

4j. CCL Health Department Interview Guide

Note: Public reporting burden of this collection of information is estimated to average 1.5 hours 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)

Date of Interview:	MM/DD/YYYY
Interviewer:	
State:	
Strategies Implemented (select all that apply):	<input type="checkbox"/> B5 <input type="checkbox"/> B6 <input type="checkbox"/> B7
Interviewee Name:	

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 to evaluate the DP18-1815 Cooperative Agreement, Improving the Health of Americans Through Prevention and Management of Diabetes and Heart Disease and Stroke - which we will refer to as the 1815 program. As part of the larger national evaluation of 1815, we are conducting a case study focused on Community-Clinical Linkages to better understand how health departments are supporting engagement of community health workers in patient care, promoting use of self-measured blood pressure monitoring, and strengthening patient referrals to community lifestyle programs to support the management of high blood pressure and high blood cholesterol.

We understand your team is working on **[specify strategy B5/B6/ B7/or combination]**. We would like to hear more about the ways in which you implement these strategies, challenges encountered, other factors outside of the 1815 program that influence your implementation processes or progress you're making and hear your perspectives on the level of uptake among health care or community organizations and how it influences patient care and management. The information collected from this interview will be analyzed together with information gained from interviews with others at your health department as well as from other health departments. We also will be conducting interviews with partner sites. 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 is expected to take no longer than 1.5 hours. 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 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 your role within the health department and with respect to supporting the 1815 program.

For reference for interviewer:

B5. Develop a statewide infrastructure to promote sustainability for CHWs to promote management of hypertension and high blood cholesterol

B6. Facilitate use of self-measured blood pressure monitoring (SMBP) with clinical support among adults with hypertension

B7. Implement systems to facilitate systematic referral of adults with hypertension and/or high blood cholesterol to community programs/resources

1. Can you tell me more about why your health department decided to work on [Strategy B5, B6, B7 or combination of strategies]?

Probes:

- *If state is working on only one CCL strategy:* Can you tell me why your health department is only working on one CCL strategy and not the others?
 - What is your program's goals with respect to this strategy/strategies? What would you like to achieve with this work?
 - Did your health department implement 1305 and/or 1422?
 - To what extent did the work from the previous NOFO(s) affect your approach for 1815?
2. Can you tell me about your role in relation to implementing the 1815 strategies related to Community-Clinical Linkages [Strategy B5/B6/B7]?
 3. How many years have you been working on programs related to community health worker engagement, SMBP, or facilitating linkage to community programs/resources?

II. Engagement of Community Health Workers (CHWs)

[Ask questions in this section, only if HD is implementing Strategy B5]

We'd like to learn more about your health department's role in supporting engagement of community health workers in the prevention and management of high blood pressure and high blood cholesterol.

Supportive Infrastructure

4. Can you tell me a little about any state level laws that govern the engagement of CHWs in chronic disease prevention and management?

Probe:

- How have these policies changed in the last few years?
- Are there any current issues that are being discussed at the state level regarding engagement of CHWs in chronic disease prevention/management?

5. What would you say are the major challenges among the healthcare organizations you work with, if any, to engaging CHWs in supporting the care and treatment of patients with high blood pressure and high blood cholesterol?

6. In what ways does your health department support state-level infrastructure to facilitate engagement of CHWs in the prevention and management of high blood pressure and high blood cholesterol (under the 1815 program)?

Probe:

- Where have you seen the most success? Why do you think this is?
- Where do you see ongoing challenges?

7. [Year 3]: What has been the effect of the COVID-19 pandemic on this strategy?

CHW Financing/Reimbursement

8. In what ways does your health department support financing or reimbursement for CHWs (under the 1815-program)?

9. Do your state laws authorize Medicaid reimbursement for CHW services? Which services?

10. Does your health department have other sources of funding or other programs (beyond 1815) that specifically address financing/reimbursement for CHWs?

CHW Workforce Development

11. In your opinion, how well prepared is the CHW workforce in your state to engage in patient care and management for chronic diseases, especially for heart disease?

12. In what ways does your health department support the CHW workforce in your state (under the 1815-program)?

Probe:

- Does your state have a certification program or other credentialing program for CHWs?
- Does your state have a professional association for CHWs?

Cross-Cutting Efforts

13. Are there any other state-level or broad-reaching efforts within the state (beyond those supported by the 1815 program) that address the engagement of CHWs for chronic disease prevention and/or management?

Probe:

- How about specifically for high blood pressure/ high blood cholesterol?
- Please tell me more about these efforts.

CHW Impact

14. What mechanisms or resources does your health have to monitor the CHW workforce?

15. In your opinion, how does the engagement of CHWs in team-based care impact patient care and patient outcomes?

III. Support for SMBP

[Ask questions in this section, only if HD is implementing Strategy B6]

We'd now like to learn more about how your health department supports the practice of self-measured blood pressure monitoring (SMBP).

16. From your experience, how widespread is the practice of SMBP within health care organizations in your state?

Probe:

- What factors would you say contribute to this level of practice?
- To what extent do health care organizations engage CHWs or other health care extenders to support SMBP?
- What systems/processes are used to track BP data captured by patients themselves?

17. From your experience, how widespread is the uptake of SMBP by patients?

Probe:

- What factors would you say contribute to this level of practice?
- What level of access do patients have to blood measure equipment?

18. What types of activities does your health department implement to improve health system policies or practices related to SMBP?

Probe:

- What types of activities would you say have been most successful in increasing promotion and support of SMBP by health providers?
- What kinds of partners does the HD engage to support promotion of SMBP?

19. Do your state laws authorize Medicaid coverage for SMBP?

Probe:

- How about private insurers – to what extent do they cover SMBP?

- Are there specific blood pressure monitoring tools that are covered/not covered?
If no coverage:
- What are the barriers for Medicaid/payor coverage of SMBP?

20. What factors have helped implement SMBP activities?

21. What factors have made it challenging to implement SMBP activities?

22. In your opinion, how does SMBP impact patient care and patient outcomes?

23. Are there any other state-level or broad-reaching efforts within the state around SMBP?
Please tell me more about these efforts.

24. [Year 3]: What has been the effect of the COVID-19 pandemic on SMBP activities?

IV. Referrals to Community Resources/Lifestyle Programs

[Ask questions in this section, only if HD is implementing Strategy B7]

We'd now like to learn about the HD's role in supporting systematic referrals of patients to community programs and resources, including lifestyle change programs.

24. What types of activities has your health department implemented to develop and/or improve referral mechanisms between health systems and community-based programs for patients diagnosed with high blood pressure or high blood cholesterol?

Probe:

- Is there a referral network within the state?
- How are community programs vetted and selected to include in the referral network?
- Are there specific criteria used to include programs in the referral network? Please describe.
- Is it a requirement that community programs have evidence-based interventions to be included in the referral network?

25. What challenges do health care organizations face in establishing referral systems/mechanisms to community resources/lifestyle programs?

26. What factors facilitate the establishment of referral systems/mechanisms between health care organizations and community resources/lifestyle programs?

27. Are there examples of health care organizations that have a very strong referral systems/mechanism to community resources/ lifestyle programs? Please describe.

Probe:

- What makes the referral mechanism so strong?
- What factors help to facilitate this?

28. Once patients are referred to a community program, what processes are in place to track whether the patient went to the community program or participated?

Probe:

- What kind of feedback mechanisms are in place between health care organizations and community programs?

29. In your opinion, what needs to be done to increase the likelihood that patients who are referred to community programs enroll and participate in those programs?

Probe:

- What do you think are the biggest barriers for patients to participate in community-based lifestyle change programs?
- Does the HD implement any activities (under 1815) to promote and support increased enrollment in community-based lifestyle change programs for patients?

30. [Year 3]: What has been the effect of the COVID-19 pandemic on this strategy?

V. CDC Support

31. Is there any additional or specific TA support that would be beneficial to your health department for implementation of any of these CCL strategies? Please describe.

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?

Thank you so much for your time. This concludes our interview about the 1815-funded activities related to the community-clinical linkage strategies. If you have any additional questions, please feel free to contact Gizelle Gopez, ggopez@deloitte.com.