

#### 4I: CCL Partner-Site Key Informant Interview Guide

**Note:** Public reporting burden of this collection of information is estimated to average 1 hour 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 (0920-20HP)

<b>Date of Interview:</b>			
<b>Interviewer:</b>			
<b>Organization Name</b>			
<b>Organization Type</b>			
<b>State</b>		<b>Zip Code</b>	
<b>Organization City</b>			
<b>Strategies Implemented (select all that apply):</b>	<input type="checkbox"/> B5	<input type="checkbox"/> B6	<input type="checkbox"/> B7
<b>Interviewee Name:</b>		<b>Position/ Title</b>	

#### Introduction

Thank you for taking the time to participate in this interview. My name is [Insert name] and I am with the Deloitte evaluation team. Our team is working with the CDC Division for Heart Disease and Stroke Prevention. We understand your organization has been receiving support from the [insert state] Health Department to strengthen the linkage between your organization and health facilities/community organizations in your area to support prevention, diagnosis, and management of cardiovascular disease. This support is provided to you under a CDC-funded project. CDC has hired Deloitte Consulting to evaluate this project to better understand how health departments are supporting engagement of community health workers in client care, promoting use of self-measured blood pressure monitoring, and strengthening client referrals to community lifestyle programs to support the management of high blood pressure and high blood cholesterol.

The information collected from this interview will be analyzed together with information gained from interviews with others within your organization as well as from other community organizations. We also will be conducting interviews with the state health department. Together, these interviews will provide valuable insights on different approaches for promoting community-clinical linkages and which approaches seem to work well in specific contexts.

The interview will take no longer than 1 hour. Your participation in this interview is completely voluntary. You may choose to skip 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 health department or CDC. All

information will be kept secure and any personally-identifiable information will be removed when results are aggregated for analysis.

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?**

## I. Background

I'd like to start with some questions to understand the work [name of organization] is doing to support clients that have high blood pressure and high blood cholesterol, and also understand your role within the organization.

1. Can you tell me about your organization, its mission, and the populations that it serves, specifically for cardiovascular related diseases?

**Probe:**

- What types of services/programs does your organization offer to support individuals who have or at high risk for high blood pressure or high blood cholesterol?
- What are the overall goals of these programs? What is your organization hoping to achieve through these programs?
- Can you describe to me the different populations (i.e. race, ethnicity, socioeconomic status, age, genders, etc.) that your organization serves, specifically for services related to the prevention or management of high blood pressure or high blood cholesterol?

2. Can you tell me about your role within the organization and how you support services that support people with high blood pressure or high blood cholesterol?

**Probe:**

- How long have you been in this role?
- How long have you been working with this organization?-

We'd like to learn about some specific ways that your organization supports the prevention and management of high blood pressure and high blood cholesterol for your clients. We're particularly interested in whether your organization engages with community health worker to support such services, whether your organization supports self-measured blood pressure monitoring, and whether you offer lifestyle change programs. We'll start with asking about your experience with community health workers.

## II. Engagement of Community Health Workers

3. Does your organization engage community health workers (CHWs) to support any of the service/programs you offer to prevent or manage high blood pressure/high blood cholesterol?

If no, say: “Ok, we can talk about self-measured blood pressure monitoring support – SMBP”  
skip to Q#

4. Please describe how your organization engages community health workers within these programs/services.

**Probe:**

- Are there specific types of programs/services for which CHWs are engaged more than others? Which ones? Why?
- To what extent are CHWs engaged in programs/services specifically targeted for clients with high blood pressure or high blood cholesterol?
- What role(s) do CHWs serve within these programs/services?

5. Does your organization have a policy or guideline regarding the engagement of CHWs?

If no, Skip to Q#

If yes, probe:

- Please tell me about these policies/guidelines that are in place and what they entail?
- Are there any current issues that are being discussed at your organization regarding engagement of CHWs?

6. How does your organization recruit CHWs to support your programs/services?
7. What are the barriers or challenges for engaging CHWs within your health programs/services? How about specifically for programs/services related to prevention or management of high blood pressure or high blood cholesterol?
8. What factors support the engagement of CHWs within your health programs/services? Specifically for programs/services related to prevention or management of high blood pressure or high blood cholesterol?
9. Does your organization have a mechanism to directly pay for or get reimbursed for engagement of CHWs? Please describe this mechanism.
10. In what ways does the health department support your organization to engage CHWs in programs/services tailored for clients with high blood pressure or high blood cholesterol?

**Probe:** What types of health department interventions or activities are most helpful to your organization to initiate or strengthen engagement of CHWs?

11. Do you have other partners, or additional funding sources outside of the health department for supporting engagement of CHWs in programs/services tailored for clients with high blood pressure or high blood cholesterol?

**Probe:** Is there any other support you need to further strengthen engagement of CHWs within your organization?

12. In your opinion, what effect has the engagement of CHWs had on the delivery of your programs/services?

### III. Support for SMBP

13. Does your organization provide support to your clients for self-measured blood pressure monitoring?

*If no, say: "Ok, we can talk about life-style change programs" skip to Q#21*

14. Please describe the type of support your organization provides for SMBP monitoring.

**Probe** (only if respondent is not able to specify type of support)

- For example, does your organization offer regular one-on-one counseling for clients with high blood pressure? Or offer web-based or telephone support tools that do not involve one-on-one interaction? SMBP educational classes?
- Does your organization provide SMBP equipment to clients? Please describe how this service works.

15. What structures or processes does your organization have in place to support SMBP?

**Probe:**

- Does your organization have a policy or guideline for self-measured blood pressure monitoring (SMBP)? Please describe.
- How does your organization coordinate with clinical providers around SMBP support?
- How does your organization track clients' SMBP data? How is this data used to support client services?

16. What would you say are the biggest challenges for your organization for providing SMBP support services?

17. What factors facilitate the provision of SMBP support services?

18. In what ways does the health department support SMBP services within your organization?

**Probe:** What types of health department interventions or activities were most helpful to your organization to strengthen support for SMBP?

19. Do you have other partners, or additional funding sources outside of the health department, for supporting SMBP services?

**Probe:** Is there any other support you need to further strengthen support for SMBP?

20. In your opinion, what effect do the SMBP services have on your clients' well-being?

### IV. Lifestyle Change Programs

21. Does your organization offer lifestyle change programs, specifically for supporting people who have high blood pressure or high blood cholesterol?

**If no, skip to Q# 24**

22. Please describe this program.

**Probe:**

- Is there a standard curriculum for this program?
- Who is your target audience for this program?
- Who is engaged in delivering this program?

23. How do you recruit participants into your program?

24. Does your organization have partnerships/ agreements or other collaborative arrangements with health care organizations in the area to facilitate client referral into this program?

- Do you have partnerships or other collaborative arrangements with *other community-based programs* to refer clients for this program?

**If no to both questions, skip to Q#25**

**If yes, Probe:**

- Can you tell me how these partnerships/agreements were established?
- Did you receive any support from the state health department or other organizations to support these partnerships?

25. Does your organization have a mechanism to share information about clients' program participation/completion back with the health care organization or referring organization? Please describe how this works.

26. In what ways does your health department support your organization in strengthening this lifestyle change program?

**Probe:**

- Has the health department helped you in establishing linkages with healthcare organizations to facilitate referral of clients?
- What types of health department interventions or activities have been most helpful to your organization to strengthen these lifestyle change programs or referral mechanisms?
- Is there any other support you need to further strengthen client referral mechanisms for your lifestyle change program?

## Wrap up

Those were all the questions I had 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 interview. If you have any additional questions, please feel free to contact Gizelle Gopez, [ggopez@deloitte.com](mailto:ggopez@deloitte.com).*

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