# In-Depth Assessment – Evaluability Assessment Partner Interview Guide – Community Clinical Links – The National Cardiovascular Health Program & The Innovative Cardiovascular Health Program

# Evaluability Assessment
# Partner Interview Guide

| Date of Interview | | |
|---|---|---|
| Interviewer | | |
| Notetaker | | |
| Organization Name | | |
| Organization Type | | |
| State | | |
| Organization City | Zip Code | |
| Cooperative Agreement | ☐ The National CVH Program ☐ The Innovative CVH Program | |
| Strategy | Strategy 3: Link Community Resources and Clinical Services | |
| Interviewee Name(s) | | |
| Interviewee Role(s) or Title(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 <insert Cooperative Agreement>. As part of the CDC-led evaluation, we are conducting evaluability assessment interviews to provide detailed insight into how recipients and their partners 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 and partners 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 minutes. 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 bidirectional referrals, self-management, and lifestyle change to address social determinants that put the priority populations at increased risk for CVD with a focus on hypertension and high cholesterol. (The National CVH Program)*

> *Link community resources and clinical services that support comprehensive bidirectional referrals and follow-up systems aimed at mitigating social services and support barriers for optimal health outcomes within approved populations of focus. (The Innovative CVH Program)*

*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:** *Create and enhance community-clinical links to identify SDOH (e.g., inferior housing, lack of transportation, inadequate access to care, and limited community resources) and respond to the social services and support needs*
> - *of populations at highest risk of CVD with a focus on hypertension and high cholesterol The National CVH Program)*
> - *within approved populations of focus (The Innovative CVH Program)*

> **3B:** *Identify and deploy dedicated CHWs (or their equivalents) to provide a continuum of care and services which extend the benefits of clinical interventions and address social services and support needs leading to optimal health outcomes*
> - *within approved populations of focus (The Innovative CVH Program)*

> **3C:** *Promote use of self-measured blood pressure monitoring (SMBP) with clinical support within populations at highest risk of hypertension The National CVH Program)*
> - *within approved populations of focus (The Innovative CVH Program)*

*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 <implementation of community and clinical linkages, community health worker programs, and self-monitored blood pressure monitoring program>, does your organization offer to support individuals who have or at high risk for high blood pressure or high cholesterol?
    - How long has your organization been offering these services or implementing these programs?
    - Can you describe to me the different populations (i.e., race, ethnicity, socioeconomic status, age, genders, geography, <census tracts for Innovative CVH Program>) that your organization typically serves?

[*Interviewer Note*: Use the following question to understand the interviewee's role related to the nominated strategy/sub-strategies.]

2.  What is your role and what are your specific responsibilities related to <name of NOFO>?
    **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, community health worker programs, and self-monitored blood pressure monitoring programs>?

**Program Implementation**

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

*Next, we would like to discuss how your organization works with <name of recipient> to 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 strategy/sub-strategies. Confirm what we've learned from the document review and nomination form. Tailor the language based on how partner 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>? Describe things like the types of interventions being implemented, how it is implemented, and in what settings.
    **Probes:**
    - Where is the intervention implemented?
    - 3A: How is your program working to enhance community-clinical links to respond to social services and support needs?
        - What activities strengthen and facilitate these linkages?
        - With what types of services and programs have linkages been established?

- o What types of services and programs are missing from these linkages, if any?
  - Do you have plans to expand to other services and programs?
  - o What is the patient identification and referral process?
- 3B: How are community health workers (CHWs) engaged in the care and management of patients with hypertension and high cholesterol?
  - o How are CHWs recruited, trained, and then deployed in patient care?
  - o How do they work with patients to address clinical and social needs?
- 3C: How does your program work to expand the use of self-measured blood pressure monitoring (SMBP)?
  - o What activities are you or your partners implementing to expand patient identification and referral to SMBP?
  - o How are SMBP data used?

4. Now, that we understand more about <program name >, please describe the team that supports <CCL, CHW, SMBP> activities.
   **Probes:**
   - 3A: How many team members support linkages to community services to support social needs? What are their roles?
   - 3B: What staff is involved with CHW engagement?
   - 3C: Who identifies and makes referrals to SMBP? Who collects and reviews the SMBP data?

5. What are the goals of the <program> and how will the <program> achieve these goals?
   **Probes:**
   - What do you hope to achieve by linking community resources and clinical services?

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

7. How does <your program> focus on <name of population of focus>? Please describe how program activities are tailored to the needs of your population.
   **Probes:**
   - How do SDOH affect patient engagement with SMBP and program referrals? How does this inform your program approach?
   - What challenges has your program experienced with referrals to social and support programs/services and SMBP?
   - What approaches have worked best for identification, recruitment, enrollment, and retention?
   - What innovations will be implemented to address SDOH through <CCL, CHW, and SMBP>? (The Innovative CVH Program)

8. How do you work with <name of recipient organization> to implement <CCL, CHW, and SMBP activities>?
   **Probes:**
   - In what ways does the <recipient organization> support your work? For example, technical assistance, training opportunities, resources, networking, etc.
   - What are the strengths in the partnership? What are the gaps?

9. Are you familiar with the learning collaborative (LC)?
   - [If yes] Are you involved in the LC? How so and what is your role?

10. [If yes to Q8] What has been the role of the learning collaborative (LC) in program implementation?
    **Probes:**
    - How does the LC support your work?
    - How does the LC influence partnership networking? What about program reach?

11. What other partnerships are in place to support strategy implementation?
    **Probe:**
    - What has worked well and what hasn't worked as well with your partnerships?

*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.*

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

13. What are your future implementation plans? How will you continue your partnership with the <name of recipient organization>, if at all?
    **Probe:**
    - Please describe what you hope to accomplish in the next two years (i.e., by September 2026 – September 2027).

14. Can you tell us about the contextual factors that support or hinder activities related to <CCL, CHW, and SMBP>?
    **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.

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

16. What challenges have you experienced with <CCL strategy/sub-strategy implementation>?
    - How are these challenges addressed?
    - What support do you need to overcome these barriers?

17. What have been some key lessons learned from your experience partnering with <recipient and NOFO names> to implement <CCL, CHW, SMBP activities>?

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

*We would like to understand to what extent the <CCL, CHW, SMBP 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 to <name of recipient> related to <CCL, CHW, and SMBP> implementation for <name of cooperative agreement>?
    **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 do you or your organization collect 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?
    -   How is success measured?
    -   What outcomes do you track? What outcomes do you expect to have by September 2026 – September 2027 (Y4)?
        o   [If the interviewee only mentions PMs] What about outcomes beyond the NOFO performance measures?

[*Interviewer Note:* Only ask remaining questions if partner organization is involved with data collection and evaluation]

3.  How do you collect the data needed for monitoring and reporting of <CCL, CHW, SMBP>?
    **Probes:**
    -   What data collection tools or instruments are used to track data (paper, electronic)?
        o   [If not already provided] Request to see and get copies of data, data collection tools, or evaluation reports.
    -   Describe the process used to collect data.
    -   Describe how you use the data.
    -   Do you collect data at specified points over time (*time series*)? What length of time? How frequently?

4.  What type of data related to health equity are collected and tracked?
    **Probes:**
    -   What SDOH data are collected?
    -   How will health disparities be measured and defined?
    -   What sort of methods or tools are used or will be used to measure health equity outcomes?

5.  What, if any, barriers have you encountered with data collection or monitoring and reporting 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 be used to overcome these barriers?
- What additional support or TA do you need from <name of recipient organization>? What about from the CDC?
- What have been some lessons learned from your experience with data collection and reporting related to <CCL> for <name of cooperative agreement>?

6. What have you learned so far about your program from your monitoring and reporting efforts?
   **Probes:**
   - What findings can you share about implementation progress?
   - What outcomes can you report at this point?
   - How are data being used to make improvements?

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

8. Do you share results with external audiences related to <CCL implementation> 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 implementation. If you have any additional questions, please feel free to contact the Comprehensive Evaluation Team, hdsp_nofo_eval@cdc.gov.*