

ATTACHMENT D2. DISCUSSION GUIDE- HEALTHY BEHAVIOR SUPPORT STAFF

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WISEWOMAN Evaluation Site Visit Discussion Guide

Staff providing Healthy Behavior Support Services (HBSS)

A. Introduction [5 minutes]

My name is [fill in]. Thank you for your time today. As we mentioned when we scheduled this interview, General Dynamics Information Technology (GDIT) and Mathematica Policy Research are supporting the Centers for Disease Control and Prevention (CDC) in conducting an evaluation of the WISEWOMAN program. The purpose of the evaluation is to find best practices in program implementation and develop evidence of the program's effect on outcomes. This year, we are visiting [five/six/seven] funded WISEWOMAN programs across the country to meet with administrative staff and clinical and healthy behavior support partners.

This interview will take about **60 minutes**. I would like to record the conversation as a back-up for our notes. We will keep the recording private and use it only for reference purposes for this project. We will not attribute any statements or quotes to you without permission. Is it OK for me to begin recording?

[BEGIN RECORDING]

1. First, briefly tell me a bit about yourself and your job. [If multiple respondents are present, collect this information from each person]
 - a. What is your position or title?
 - b. What are your roles and responsibilities?
 - c. How long have you been in this position?

B. Healthy Behavior Support Services [15 minutes]

2. Describe the main types of programs/ classes that you or your organization provide for women. [EQ I.1, I.4]
 - a. What type of protocol do you use for this program?
If multiple programs are offered:
 - b. Which program(s) and/or class(es) do WISEWOMAN participants use most? And least?
 - c. What makes a class more popular? Less popular?
3. How many clients does your organization serve? [EQ I.4]
 - a. How many clients do you work with on a regular basis?
 - b. Approximately what percentage of your clients are WISEWOMAN participants?

4. Can you tell us more about the process by which you receive referrals from the WISEWOMAN program? [EQ I.1, I.4]
 - a. Do you know how the WISEWOMAN program identifies women to refer to [health coaching/ LSP NAME]? If so, can you describe the referral process?
 - b. What works well about this referral process?
 - c. What could be improved about the referral process?
 5. Do you ever refer women to the WISEWOMAN program? [EQ I.1, I.2, I.4]
 - a. How often does this happen?
 - b. Under what circumstances do you refer women to WISEWOMAN?
 - c. What types of processes or systems do you have in place to make it easier to refer women to WISEWOMAN?
 - d. What is difficult about referring women to WISEWOMAN?
 - e. What could make it easier to refer women to WISEWOMAN?
 6. On average, how long do you interact with clients during a single visit (session, class)? [EQ I.4]
 - a. For how many weeks or months do you usually continue to see clients?
 7. How do women usually react to [health coaching/ LSP PROGRAM NAME]? [EQ I.1, IV.3]
 - a. Do they usually complete the program? Why or why not?
 - b. What feedback do they provide about their experiences with the program?
 - c. How do participants' experiences with [health coaching/ LSP PROGRAM NAME] vary? (for example, do participants who complete programs share different characteristics than participants who do not complete programs – either by racial/ ethnic group, CVD risk group, etc.?)
 8. What strategies do you use to promote attendance at appointments or classes? [I.1, I.3]
 - a. Do you provide help with any of the following: transportation, child care, or some other incentive? What kind of help is provided?
 - b. What days and times do you hold classes? How did you decide on these days and times?
 - c. Do you send reminders? How?
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- d. What other strategies do you use to engage participants in [health coaching/ LSP PROGRAM NAME]?
9. Do you follow up with women who you expect to see for an appointment or at a class, but who do not attend? If so, how do you follow up with them (telephone, email, or some other way)? [I.1, I.3]

C. Team-based care [7 minutes]

Now let's talk about your interaction with other health care providers and staff members who work with WISEWOMAN participants to improve their cardiovascular health.

10. We are interested in hearing how WISEWOMAN service providers are using team-based care to reduce participants' risk of cardiovascular disease and manage hypertension.

[If needed: Team-based care is an approach that uses a multi-disciplinary team (including clinicians, nurses, medical assistants, health coaches, pharmacists, social workers, dieticians and other providers) to deliver clinical and health education services to participants. The goal of team-based care is for team members to provide support and share responsibilities of hypertension care to complement the primary care provider's activities.]

As a [health coach/ healthy behavior support service provider], do you work with participants' other health and service providers to deliver services using a team-based care approach? [EQ I.1]

- a. Can you give me an example of how you use a team-based approach?
 - b. Can you tell me more about any challenges that you've experienced using a team-based care approach?
 - c. In your opinion, has using a team-based care model helped you serve participants? If so, how? If not, why?
11. How often, if ever, do you talk to other health and service providers about WISEWOMAN participants? [EQ I.1, I.4]
- a. What types of providers do you talk to?
 - b. What do you usually talk about with other health and service providers?
 - c. [If respondent also works with individuals who do not participate in WISEWOMAN] Do you meet with health and service providers for all your clients, or just those who participate in WISEWOMAN?
12. How do you communicate with WISEWOMAN participants' other health and service providers? (in person, through EHR messaging, care team meetings, email, phone, etc.) [EQ I.1, I.4, IV.4]
- a. In general, how effective is this approach to coordinating care?

D. Data [3 minutes]

Next, we have a few questions about how you use and share data with the WISEWOMAN program.

13. What types of data [do you/ does LSP NAME] collect? [I.1, IV.4]
14. How [do you/ does LSP NAME] use that data? [I.1, IV.4]
15. [Do you/ does LSP NAME] share data with the WISEWOMAN program or with clinics that serve WISEWOMAN participants? [I.1, IV.4]
 - a. How [do you/ does LSP NAME] share data with the WISEWOMAN program?
 - b. What types of data do you share? (for example, attendance data? other participant information? information for non-participants who might be eligible for WISEWOMAN?)
 - c. What are the goals of sharing data?
16. What challenges do you face collecting or sharing data for WISEWOMAN? [I.1, IV.4]

E. Staffing and training [10 minutes]

Next we would like to ask you some questions about staffing and training.

17. [*For Health Coaches*] Do you feel that the number of clients assigned to you is too much? Just right? Or not enough? [EQ I.1, I.5]
 - a. Please describe what makes you say this.
18. [*For LSP Providers*] Can you describe the demand for the classes/ services you provide to WISEWOMAN participants? How does the demand for these services compare to your capacity to deliver these services (for example, do you feel overwhelmed, or do you wish that demand was higher so you could fill up classes?) [EQ I.1, I.5]
 - a. Please describe what makes you say this.
19. Let's talk about the types of trainings or meetings that you might have to attend as part of the WISEWOMAN program. Have you attended trainings or meetings for the WISEWOMAN program? [EQ I.1]
 - a. When have you attended these trainings or meetings?
 - b. Are they required trainings or meetings? What is the requirement to be met?
 - c. How often do you have to attend these meetings?
 - d. What topics were covered? Can you share some examples?

- e. Who else/what other types of people attended the training?
 - f. Did all of the attendees work with you, or were they from different organizations?
20. To what extent do you find these trainings and meetings to be helpful and effective? [EQ I.1]
- a. Do you think the trainings and meetings help you perform your job better? How so?
 - b. What suggestions do you have to make the trainings better?
21. What types of trainings would you like to see offered that are not offered now? [EQ I.1]

F. Community [10 minutes]

Let's talk about the community in which your program operates.

22. Please describe the demographic, cultural, and linguistic characteristics of your community. [EQ 1.6, II.3]
- a. What languages are most common?
 - b. In addition to language, are there any special cultural considerations for any populations you serve?
 - c. What different cultural approaches do you take for each population that your program serves?
23. What are the biggest barriers to cardiovascular health in the community? [EQ 1.6, II.3]
- a. Are there any resources in the community that help promote cardiovascular health?
24. From your perspective, has the WISEWOMAN program helped address disparities in cardiovascular health based on race or socioeconomic status? [EQ II.3]
25. Based on your interactions with WISEWOMAN participants, does it seem that they value WISEWOMAN services? Why? [EQ II.3, IV.5]
26. Does it seem that women engage in healthier behaviors after they enroll in the WISEWOMAN program? Why? (possible behaviors: healthy diet, exercise, blood pressure self-measurement/ monitoring, use of medication as prescribed) [EQ II.2, IV.1, IV.5]
27. Can you provide any stories or anecdotes of how the WISEWOMAN program has affected women's health or behaviors? [EQ IV.1, IV.5]

G. Wrap-up [10 minutes]

We are almost done. We will ask you a few more questions about your perceptions of the WISEWOMAN program's greatest strengths and weaknesses.

28. From your perspective, what have been the greatest strengths of the WISEWOMAN program in your community? [EQ II.2, II.3, IV.5, IV.6]
 - a. How much of an impact do you think the WISEWOMAN program makes on the community?
 - b. Describe what you see as WISEWOMAN's key achievements toward improving the community.
29. What have been the biggest roadblocks to the WISEWOMAN program's success? [EQ I.6, II.2, II.3, IV.5, IV.6]
 - a. What resources would help the WISEWOMAN program become more successful?
30. Are there any especially interesting or innovative approaches that you have used in providing WISEWOMAN services? [EQ IV.6]
31. From your perspective, are there components of the WISEWOMAN program that could or will continue after the five-year cooperative agreement ends? [EQ IV.7]
32. What advice would you give to another program just starting out in this work? [EQ I.1, I.4]
33. Is there anything else you would like to share with us about your experiences with the WISEWOMAN program?

Thank you for taking the time to speak with us today. If you have any additional questions, please feel free to reach out to us.