

INSTRUMENT 2

GRANTEE INTERVIEW TOPIC GUIDE

Implementation Study of the Title X Program

Topic Guide for Discussion with Title X Project Director and Other Designated Staff

Lead Interviewer	Note-taker	Start time	End time	Date

I. Respondent information

Name	Title	Grantee Name	Email/Phone

II. Introductions and purpose of study

Hello, my name is [Name] and my colleague [Name] is also joining us today. Thank you so much for meeting with us today. As you know, we are with Mathematica, an independent research team studying the implementation of the Title X program. Thank you for completing the grantee survey on [Date]. The purpose of our discussion today is to follow-up on some information you shared in the survey and also learn more about your experiences as a Title X grantee and the work you do here. This is not an assessment of performance. I want to emphasize that this study is an effort to tell the rich stories of the Title X program, to hear from those directly involved in and impacted by the program and its services, and to derive important lessons to help sustain and improve those services for persons across the country. We are especially interested in lessons about approaches for achieving access, quality, and equity that you think would be useful to share with the field and other grantee and medical staff like yourself. In designing this study and applying principles of equitable evaluation, we have consulted with staff from grantee organizations and clinics on all the topics that are important for us to discuss and learn about. Your point of view is valuable so that our findings reflect the varied perspectives of partners and stakeholders at all levels of the program. Once the study is complete, OPA will share the study's overall findings publicly.

THE PAPERWORK REDUCTION ACT OF 1995

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-new. The time required to complete this information collection is estimated to average 90 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

Before we start, I want to let you know that your participation in this conversation is voluntary, and there are no penalties or consequences for deciding not to participate in today's conversation. We expect this discussion to take up to 90 minutes. I will be taking notes as we go, but we would like to audio-record this interview so that we can refer to it to make sure that our notetaking is accurate. The recording is for our internal use only, and after we are sure that we have good notes, we will delete the recording. Are you OK with us recording the interview?

III. Privacy and confidentiality

Before we begin, I want to inform you of several important notes about how we plan to use the information you provide the study team. This discussion along with responses to the web survey you recently completed, will be reported in two ways.

First, we will prepare a summary profile describing your Title X grant – for example, the characteristics of the population served, the number of service sites, and the types of services offered. While we will not attribute this information to you personally, the information you provide will contribute to the grant profile and OPA will share these profiles with other Title X grantees and publicly.

Second, we will produce summary reports on themes emerging from the information we collect across all grantees, such as the different strategies grantees use to ensure access to equitable, affordable, and client-centered services. These responses will not contain confidential information. We may use quotes to illustrate findings, but if we do, we will not report any information that will allow a quote to be identified with you. The notes and recording from this discussion will not be shared with anyone beyond the research team. The recording will be erased once we have finalized our notes.

I want to emphasize again that there are no right or wrong answers to our questions. If you do not know the answers to any questions and want to circle back with us, let us know. At the end of the interview, we'll work with you to identify a time to speak again. If you want to defer to someone else on any question, let us know to whom we should reach out for those answers.

By voluntarily agreeing to participate in this study, you are agreeing to answer these questions with responses that are true for you.

- Do you understand the purpose of our conversation today?
- Do you have any questions or concerns before we begin?

IV. Project Contact Information

If you have further questions about this project, you may contact the project survey director, Jennifer Walzer, at (312) 994-1042 or TitleXstudy@mathematica-mpr.com.

List of Topics [Note: These will be tailored based on each grantee's responses to the web-based survey, and each interview will focus on a subset of topics listed here]

- A. Background and role** (This will be brief – and aim to confirm information available to us in the grantee's Title X application and the survey)
 - a. Respondent roles
 - b. Respondent primary responsibilities
 - c. Length of time in current role
 - d. Prior experience relevant to current role and involvement in Title X program
- B. Grantee Information** (This will be brief – and aim to confirm information available to us in the grantee's Title X application and the survey)

- a. History in community
 - b. Operating structure
 - i. Type of organizations in the network and the roles that they play
 - ii. Management and staffing, including clinical, administrative, and financial structure at grantee and subrecipient levels
 - iii. Changes to operating structure within the last year, and factors driving those changes
 - iv. Any changes or updates to operating plans from initial plans in the Title X grant application
- C. Community context and grantee efforts to address disparities** (Sub-topics a and b will be brief – and aim to confirm information available to us in the grantee’s Title X application and the survey)
- a. Populations served/Populations in service areas that are underserved by FP and STI treatment programs
 - b. Gaps in availability or accessibility of FP and related preventive health services in service area
 - c. Societal, economic, or structural factors affecting clients’ access to care
 - d. Grantee efforts to address health and social needs and disparities in the community/communities served by the grantee and subrecipients/service sites

D. Service delivery

- a. Key strengths and areas for improvement related to providing equitable access to high quality FP services
 - i. Examples of strategies for ensuring equitable access to high quality, client-centered services that remove barriers to enable clients and community members to access services (e.g. location, hours, modality of services, language services, referrals, broad range of FP and STI treatment methods and services on site)
 - 1. Strategies to improve access for populations underserved by FP and STI prevention and treatment programs
 - 2. Specific clinical, administrative, or financial factors that challenge or facilitate access to and provision of high-quality FP and STI treatment and prevention services
 - a. Description and level of challenges (e.g. grantee level, clinic level, provider level)
 - b. Income assessments and financial barriers to accessing FP and STI treatment and prevention services
 - 3. Specific sociocultural and economic factors that challenge or facilitate access to and provision of high-quality FP services (including federal, state, or local policies)
 - a. Impact of particular policies on FP and STI prevention/screening services in Title X network, including differences/variations by service sites and target service areas.
 - ii. Variation in services provided across subrecipients/service sites
 - 1. Rationale for any methods/services not included
 - 2. Which services are referred and which ones are handled in-house?
 - 3. Which patients are referred and which ones are served at service sites?

iii. Successful and less successful adjustments made by grantee in response to the COVID-19 pandemic to foster equitable access to services and address challenges to continue service delivery

1. Successes and challenges related to the use of telehealth, drive-thru, mobile clinics, and lessons associated with each.

- b. Examples of strategies for reaching and retaining diverse populations (*e.g.* adolescents, LGBTQ+, indigenous communities, persons with limited English proficiency, remote and rural populations)
- c. Strategies for ensuring that federal quality of care standards are met at service delivery sites

E. Role of community partnerships

- a. Role and usefulness of referral networks among subrecipients and service sites
- b. Examples of challenges and facilitators to developing strong community partnerships
- c. Community partnerships that have been critical to grantee's success
 - i. Role of community partnerships in improving grantee's ability to deliver equitable, high-quality, client-centered services
 - ii. Role of community partnerships in improving grantee's ability to reach and serve diverse populations

F. Training

- a. Most/least useful types of training and/or technical assistance received by program staff/providers
- b. Gaps in knowledge/capacity at grantee or subrecipient/service site level that could be addressed with additional training
- c. Suggested improvements to training, including content, frequency, format (*e.g.* equity-focus, tele-health, etc.)

G. Monitoring and use of data

- a. Strategies grantee uses to document progress
- b. Types of data collected and used by grantees and/or subrecipients in addition to FPAR
- c. Usefulness of FPAR and other types of data collected by grantee and/or subrecipients
- d. Use of data for monitoring performance of service sites and informing programmatic changes and pivots
- e. Suggested improvements to types of data collection, reporting, and use of data
- f. Ways in which monitoring and evaluations efforts could be better supported by OPA

H. Lessons learned

- a. Suggested areas for further research and/or documentation

I. Clarifications on survey responses

- a. Clarification on any incomplete or unclear responses to grantee survey