

4k: CCL Health Department Group Discussion Guide

Note: Public reporting burden of this collection of information is estimated to average 2 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 Discussion	MM/DD/YYYY		
Facilitators:			
State:			
Strategies Implemented (select all that apply):	<input type="checkbox"/> B5	<input type="checkbox"/> B6	<input type="checkbox"/> B7
Number of participants in group:			

Introduction

Thank you for taking the time to participate in this discussion. 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 department are supporting the 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 have convened this group to hear your perspectives on how well the implementation of the 1815 Community-Clinical Linkage strategies is progressing within your partner sites, challenges encountered, factors outside of the 1815 program that influence the implementation of these strategies, and your thoughts about the effectiveness of these strategies in changing organizational level processes and their contribution to patient care and management. The information gathered from this discussion will be analyzed together with information gained from individual interviews we conducted with some of you as well as your colleagues within partner sites, and other health departments. The information you share will provide valuable insights on different approaches for community clinical linkages and improved patient management and help us understand which approaches seem to work well in specific contexts.

This discussion is expected to take no longer than 2 hours. Your participation in this group discussion is completely voluntary. You may choose not to respond to questions at any time and it will not in any way impact the funding or technical assistance your organization receives 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 discussion you are not clear about what we're asking, be sure to let me know. Please answer questions based on your own knowledge and experience. We appreciate your candid answer.

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

Do we have your permission to record? (ask everyone)

- Yes
 No

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

Welcome and Participant Introductions (10 mins)

We would like to welcome you all to this group discussion. Thank you for agreeing to participate. So we can get to know who is in the room, let's go around and introduce ourselves. Please tell us your name, your position, and your role with the community-clinical linkages strategies within your health department.

Verifying the Logic Model (90 mins)

We will start our discussion today by reviewing and validating a theory of change of how the CCL strategies are supported by your health department, how they are implemented at the partner-site level, the organizational and behavioral changes observed at the partner-site level because of these activities, and how these changes support patient care and management. We would also like to understand other programs/initiatives beyond 1815 that contribute to CCL efforts within healthcare organizations and how these other initiatives interact with the 1815 activities. We will walk through each of the strategy-specific logic models as a framework for our discussion.

For Health Departments implementing Strategy B5 (60-90 mins)

[Show the B5 Logic Model on the screen]

HD-supported Activities [Activities]

Starting on the left-hand side of the Strategy B5 logic model...

1. Can you describe to me the types of activities that your health department is supporting regarding the development of a statewide infrastructure to promote the sustainability for CHWs to promote the management of high blood pressure?
2. What about for high blood cholesterol?

Perspective on site-level changes [Short-Term Outcomes]

3. As a result of these activities, what types of changes are taking place at the organizational level within these sites?
Probe: Are there other organizational-level changes not reflected in the logic model?
4. To what extent do you think these organizational-level changes are affecting the quality of patient care and management amongst their patients?
5. How might those changes be affecting the **identification** of patients with high blood pressure? How about patients with high blood cholesterol?
6. How might those changes be affecting the **management** of patients with high blood pressure? How about patients with high blood cholesterol?

External Factors [Inputs/Context]

7. What types of state policies related to CHWs might influence these activities and organizational level processes?
8. What are other initiatives that may also affect the adoption of a statewide CHW infrastructure for the management of patients with high blood pressure or high blood cholesterol?
9. Are there any other contextual influences that need to be taken into consideration regarding these strategies amongst the sites that you currently partner with?
Probe [Year 3]: What has been the effect of the COVID-19 pandemic on these strategies?
10. What organizational level factors influence the engagement of community health workers in patient care?

Impact [for the Y4 and Y5 discussion only]

11. Over the past three years, since implementing these interventions, what changes have you seen in the identification or diagnosis of patients with high blood pressure or high cholesterol?
12. What other outcomes have you observed as a result of implementing the 1815-funded strategy B5 activities?
 - a. Were these surprising?
 - b. Why or why not?

Close

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

Welcome and Participant Introductions (10 mins)

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For Health Departments implementing Strategy B6 (60-90 mins)

[Show the B6 Logic Model on the screen]

HD-supported Activities [Activities]

Starting on the left-hand side of the B6 logic model...

1. Can you describe to me the types of activities that your health department is supporting regarding the use of self-measured blood pressure (SMBP) among hypertensive adults?

Perspective on site-level changes [Short-Term outcomes]

2. As a result of the support your team is providing to healthcare organizations, what types of changes are taking place at the organizational level within these sites?
Probe: Are there other organizational-level changes not reflected in the logic model?
3. To what extent do you think these organizational-level changes are affecting the quality of patient care and management amongst their patients?
4. How might those changes be affecting the **identification** of patients with high blood pressure?
How about patients with high blood cholesterol?
5. How might those changes be affecting the **management** of patients with high blood pressure?
How about patients with high blood cholesterol?

External Factors [Inputs/Context]

6. What state policies related to SMBP might influence these activities and organizational-level processes?

7. What are other initiatives that may also affect the use of self-measured blood pressure monitoring among adults with high blood pressure?
8. Are there any other contextual influences that need to be taken into consideration regarding these strategies among the sites that you currently partner with?
Probe [Year 3]: What has been the effect of the COVID-19 pandemic on these strategies?
9. What organizational level factors influence promoting the use of self-measured blood pressure monitoring?

Impact [for the Y4 and Y5 discussion only]

10. Over the past three years, since implementing these interventions, what changes have you seen in the engagement of community health workers to support the management of high blood pressure? What about for high blood cholesterol?
11. What other outcomes have you observed as a result of implementing the 1815-funded strategy B6 activities?
 - a. Were these surprising?
 - b. Why or why not?

Close

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

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Verifying the Logic Model (90 mins)

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For Health Departments implementing Strategy B7 (60-90 mins)

[Show the B7 Logic Model on the screen]

HD-supported Activities [Activities]

Starting on the left-hand side of the B7 logic model...

1. Can you describe to me the types of activities that your health department is supporting regarding the establishment of referral systems of adults with high blood pressure and/or high blood cholesterol to community programs and resources?

Perspective on site-level changes [Short-Term outcomes]

2. As a result of the support your team is providing to healthcare organizations, what types of changes are taking place at the organizational level within these sites?
Probe: Are there other organizational-level changes not reflected in the logic model?
3. To what extent do you think these organizational-level changes are affecting the quality of patient care and management amongst their patients?
4. How might those changes be affecting the **identification** of patients with high blood pressure? How about patients with high blood cholesterol?
5. How might those changes be affecting the **management** of patients with high blood pressure? How about patients with high blood cholesterol?

External Factors [Inputs/Context]

6. What state policies related to patient referral might influence these activities and organizational-level processes?

7. What are other initiatives that may also affect the referral of patients with high blood pressure and/or high blood cholesterol?
8. Are there any other contextual influences that need to be taken into consideration regarding these strategies among the sites that you currently partner with?
Probe [Year 3]: What has been the effect of the COVID-19 pandemic on these strategies?
9. What organizational level factors influence promoting the systematic referral of adults with high blood pressure and/or high blood cholesterol?

Impact [for the Y4 and Y5 discussion only]

10. Over the past three years, since implementing these interventions, what changes have you seen in patient referral to support the management of high blood pressure? What about for high blood cholesterol?
11. What other outcomes have you observed as a result of implementing the 1815-funded strategy B7 activities?
 - c. Were these surprising?
 - d. Why or why not?

Close

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