In-Depth Assessment – Evaluability Assessment Recipient Interview Guide – Community Clinical Links – WISEWOMAN

Evaluability Assessment
Recipient Interview Guide

Date of Interview		
Interviewer		
Notetaker		
Organization Name		
Organization Type		
State		
Organization City		**Zip Code**
Cooperative Agreement	☐ WISEWOMAN	
Strategy	Strategy 3: Link Community Resources and Clinical Services	
Interviewee Name(s)		
Interviewee Name(s)		

Introduction

Thank you for taking the time to participate in this interview. My name is <insert name> and I am with the Deloitte evaluation team. Our team is working with the CDC Division for Heart Disease and Stroke Prevention to evaluate the Well-Integrated Screening and Evaluation of WOMen Across the Nation (WISEWOMAN) program. As part of the CDC-led evaluation, we are conducting evaluability assessment interviews to provide detailed insight into how recipients are prioritizing populations of focus impacted by the high prevalence of cardiovascular disease through Strategy 3: Link Community Resources and Clinical Services. We hope to learn about the function, structure, goals, and activities of your program in today's discussion. Additionally, the evaluability assessment will be used to identify recipients with promising approaches, who will be invited to participate in an exploratory assessment during PY4.

Our team has drafted a logic model based on program materials that your team shared with us prior to this interview. We may refer to the draft logic model throughout the interview to facilitate discussion on program goals, activities, desired outcomes, and contextual factors.

This interview is expected to take no longer than 90 min. Please answer questions based on your own knowledge and experience. Remember, you are the expert and that there are no right or wrong answers. If at any time during the interview you are not clear about what we are asking, be sure to let me know. Your participation in this interview is completely voluntary. You may choose not to respond to questions at any time and it will not in any way impact the funding or technical assistance your organizations receive from CDC.

Steps will be taken to protect your privacy; no information that identifies you will be shared with anyone except our project staff. All information will be kept secure and any personally identifiable information will be removed when results are aggregated for analysis.

Do you consent to this interview?
        ☐ Yes

☐ No

With your permission, we would like to record this interview for transcription purposes.
Do we have your permission to record?
      ☐ Yes
      ☐ No

Do you have any questions or concerns before we start the discussion?

Background

Thank you again for participating in this interview. For reference, today's interview we will be talking about Strategy 3, which is defined as:

> *Link community resources and clinical services that support comprehensive bidirectional referral and follow-up systems aimed at mitigating social support barriers and supporting participation in and completion of lifestyle change programs for participants at risk of and with CVD.*

We will discuss the following sub-strategies under Strategy 3:

[*Interviewer Note:* Only describe the relevant sub-strategies for which the recipient organization has self-nominated.]

> *3A: Identify, enhance, or build systems that facilitate provider and community bidirectional referrals to support medical follow-up, healthy behavior support services (HBSS), and social services and support.*
>
> *3B: Collaborate with community groups who represent and serve the priority population, provide evidence-informed HBSS, and refer participants to those HBSS.*
>
> *3C: Use evidence-based and evidence-informed strategies to ensure participants are actively engaged in HBSS.*
>
> *3D: Refer participants to appropriate social services and support; track and monitor use.*

First, we would like to learn a little about you and your organization.

[*Interviewer Note*: Use the following question to confirm information learned from the nomination form and document review about interviewee's organization.]

1. From the <nomination form, APR, work plan, EPMP, etc.>, we learned that your organization offers <programs and services> for <population >. Is this correct? Is there anything else you would like to add or clarify?
   Probes:
   • What types of services/programs related to WISEWOMAN, does your organization offer to support individuals who have or at high risk for high blood pressure?
   • How long has your organization been <offering these services, implementing these programs, providing this support>?
   • Can you describe to me the different populations (i.e., race, ethnicity, socioeconomic status, age, etc.) that your organization typically serves or focuses on?

2. What is/are your role(s) and what are your specific responsibilities related to WISEWOMAN?
   Probes:
   - How long have you been working with <organization name>?
   - How long have you been in this role?
   - Can you tell me about your role in relation to supporting <the implementation of community and clinical linkages>?

Program Implementation
[*Interviewer Note:* Ask about each nominated strategy for the Program Implementation questions.]

Next, we would like to discuss your organization's approach to Strategy 3: Link Community Resources and Clinical Services. We're interested in learning more about the program goals, key activities, implementation strategy, and intended program reach.

[*Interviewer Note*: Use the following question to understand the implementation of the nominated sub-strategy/sub-strategies. Confirm what we've learned from the document review and nomination form. Tailor the language based on how recipient refers to their program and activities rather than using NOFO specific language]

3. According to the <organization's program materials, recipient-led evaluation deliverables, nomination form>, your program approach related to community-clinical linkages (CCL) is <description of program. > Can you tell us more about the key activities and core components of <program name>? things like the types of interventions being implemented, how it is implemented, and in what settings.
   Probes:
   - 3A: How does your work enhance bi-directional referrals to clinical services, social services and support, and HBSS?
     o What activities strengthen and facilitate community and provider bi-directional referrals?
     o What types of services and programs have bi-directional referrals been established with?
     o What types of services and programs are missing from these bi-directional referral networks, if any?
       ▪ Do you have plans to expand to other services and programs?
     o Where are HBSS implemented? What is the mode of delivery (i.e., online, in person, hybrid)?
   - 3B: How does the <program> work to expand the role of community groups in HBSS?
     o What types of community groups are involved?
     o How are community groups identified and partnered with?
     o What community groups are missing from these networks, if any?
     o How do community groups work with patients to address clinical and social needs?
   - 3C: How does your <program> support the use of evidence-based and evidence-informed strategies to strengthen patient engagement in HBSS?
     o Tell us more about the evidence-based practices or evidence-informed strategies you and your partners use. How do these practices or strategies work in practice to keep participants engaged in HBSS and complete HBSS?

- 3D: How does your <program approach> enhance patient referrals to social services and support needs? How are referrals tracked and monitored?
    - o Describe the patient identification and referral process.
    - o How is referral and utilization information tracked? How is this data used?

[*Interviewer Note*: Ask the following questions if the recipient stated in the nomination form that they are working on cardiac rehab or hypertension among pregnant or postpartum people.]

4. According to the < nomination form>, we learned that you are implementing <cardiac rehab and/or activities related to hypertension in pregnant or postpartum people.> Can you tell us more about these activities?
    Probes:
    - [If applicable based on recipient response in the nomination form] Tell me more about your cardiac rehab programming. What types of activities are implemented?
    - [If applicable based on recipient response in the nomination form] What types of intervention activities prioritize or focus on pregnant or postpartum people? How do you tailor your activities for pregnancy and postpartum period?

5. What partnerships are in place to support <CCL strategy/sub-strategy implementation>?
    Probes:
    - What types of organizations are you partnering with and in what ways do they implement the program or support implementation of <CCL>?
    - Tell me more about how you collaborate with your partners.
    - How do you support your partners in the implementation of their <CCL activities>?
    - What has worked well and what hasn't worked as well with your partnerships?

6. What are the goals of the <program name related to strategy> and how will the <program> achieve these goals?
    Probe:
    - What do you hope to achieve by linking community resources and clinical services?

7. What is the <program's> population of focus? What demographics, patient characteristics, or geographies are you prioritizing?
    Probes:
    - How did you identify your population of focus? What data and methods do you use?
    - What tools and resources have you used to understand or identify the health disparities in your population of focus?
    - What barriers do the population of focus face in terms of management and treatment of CVD? How do SDOH factors affect their CVD risk?

8. How does your program focus on <name of priority population>? Please describe how program activities are tailored to the needs of your population.
    Probes:
    - How do SDOH affect patient engagement with HBSS and social support services? How does this inform your program approach?
    - What challenges has your program experienced with referrals to social and support services among <name of population of focus>?
        - o How do you and your partners plan to address these barriers?
    - What approaches have worked best for recruitment, enrollment, and retention in HBSS for <name of population of focus>?

Now that we've learned more about your program approach from its goals and operations, we would like to learn more about the extent of program implementation, successes and challenges with implementation, and factors that may support or hinder activities.

9. Tell us more about your progress related to <name of program> and <CCL activities>?
   Probe:
   - Tell us more about milestones and other achievements.
   - What are some areas where you did not make as much progress as anticipated?

10. What are your future implementation plans?
   Probes:
   - How will your partnerships change or grow in the next few years?
   - Please describe what you hope to accomplish by Year 4 (September 2026 – September 2027).

11. Can you tell us about the contextual factors that support or hinder activities related to <linking community resources and clinical services>?
   Probes:
   - Describe external factors such as complementing or competing initiatives, additional funding sources, partnerships and collaborations, state policies, political/economic climate.
   - Describe internal factors such as organizational policies, leadership buy-in, internal capacity, organizational culture.

12. What would you say are the strengths of your <program>?
   Probe:
   - What factors positively affect <CCL strategy/sub-strategy implementation> or helped the <program> be successful?

13. What challenges have you experienced with <CCL strategy/sub-strategy implementation>?
   Probes:
   - How are these challenges addressed?
   - What additional support, resources, or TA do you need?

14. What have been some key lessons learned from your experience with <CCL strategy/sub-strategy implementation>?

[*Interviewer Note*: Only ask the next set of questions if the recipient organization participates in more than one NOFO. Otherwise, move on to the Program Evaluation section.]

Next, we're interested in learning more about your organization's involvement in other DHDSP cooperative agreement programs or how your organization may coordinate with other recipient organizations.

15. What other DHDSP cooperative agreements do you receive funding from? For example, The National CVH Program and The Innovative CVH Program.

16. Do you coordinate with other recipient organizations that receive funding from DHDSP cooperative agreements?

17. How are you coordinating across <NOFO names(s)> to maximize resources and avoid duplication of effort?
   Probes:

- How does your organization leverage funding across NOFOs?
- How does your organization leverage partnerships across NOFOs?
- How has your organization coordinated resources for shared impact across NOFOs?

18. What are the advantages of participating in and/or coordinating with multiple NOFOs?

19. What are the challenges with participating in and/or coordinating with multiple NOFOs?

Program Evaluation
[*Interviewer Note:* Ask about each nominated sub-strategy for the Program Implementation questions.]

We would like to understand to what extent the CCL activities have been or are currently being evaluated. We are also interested in learning about your organization's capacity to evaluate <program activities>.

1. Who is primarily responsible for tracking and reporting data related to <CCL implementation> for the WISEWOMAN program?

    Probes:
    - What is your role in data collection and monitoring and evaluation efforts?
    - Are other members or organizations involved in data collection? Describe their roles and responsibilities.

2. What data are collected to help monitor <program activities> and evaluate its success?

    Probes:
    - What types of metrics or indicators do you use to measure progress and monitor implementation?
        o [If the interviewee only mentions PMs] What about metrics other than the NOFO performance measures?
        o [If the interviewee only mentions MDEs] What about metrics other than the MDEs?
    - How is success measured?
    - What outcomes do you track? What outcomes do you expect to have by Y4?
        o [If the interviewee only mentions PMs] What about outcomes beyond the NOFO performance measures?
        o [If the interviewee only mentions MDEs] What about outcomes beyond MDEs?

3. How does <name of recipient organization> collect the data needed for monitoring and evaluation of <CCL>?
    Probes:
    - What data collection tools or instruments are used to track data (paper, electronic)?
        o Request to see and get copies of data, data collection tools, or evaluation reports.
    - Describe the process used to collect these data.
    - Describe how you use these data.
    - Do you collect data at specified points over time (*time series*)? What length of time? How frequently?

4. How is health equity incorporated in your evaluation plan?
    Probes:
    - What SDOH data do you collect?

- How are health disparities measured and defined?
- What sort of methods or tools are used to measure health equity outcomes?

5. What, if any, barriers have you encountered with data collection or monitoring and evaluation activities?
   Probes:
   - What challenges, if any, are there with collecting SDOH data?
   - What barriers, if any, do you anticipate in data collection or reporting related to outcome or impact?
   - What specific strategies have been used or will you use to overcome these barriers?
   - What additional support or TA do you need?
   - What have been some lessons learned from your experience with data collection and evaluation related to <CCL> implementation for WISEWOMAN?

6. What have you learned so far about your <CCL activities> from your monitoring and evaluation efforts?
   Probes:
   - What findings can you share about implementation progress?
   - What outcomes can you report at this point?
   - How are data used to make improvements?

7. What is the timeline for the next phase of evaluation?
   Probes:
   - What are key events for data collection and evaluation?
   - Are there anticipated barriers for the next phase?

8. Do you provide evaluation results related to <CCL strategy/sub-strategy> to external audiences such as funders, partners, decision makers, constituents, or others?
   Probes:
   - What types of findings do you share? How do you share your findings?
   - Do they use any of the information you provide? In what sorts of ways?

9. If <name of recipient> is selected to participate in an exploratory assessment of your program, to what extent would your site have the capacity to contribute to detailed data collection on outcomes and/or cost?

   Probes:
   - What kind of assistance do you think you would need?
   - Are there any other important considerations we should know about your readiness/capacity to participate in an evaluation?

Closing

Lastly, what questions do you have for me? Is there anything else you'd like to share?

Thank you again for participating. This concludes our discussion about CCL implementations. If you have any additional questions, please feel free to contact the Comprehensive Evaluation Team, hdsp_nofo_eval@cdc.gov.