

---

## **INSTRUMENT 5**

### **LISTENING VISIT TOPIC GUIDE FOR COMMUNITY OUTREACH AND PARTNER STAFF**

## Implementation Study of the Title X Program

### Topic Guide for Community Outreach Partner or Advocacy Staff

Lead Interviewer	Note-taker	Start time	End time	Date

#### I. Respondent information

Name	Title	Org name	Grantee Name (if applicable)	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. We are with Mathematica, an independent research team studying the implementation of the Title X program as part of a recent study sponsored by the Office of Population Affairs (OPA). The purpose of our discussion is to learn more about your experiences and role as a [community outreach partner or advocacy staff] for [grantee name] and the work you do in [name community]. This is not a performance assessment. 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 families 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. In designing this study and applying principles of equitable evaluation, we have consulted with staff from grantee organizations and clinics to get their feedback on this interview guide. Your point of view will help ensure that our findings reflect the varied perspectives of partners and stakeholders at all levels of the program. Once the study is complete, we will work with OPA to publish the findings and 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 45 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

We expect this discussion to take up to an hour. 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 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.

I also want to inform you of several important notes about how we plan to use the information you provide the study team. We will produce summary reports on themes emerging from the information we collect across all grantees/sites, such as the different strategies grantees/sites 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. By voluntarily agreeing to this interview, 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 [jwalzer@mathematica-mpr.com](mailto:jwalzer@mathematica-mpr.com).

**List of Topics** [Note: These will be tailored based on each grantee and service site's context]

#### A. Background and role

- a. Respondent role and responsibilities
  - i. Current role
  - ii. Primary responsibilities related to community engagement and advocacy
  - iii. Other staff involved in similar role (*if they are not part of the interview*)
- b. Respondent background
  - i. Relevant experience and qualifications
  - ii. Length of time in current role
- c. (If applicable) Role of the partner organization (Goal 2.2.2)
  - i. Relationship with grantee and Title X sites
  - ii. History of organization in the community or communities it serves
  - iii. Types of services offered relevant to Title X
  - iv. Populations served
  - v. Languages spoken by staff, and extent to which they reflect the needs of the community
  - vi. Other key stakeholders and partnerships in the Title X network

#### B. Strategies for community engagement and improving access

- a. Strategies for building community buy-in and trust
  - i. Development and use of educational materials
  - ii. Community perceptions about and desire for family planning and other preventive health services (e.g. STI prevention and treatment) (Goal 1.4)
  - iii. Barriers and facilitators to building trust and engaging clients (Goal 2.2.4, 2.2.5)

- 
- iv. Successful and less successful strategies for building community buy-in and trust (Goal 2.2.3)
  - b. Community engagement and outreach strategies (Goal 2.1, 2.2)
    - i. Key factors (e.g. political, economic, socio-cultural and structural) affecting community access to family planning and other preventive services (Goal 2.2.5)
    - ii. Populations or groups in the community that are underserved by family planning programs and/or disproportionately affected by negative reproductive health outcomes (Goal 1.4)
    - iii. Types of activities implemented and/or materials used to raise awareness and build engagement with the community (Goal 2.2)
    - iv. Modes of outreach to clients to increase awareness and improve access (Goal 2.2)
      - 1. Staff ability to communicate in the languages spoken in this community (Goal 2.2.2)
      - 2. Staff ability to reach diverse populations (*e.g.* adolescents, LGBTQ+, indigenous communities, persons with limited English proficiency, remote and rural populations) and populations that are underserved by family planning and other related health programs (Goal 2.2.2)
    - v. Community partnerships for reaching clients and increasing client engagement (Goal 2.2.2)
      - 1. Nature and frequency of collaboration with partners
      - 2. Resources available in the community to meet client needs for family planning and other preventive health services
  - c. Strategies to improve equity, affordability, and access
    - i. Key strategies to improve access and affordability to high-quality family planning and other preventive health services for people and populations with historically low engagement in family planning and other health services (Goal 2.1)
    - ii. Successful and less successful strategies, and reasons for successes or failure (Goal 2.2.3, 2.3)
    - iii. Examples of innovative approaches to improving engagement and access for clients
  - d. How engagement strategies and processes evolved as a result of COVID-19 and which aspects will continue (Goal 3.1)
    - i. Introduction of telehealth and the effect on community outreach work (Goal 3.1)
  - e. Adaptations and adjustments made in response to COVID-19 that have been integrated into standard practice
  - f. Advocacy
    - i. Types and levels of advocacy in local communities (as permitted under the Title X program)
    - ii. Community advocacy partners
    - iii. Impact of COVID-19 on advocacy efforts
    - iv. Key strengths and opportunities for growth related to advocacy in the community or communities being served

### **C. Training and technical assistance**

- a. Most/least useful type of training and/or technical assistance received

- 
- b. Types of training and/or technical assistance that are missing and could fill gaps in outreach staff knowledge and skills
- D. Lessons learned**
- a. (If applicable) Perception of community partnership and its value for sustaining affordable and quality family planning and other related health services (e.g. STI prevention and treatment) in the community (Goal 2.2.2, 2.2.3)
  - b. Assessment
    - i. Achievements and successes in community outreach and engagement (Goal 2.2.3)
    - ii. Clinical, financial, and/or administrative factors that challenge or facilitate community engagement (Goal 2.2.4)
    - iii. Suggested improvements to outreach and engagement to ensure increased access to equitable, client-centered, high-quality family planning services (Goal 2.3.1, 4.5)
    - iv. Changes in outreach and engagement activities since participating in Title X (2.2.4)
  - c. Use of data in community outreach and engagement
    - i. Types of data collected and used to assess effectiveness of community outreach and engagement (Goal 4.1, 4.2.1)
    - ii. Data-sharing between [community partner] and [sites in Title X network]
    - iii. Use of data to inform community outreach and engagement activities
    - iv. Evaluation of how standards are being met (Goal 4.1, 4.2.1)
    - v. Methods for receiving feedback from community and responding to that feedback (stories of changes made, if any) (Goal 4.1)
  - d. Suggestions and ideas for building optimal partnerships for community, clients, and Title X network (Goal 4.5)