacted your program's recruitment, referral, participation, or delivery efforts?	
Probes:	
a. For example - Any state or local level policies? DSMES	
health benefit coverage?	
36. From your perspective, what is needed to expand the reach of	
your program, particularly among communities/populations of	
focus?	
37. Are there any additional areas of support needed from the	
state health department? ADCES? ADA?	
Outcomes	
38. In your opinion, what has been the biggest benefit your	
program has seen as a result of the SHD's support to your program?	
39. How do you measure the success of your program?	
40. In your opinion, what is the biggest benefit program	
participants gain from the program?	
41. What behavioral, clinical, and learning outcomes have resulted	
from participation in your programs?	
42. To what extent, if any, has the COVID-19 pandemic affected	
outcomes?	
Wrap up	
43. 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?	
Close	
Thank you so much for your time. This concludes our intervi	and If you have any

Thank you so much for your time. This concludes our interview. If you have any additional questions, please feel free to contact Nicolle Dally, ndally@deloitte.com.