

Form Approved

OMB No. 0920-xxxx

Exp. Date: xx/xx/xxxx

National Learning Community for HIV CBO Leadership Evaluation

Attachment 12

**National Learning Community for HIV CBO Leadership
Semi-Structured Interview**

Public reporting burden of this collection of information is estimated to average 15 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: OMB-PRA (0920-New)

CREATIVE PROBLEM-SOLVING INTENSIVE PARTICIPANT INTERVIEW GUIDE

Thank you for participating in this interview. My name is _____ and I am the Monitoring and Evaluation [Director / Specialist] for the Asian and Pacific Islander American Health Forum – which is referred to as the Health Forum. I am following up with a subset of folks who participated in the National Learning Community for HIV CBO Leadership Creative Problem-Solving Intensive, to get your feedback. This feedback will be used by the Health Forum to report on the utility and overall perception of the Creative Problem-Solving Intensive. It is our hope that your feedback will help us refine how we provide the Intensive and support those who choose to participate in it. It is always our goal to improve the skills and knowledge of those who lead community-based organizations that provide HIV prevention, treatment, and care services.

Your responses will not be associated with you, your organization, or your region. Some responses may be used in conjunction with qualitative responses to describe the program. All participation is voluntary, and you can choose not to answer any specific question. Your privacy is important to us. During the interview, no one except the interviewer will be present on the Health Forum side. You may also secure a space for privacy on your side, if you feel it necessary.

We would like to record the interview in order to note your responses correctly. Do you agree to having the interview recorded?

[If yes]: Wonderful. Let's get started.

[If no]: If you are not comfortable with having the interview recorded, would you agree to the interviewer taking written notes during the interview?

[If yes]: Wonderful. Let's get started.

[If no]: Okay, thank you for your time.

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FN	FN	LN	LN	--	M	M	D	D

Your unique ID number is:
the first two letters of your first name,
the first two letters of your last name,
the month of your birth,
and the day of your birth.
For example: John Smith, May 29
would be JOSM-0529.

UNIQUE IDENTIFIER

Before we begin, can you give me a name you prefer to be called_____.

I. TIME SINCE CREATIVE PROBLEM-SOLVING INTENSIVE COMPLETED (2 min)

1. When did you take the Creative Problem-Solving Intensive?
[Offer cohort dates as prompts]

II. EXPERIENCE IMPLEMENTING CREATIVE PROBLEM-SOLVING (10 min)

2. Which core topic area did your implementation plan focus on? Managing People, Managing Programs, or Managing Organizations?
3. What aspects of the Intensive did you like?
4. What actions have you taken to use all or part of your implementation plan?
5. Please describe any factors that supported you in using your implementation plan.
6. Please describe any barriers you experienced in using your implementation plan.

III. CONTINUOUS QUALITY IMPROVEMENT (3 min)

7. Please describe any ways you may have used Human-Centered Design or creative problem-solving approaches for other topics NOT identified in your implementation plan. Have you used these concepts to address other problems in your organization?