

## National DPP Site-Level Rapid Evaluation - Semi-Structured Interview Guide, Program Coordinator

Date of Interview	MM/DD/YYYY
Interviewer	
Interviewee Name	
Interviewee Position/Title	
Program Name	
Site Name	
Site Type	
Site Code	
Site 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 60 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 60 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 (0920-19BHC)

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<b>Background</b>	
<p>1. Describe your role within this CDC-recognized lifestyle change program (LCP)? <i>Probes:</i></p> <ul 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 the previous role?</li> <li>d. Have you worked in any other CDC-recognized LCP/ I DPP? If yes, how long?</li> </ul>	
<b>Overview of the National Diabetes Prevention Program (National DPP) LCP</b>	
<p>2. Can you tell me a bit about how this lifestyle change program began? <i>Probes:</i></p> <ul 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> </ul>	
<p>3. Does your program have any specific population groups of focus? <i>Probes:</i></p> <ul style="list-style-type: none"> <li>a. How/why were these populations selected for prioritization?</li> <li>b. Was this informed by members of the populations? -</li> <li>c. Was there specific stakeholder feedback that supported the decision to focus on these populations?</li> </ul>	
<p><i>[ASK ONLY IF THE SITE IS <u>NOT</u> STANDALONE]</i></p> <p>4. This CDC-recognized LCP is located in [<i>pre-fill organization name</i>]. In your opinion, how supportive is the organizational leadership for this program? <i>Probes:</i></p> <ul 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? <ul 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> </ul> </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> </ul>	
<p>5. What partnerships (e.g. health care organizations, community-based organizations, public/private employers) are currently in place to support the LCP? <i>Probes:</i></p> <ul style="list-style-type: none"> <li>a. Could you describe your partnership with health care providers? Pharmacists? Worksites?</li> </ul>	

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<p>Others?</p> <ul 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. Did the state health department provide any guidance in establishing partnerships?</li> </ul> <p>b. Has there been a champion for the LCP among the stakeholders/partners in the community?</p>	
<p>6. In general, how well known would you say this LCP is among health care professionals (e.g. physicians, nurses, pharmacists, dietitians, social workers, community health workers)?</p> <p><i>Probes:</i></p> <ul 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> </ul>	
<p>7. Could you describe the relationship your program has with the state health department (SHD)?</p> <p><i>Probes:</i></p> <ul 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> </ul>	
<p>8. What, if any, types of non-SHD sources of support does the program have in place - either financial or technical assistance?</p>	
<p>9. What services, if any, does the program offer on site that may be relevant for people with prediabetes - (e. g. gym, yoga, nutrition classes, etc...)</p>	
<p>10. To what extent, if any, has the COVID-19 pandemic affected partnership efforts?</p>	
<b>Access</b>	
<p>11. What are the program hours of operation?</p> <p><i>Probes:</i></p> <ul style="list-style-type: none"> <li>a. Were these hours informed by the population that you serve?</li> <li>b. If yes, what are some of the additions or changes made to the schedule? What are some of the reasons that hours were modified?</li> </ul>	
<p>12. Does your program have any affiliate sites? If so, how many, and where are they located?</p>	
<p>13. To what extent, if any, has the COVID-19 pandemic affected access to programs?</p>	
<b>LCP Program Processes</b>	
<b>CDC DPRP Recognition</b>	

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<p>I understand your program currently has [preliminary/full] recognition from CDC.</p> <p>14. Can you describe the process the program followed to achieve preliminary/full recognition?  <i>Probes:</i></p> <ol style="list-style-type: none"> <li>a. What has helped in this process?</li> <li>b. What were the major challenges?</li> <li>c. What external support did you receive? From whom?</li> <li>d. How, if at all, did the SHD support your program in applying for recognition?</li> </ol> <p><a href="#">[If program has preliminary recognition]</a></p> <p>15. What process is the program following to achieve full recognition?</p>	
<p><b><u>To what extent, if any, has the COVID-19 pandemic affected recognition efforts?</u></b></p>	
<p><b><u>Prediabetes Screening, Testing, and Referral</u></b></p>	
<p>16. Does your program conduct any prediabetes screenings?  <i>Probes:</i></p> <ol style="list-style-type: none"> <li>a. If so, where does the program typically conduct screenings (e.g. at community health fairs, community centers, etc.)? How does the program select where to conduct screenings?</li> <li>b. Does the program have a specific population group or area you focus on?</li> </ol>	
<p>17. How does the program encourage individuals to get screened or tested for prediabetes?  <i>Probes:</i></p> <ol style="list-style-type: none"> <li>a. How does the program market/promote prediabetes screening efforts?</li> </ol>	
<p>18. What are the barriers to conducting prediabetes screening?</p>	
<p>19. What factors facilitate/support prediabetes screenings?</p>	
<p>20. What support has your program received from the SHD specifically to strengthen/expand prediabetes screening efforts?</p>	
<p>21. Has your program established any referral partnerships or agreements with health care organizations?  <i>Probes:</i>  <a href="#">[IF NO]</a></p> <ol style="list-style-type: none"> <li>a. Does your program have any other strategies in place to increase provider referral to your program? Please tell me about these strategies...</li> </ol> <p><a href="#">[IF YES]</a></p> <ol style="list-style-type: none"> <li>b. Please tell me a bit about how you/your program was able to establish these partnerships?</li> <li>c. Did the SHD play a role in establishing these</li> </ol>	

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<p>partnerships? Please describe how the SHD supported this.</p> <p>d. About how long has the program had these types of partnerships in place?</p> <p>e. What challenges, if any, have you encountered in setting up referral partnerships?</p> <p>f. What factors have helped/facilitated referral partnerships?</p> <p>g. 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.</p>	
<p>22. What are the most common sources of referral to your program?</p>	
<p>23. What are the most common barriers to referral?</p>	
<p>24. What factors facilitate referral to your program?</p>	
<p>25. What type(s) of support has your program received from the SHD to strengthen/expand referral efforts (e.g. materials, funding)?</p>	
<p>26. In your opinion, how well are these referral partnerships working?</p> <p><i>Probes:</i></p> <p>a. Have you seen an increase in the number of people coming to your program since establishing these referral partnerships?</p> <p>b. Do the people referred to your program typically meet the program eligibility criteria?</p> <p>c. Do you have a way to track referrals to your program?</p>	
<p>27. In your experience, what types of efforts have been most successful in directing participants to your LCP (e.g. referrals, community-based prediabetes screening, etc)? Why do you think that is?</p> <p><i>Probes:</i></p> <p>a. Are specific strategies tailored to reach specific population groups? Which ones? Why do you think that is? Have these strategies been successful?</p>	
<p>28. To what extent, if any, has the COVID-19 pandemic affected screening, testing and/or referral efforts?</p>	
<p><b>Enrollment and Retention</b></p> <p>29. What would you say are the main reasons that some eligible participants <i>do not enroll</i> in your program?</p> <p>30.</p> <p>a. What have you found to be helpful in increasing enrollment rates?</p> <p>b. Are there different approaches used to enroll individuals from different population groups?</p> <p>c. Does the program offer any incentives for participation? What types of incentives are offered?</p> <p>i. Are there some incentives that work better</p>	

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<p>than others for individuals from different population groups?</p>	
<p>31. What would you say are the main reasons some enrolled participants <i>do not complete</i> the program?  <i>Probes:</i></p> <ul style="list-style-type: none"> <li>a. What have you found to be helpful in increasing completion rates?</li> <li>b. Are there different approaches used to support individuals from different population groups in completing the program?</li> </ul>	
<p>32. Have you received any support from the SHD to support enrollment and retention efforts?  <i>Probes:</i></p> <ul 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> </ul>	
<p>33. To what extent, if any, has the COVID-19 pandemic affected enrollment and/or retention efforts?</p>	
<b>LCP Team Composition</b>	
<p>34. Please describe the team that supports and delivers the LCP.  <i>Probes:</i></p> <ul style="list-style-type: none"> <li>a. How many team members do you have? What are their backgrounds and roles in the program?</li> <li>b. Does your program employ community health workers? What type of role(s) do CHWs have in supporting the LCP?</li> <li>c. Do you have any dietitians/nutritionists, etc. on the team? What is their role?</li> </ul>	
<p>[ASK ONLY IF THE SITE HAS HEALTH EXTENDERS ON THE TEAM]</p> <p>35. In your opinion, how does having a [CHW, dietitian/nutritionist, pharmacist, etc.] affect the LCP?</p>	
<p>36. Have you experienced any challenges with training the lifestyle coaches on your team?  Please explain  <i>Probes:</i></p> <ul style="list-style-type: none"> <li>a. Please describe how you overcame these challenges.</li> </ul>	
<p>37. To what extent, if any, has the COVID-19 pandemic affected team composition?</p>	
<b>External Factors/Outer Setting</b>	
<p>38. What other factors outside of your program or organization have impacted your program's recruitment, referral, participation, or delivery efforts?  <i>Probes:</i></p> <ul style="list-style-type: none"> <li>a. For example - any state or local level policies?</li> </ul>	

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National DPP health benefit coverage, community-based partnerships, etc. .?	
39. From your perspective, what support does the program need to expand its reach, particularly among high-burden populations/communities?	
40. Are there any additional areas of support needed from the state health department? CDC Diabetes Recognition Program?	
<b>Outcomes</b>	
41. In your opinion, what has been the biggest benefit your program has seen as a result of the SHD's support to your program?	
42. How do you measure the success of your program?	
43. In your opinion, what is the biggest benefit program participants gain from the program?	
44. To what extent, if any, has the COVID-19 pandemic affected program outcomes?	
<b>Wrap up</b>	
45. 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?	
<b>Close</b> <i>Thank you so much for your time. This concludes our interview. If you have any additional questions, please feel free to contact <b>Nicolle Dally</b>, <a href="mailto:ndally@deloitte.com">ndally@deloitte.com</a>.</i>	