

NHCI YEAR 2 AND 3 FEASIBILITY ASSESSMENT MATERIALS

A primary component of AHA's intervention is to build partnerships with trusted organizations that serve local communities, and make connections between these partners and HRSA-funded health centers who provide hypertension management services.

To design and deliver an effective intervention, AHA will collect qualitative data regarding the feasibility of intervention implementation from CBOs and CHCs. AHA will analyze these data in conjunction with quantitative data (e.g., from the DREaM database) and secondary data sources to understand from the perspective of its implementation partners **what works, what doesn't work, and how to optimize the intervention moving forward.**

1.1 RECRUITMENT AND DATA COLLECTION PROTOCOL

Qualitative data from CBOs and CHCs will provide rich, contextual information into implementation feasibility, barriers, opportunities to scale, and best practices. AHA will recruit a convenience sample of 16CHC representatives and 16 CBO representatives per year and conduct 1.5-hour in-depth interviews or small-group (3-4 participant) focus groups to assess the factors described above.

1.1.1 Participant Selection and Data Collection

All participants will be identified by AHA and will represent a range of factors such as geographic location, target audiences, and organizational size/scope.

Once AHA has identified eligible participants, participants will be contacted via email (see templates below) and scheduled for interviews / group sessions according to their availability and organization type. Participants will receive a confirmation email with an overview of the session, what to expect, and the anticipated duration. The email will note that participation in the session is voluntary, participants can choose to leave at any time, and that their decision to participate or not participate in the session will not impact their standing with AHA or associated partners. Participants will also receive a calendar invitation with Microsoft Teams teleconference information, including a link (for those joining by computer) and a call-in number (for those joining by phone).

All focus groups sessions will be led by an AHA or Summit Team moderator using an approved moderator guide, as well as a notetaker. In addition, all sessions will be audio-recorded and auto-transcribed using the Microsoft Teams platform to ensure all findings are adequately captured. No identifying information will be used in reports developed based on the study data.

Following each session, the AHA moderator will thank participants for their time and end the meeting. AHA will send a thank you email to all participants within 48 hours of the focus group.

1.2 RECRUITMENT EMAIL TEMPLATES (CHC AND CBO)

1.2.1 Screening Email Template

To: [CBO or CHC primary contact]

From: [AHA point of contact]

CC: [AHA support staff]

Subject: Brief AHA questionnaire to inform hypertension initiative

Dear [CBO or CHC primary contact],

We are planning a series of virtual [focus groups / interviews] to better understand your needs as a partner supporting AHA's National Hypertension Control Initiative. We are interested in your unique perspectives on AHA's communications, outreach, and programming within your organization—what is working, what could be better, and how can we help you meet the needs of your audiences.

Please respond to this email if you are available to participate in a virtual [focus group / interview]. We will work with you to schedule a day and time for the virtual session.

Participating in the [focus group / interview] is voluntary and will not impact your standing with AHA or any of our partners. We truly appreciate your time and continued support as we work together towards better health for our communities.

Best Wishes,

[email signature of sender]

Draft: March 25, 2022

1.2.2 Participation Confirmation Email Template

To: [CBO or CHC primary contact]

From: [AHA point of contact]

CC: [AHA support staff]

Subject: Scheduling time for AHA focus group

Dear [CBO or CHC primary contact],

Thank you for your interest in participating in an AHA [focus group / interview].

Please let us know if any of the below day/times work for you to participate in a session. Once you have confirmed an interview time, we will send an Outlook calendar invitation and link/phone number for the session, which will be audio-recorded with your consent.

- [Date/time option #1]
- [Date/time option #2]
- [Date/time option #3]

[If focus group] The session will include three other participants, an AHA moderator, and notetaker.

There are no right or wrong answers, and no need to prepare. We are interested in your unique perspectives on AHA's communications, outreach, and programming within your organization—what is working, what could be better, and how can we help you meet the needs of your audiences.

Best Wishes,

[email signature of sender]

Draft: March 25, 2022

1.2.3 Thank You Email Template

To: [CBO or CHC primary contact]

From: [AHA point of contact]

CC: [AHA support staff]

Subject: Thank you for participating in AHA focus group

Dear [CBO or CHC primary contact],

Thank you very much for participating in our [focus groups / interviews]! Your input is very important, and will help us understand what is working, what could be better, and how can we help you meet the needs of your audiences.

If you have any questions about this study, please contact [AHA point of contact].

Best Wishes,

[email signature of sender]

1.3 CHC FOCUS GROUP MODERATOR GUIDE

Introduction (5 min)

Thank you for taking the time to speak with us today. The American Heart Association (also known as AHA) is conducting a national evaluation called the National Hypertension Control Initiative to improve COVID-19-related health outcomes for highly impacted racial and ethnic minorities by addressing hypertension as a key risk factor.

As part of the initiative, AHA will be working with Community Health Centers (CHCs) and Community Based Organizations (CBOs) to understand how public outreach and healthcare professional training on education about hypertension and increasing self-blood pressure monitoring could impact health outcomes.

Today, I'll be asking you questions on three main topics:

1. Your organization's experience with blood pressure training and technical assistance offered by AHA.
2. Your organization's experience applying the MAP framework
3. Your organizations experience receiving recommendations or referrals from community based organizations for individuals who require blood pressure management and care

Our interview today will take 1 hour. With your permission, I'd like to record our discussion. This recording will only be available to researchers working on this project. All information you provide will be anonymous; we will not identify you by name in any summaries or reports that we produce. All questions are voluntary. Do I have your permission to record this interview?

Do you have any questions before we get started?

START RECORDING. So that I have it on the recording, today is [DATE] and the time is [TIME]. This interview is with [RESPONDENT NAME].

Warm-Up (5 min)

1. Can you tell me the name of your community health center, your job title, and a bit about your job responsibilities?

Healthcare Staff Training and Technical Assistance (30 minutes)

Let's start by discussing the training and technical assistance AHA has provided to your health center regarding blood pressure monitoring procedures, including patient self-monitoring.

2. What components of the AHA staff training have been implemented in your health centers?
 - a. How easy or difficult have these trainings been to implement?

- b. What have been some challenges with implementing these trainings?
 - c. Can you share any feedback you've received from staff on these trainings?
3. Have you or representatives from your health center attended any AHA technical assistance webinars related to blood pressure monitoring and control? If not, why not?
- a. How useful did you find the webinar(s)?
 - b. What could AHA have done to make the webinars more useful to you and others at your health center?

Now, we're going to talk about the MAP program. For the purposes of this discussion, MAP refers to a blood pressure quality improvement program that stands for **Measure Accurately, Act Rapidly, and Partner with Patients**.

4. Let's talk about **Measure Accurately**. What protocols does your health center currently have in place to obtain accurate blood pressure readings from every patient?
- a. What challenges do your healthcare providers and staff face when trying to obtain accurate blood pressure readings from every patient?
 - b. How does your health center work to overcome those challenges?
 - c. What kinds of additional trainings or technical assistance could AHA provide to help you overcome those challenges?
5. Now, let's talk about **Act Rapidly**. What protocols does your health center currently have in place to act rapidly when you screen a patient with high blood pressure?
- a. What challenges do your healthcare providers and staff face when trying to act rapidly when you screen a patient with high blood pressure?
 - b. How does your health center work to overcome those challenges?
 - c. What kinds of additional trainings or technical assistance could AHA provide to help you overcome those challenges?
6. Finally, let's discuss **Partnering with Patients**. What protocols or systems does your community health center have in place to engage patients in blood-pressure self-management? For example, this may include a blood pressure self-management program.
- a. What challenges do your healthcare providers and staff face when trying to train patients in blood pressure self-management?
 - i. How does your health center work to overcome those challenges?
 - ii. What kinds of additional trainings or technical assistance could AHA provide to help you overcome those challenges?

- b. What challenges do your healthcare providers and staff face when distributing self-monitoring blood pressure machines to patients? This could include challenges such as machine availability, language, or providing technical support to patients.
 - i. How does your health center work to overcome those challenges?
 - ii. What kinds of additional trainings or technical assistance could AHA provide to help you overcome those challenges?
- c. What challenges do your healthcare providers and staff face when documenting and using results from patient blood pressure self-monitoring to inform patient care?
 - i. How does your health center work to overcome those challenges?
 - ii. What kinds of additional trainings or technical assistance could AHA provide to help you overcome those challenges?

Working with Community-Based Organizations (18 minutes)

Now, we're going to discuss another aspect of the National Hypertensions Control Initiative—partnering with community-based organizations such as churches, barber shops, or community centers to reach and refer community members at risk for high blood pressure.

- 7. Tell me about your experiences so far with partnering with these community-based organizations.
 - a. How do you maintain a relationship with staff and administrators at these community-based organizations?
 - b. Which patient groups are you trying to reach with these partnership efforts?
- 8. How does your health center most often receive referrals from community-based organization partners?
 - a. What about that referral approach works well for you and staff members at your health center?
 - b. What are some of the challenges with that referral approach?
 - c. In an ideal circumstance, what referral approach would you *like* to use?
 - d. Have you considered using a technology solution to receive referrals, such as Aunt Bertha or UniteUS? Why or why not?
 - e. What kinds of additional resources or support could AHA provide to help you enhance the collaboration with community-based organizations and the referral approaches?
- 9. In addition to receiving referrals, have you developed any programs or held events to increase awareness in your community about blood pressure management?
 - a. What type of programs or events did you develop?

- b. Were your programs or events successful? Why or why not?
- c. What kinds of additional resources or support could AHA provide to help you increase awareness in your community about blood pressure management?

Closing (2 minutes)

That is all the questions I have for today. Is there anything else you would like to share before we end this discussion?

Thank you so much for your time and participation in today's focus group! We really appreciate all your insights, and will use the information we collected to improve the National Hypertension Control Initiative in future. If you have questions or would like to share any other information, please feel free to reach out to me by email.

1.4 CBO FOCUS GROUP MODERATOR GUIDE

Introduction (5 min)

Thank you for taking the time to speak with us today. The American Heart Association (also known as AHA) is conducting a national evaluation called the National Hypertension Control Initiative to improve COVID-19-related health outcomes for highly impacted racial and ethnic minorities by addressing hypertension as a key risk factor.

As part of the initiative, AHA will be working with Community Health Centers (CHCs) and Community Based Organizations (CBOs) to understand how public outreach and healthcare professional training on education about hypertension and increasing self-blood pressure monitoring could impact health outcomes.

Specifically, the NHCI would like to work with CBOs such as your organization to implement EmPOWERED to Serve (ETS) Health Lessons to engage communities and motivate community members to take steps towards creating a culture of health. The NHCI would also like to gain a better understanding of the role CBOs play in making participant recommendations (referrals) to CHCs regarding hypertension control and treatment.

Today, I'll be asking you questions on three main topics:

1. Your organization's CBO affiliate membership – the numbers, location
2. The type of data routinely collected from CBO affiliate members
3. Requirements to introduce EmPOWERED to Serve and the data collection process

Our interview today will take 1 hour. With your permission, I'd like to record our discussion. This recording will only be available to researchers working on this project. All information you provide will be anonymous; we will not identify you by name in any summaries or reports that we produce. All questions are voluntary. Do I have your permission to record this interview?

Do you have any questions before we get started?

START RECORDING. So that I have it on the recording, today is [DATE] and the time is [TIME]. This interview is with [RESPONDENT NAME].

National CBO Membership (10 min)

The goal of these next few questions is to gain a better understanding of [INSERT NATIONAL CBO NAME], its membership, and areas of service or interest.

1. Please tell us a little about your CBO. What is the CBOs core mission?
 - a. Who are the primary populations served by CBOs in your membership?
 - b. What are the core services provided by your CBO?

2. How many affiliate members does the CBO include? Please describe the geographic reach of your CBO.
3. Has your CBO previously or currently focused on blood pressure monitoring or hypertension education and control services?
 - a. [if yes] Tell me about past efforts at your CBO focused on blood pressure monitoring or hypertension education and control services.

Data Collection from CBO Affiliates (10 min)

In this next set of questions, we would like to focus on the processes and routines in place to collect data from the national CBO affiliate members.

4. Please describe in general terms the type of datapoints, or “metrics,” that your national CBO collects from its affiliate members. This could be things like number of community members served, number of services offered, etc.
 - a. How often are these metrics collected?
 - b. How do affiliate members report these metrics?
 - i. [OPTIONAL PROBE] Is there a standard form, online platform or tool, or something else?
 - ii. Who is responsible for collecting these metrics at the affiliate level?
 - iii. Who is responsible for receiving these metrics at the national CBO level?
 - iv. Who is responsible for ensuring the integrity of the data (for example, data cleaning and validation)?
 - c. Does your CBO track when CBO affiliates recommend that community members seek care or assistance from a community health center?
 - i. [If yes] How are these recommendations tracked?

SDOH Platforms (11 min)

5. The NHCI is interested in collecting data from each CBO affiliate using platforms called Unite Us and Aunt Bertha. Are you using either or both of these two platforms?
[PROVIDE DEFINITION OF BOTH PLATFORMS IF NECESSARY]

[IF YES TO ONE OR BOTH]

- a. Are all affiliate programs required to use the platforms?
- b. How often are the CBO affiliate programs required to update information submitted using these platforms? [SOLICIT RESPONSES ABOUT ALL PLATFORMS USED]
- c. Does the national CBO provide technical assistance on entering data correctly for CBO affiliates?
- d. What are some of the challenges that the national and affiliate program face in using these platforms?
- e. What do you find useful or valuable about using these platforms?

[IF NO TO BOTH]

- a. Has your CBO considered using either of these platforms in the past? If so, what were the reasons for not adopting the platforms?

- b. What are some of the challenges you foresee for your national and affiliate CBOs?
- c. What are some of the benefits you foresee for your national and affiliate CBOs?

EmPOWERED to Serve (11 min)

In this section, we would like to discuss [INSERT NATIONAL CBO NAME] experience with and capacity for introducing the EmPOWERED to Serve curriculum.

- 6. Is your CBO familiar with the ETS curriculum?

[IF YES]

- a. Is it currently being implemented in any of your affiliate programs?
- b. How does each affiliate track participant participation and progress through the curriculum's modules?
- c. What have been some challenges your CBO has encountered with implementing ETS curriculum?
 - a. How have you sought to overcome those challenges?
 - b. What type of support from AHA would help you overcome those challenges?
 - c. What type of training and technical assistance would help you overcome those challenges?
 - d. Which staff members at affiliate sites would you recommend receive training and technical assistance regarding the ETS curriculum?
- d. Does your CBO consistently collect participation and progress metrics?
 - a. [If yes] What types of metrics are collected? How are they reported?
 - b. [if no] Why not?
 - c. What have been some challenges you've encountered with collecting participation and progress metrics?
 - i. How have you sought to overcome those challenges?
- e. ETS was developed as a multicultural resource by AHA in close collaboration with community members. To what extent do you feel the materials are applicable and culturally relevant to the populations you work with?
 - a. What are some ways the information / content could be more culturally relevant to the populations you work with?
 - b. What are some ways the program delivery (e.g., online vs. in-person, reading level) could be more culturally relevant to the populations you work with?
 - c. How do you think this level of cultural relevance impacts the likelihood of community members learning and applying information about blood pressure management?
- f. Have your staff or affiliates provided any other feedback regarding the use of ETS?
- g. If a different CBO was planning to implement the ETS curriculum at their site for the very first time, what advice would you give them?

[IF NO]

The AHA would like to introduce the ETS curriculum to your affiliate CBOs. We would also like the affiliate CBOs to track participation and progress.

- h. If AHA included ETS as part of its National Hypertension Control Initiative, what are some of the challenges you foresee in implementing the curriculum among your national and affiliate CBOs?
 - a. What type of support from AHA could help you overcome those challenges?
 - b. What type of training and technical assistance would be required to overcome those challenges?
 - c. Which staff members at affiliate sites would you recommend receive training and technical assistance regarding the ETS curriculum?

Remote Patient Monitoring (11 min)

In this section, we will ask about another NHCI activity your organization may be involved in – remote patient monitoring through a company called Canary Telehealth.

- 7. Is your organization currently or planning to partner with Canary Telehealth to conduct remote patient blood pressure monitoring with some of your community members?

[IF YES]

- a. Is it currently being implemented in your organization or affiliate sites?
- b. How does each site track participant participation and progress in the program?
- c. What have been some challenges your CBO has encountered with implementing remote patient monitoring?
 - a. How have you sought to overcome those challenges?
 - b. What type of support from AHA would help you overcome those challenges?
 - c. What type of training and technical assistance would help you overcome those challenges?
 - d. Which staff members at affiliate sites would you recommend receive training and technical assistance regarding remote patient monitoring?
- d. Does your CBO consistently collect participation and progress metrics related to remote patient monitoring?
 - a. [If yes] What types of metrics are collected? How are they reported?
 - b. [if no] Why not?
 - c. What have been some challenges you've encountered with collecting participation and progress metrics?
 - i. How have you sought to overcome those challenges?

[IF NO, skip to closing]

Closing (2 min)

Those are all of the questions that I have for you today. Is there anything we haven't discussed that you'd like to mention?

Regarding next steps, we will compile what we have heard from the interviews and share our findings with the project's leadership team.

Thanks again for speaking with us today.