

## Cost Study – Partner Interview Guide

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## Cost Study Partner Interview Guide

Date of Interview	
Interviewer	
Organization Name	
Organization Type	
State	
Organization City	
Cooperative Agreement(s) (select all that apply)	<input type="checkbox"/> The National CVH Program <input type="checkbox"/> The Innovative CVH Program <input type="checkbox"/> WISEWOMAN
Recipient	
Strategy	
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 a cost study to estimate resources and costs associated with implementing <insert Cooperative Agreement> strategies. We want to understand more about the resources and costs needed to implement the sub-strategies associated with your CDC-funded project.*

*The information collected from this interview will be analyzed together with information gained from interviews with other organizations implementing similar activities. These interviews will provide valuable insights on implementation resource use and cost. We will also use this information to improve the collection of resource use and cost data for the cost study.*

*The interview is expected to take no longer than 1 hour. We will use this time to understand your implementation costs and provide support for completing the Resource Use and Cost Inventory Tool. Your participation in this interview is completely voluntary. 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 to 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?*

## **I. Background**

*Thank you again for participating in this interview. For reference, today's interview we will be talking about <insert Strategy and sub-strategy the partner supports>.*

*I'd like to start with some questions to understand <insert partner organization name> and your role within the organization.*

1. What is/are your role(s) and what are your specific responsibilities related to <insert cooperative agreement strategy and sub-strategy the partner supports>?

**Probes:**

- How familiar are you with the specific activities being implemented <related to the Strategy and sub-strategy the partner supports>)?
- How familiar are you with the resources/costs associated with implementing <the Strategy and sub-strategy the partner supports>)?
- How do you work with the <cooperative agreement recipient> to implement <partner activities related to the cooperative agreement>?

2. From the <recipient documents (i.e., recipient cost tool, budget markup, FFR, APR, work plan, EPMP, etc.)>, we learned that your organization offers <partner programs and services> for <populations of focus>. Is this correct? Is there anything else you would like to add or clarify?

**Probes:**

- What types of services/programs does your organization offer to support individuals who have or are 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, geography, <census tracts for Innovative CVH Program>, <gender for National CVH Program and Innovative CVH Program>) that your organization typically serves or focuses on?

*Next, we are going to ask you questions about the resources used and explore some of the costs associated with program implementation, tailoring implementation, sustainability, and preliminary outcomes.*

## **II. Implementation and Outcomes**

3. What are the main costs and resources needed to implement <partner activities related to the cooperative agreement>?

**Probes:**

- How have implementation costs for <partner activities related to the cooperative agreement> changed over time? How do current costs compare to implementation costs in the past?
- How are implementation costs for <partner activities related to the cooperative agreement> similar or different under <insert recipient and cooperative agreement> compared to similar activities your organization has implemented through other funding mechanisms?

4. What are the main costs and resources associated with data collection and data management of <partner activities related to the cooperative agreement>?

**Probes:**

- What is the value of resources used to collect program and outcome data?
5. What funding sources help support your <partner activities related to the cooperative agreement>?  
**Probes:**
    - Do you receive funding from multiple sources (e.g., CDC funding, state funding, other grants)?
    - What are some of the in-kind contributions that support these activities?
    - In what ways did you distribute the costs for these activities?
  6. When you think about some of the facilitators that support these activities, in what ways are they impacted by cost and resources used?
  7. Which costs or resources were the most helpful to achieving program outcomes?  
**Probes:**
    - In what ways did cost or resource allocation hinder the achievement of outcomes?
  8. For the <partner activities related to the cooperative agreement >, did you make any adaptations to align expenditures with the program budget? If so, can you describe the adaptations made (e.g., changing priorities, role, scope)?
  9. Are there any challenges in estimating the number of participants or patients serviced through the <partner activities related to the cooperative agreement>?

### III. Sustainability

10. Of the resources that your organization has allocated funds towards, which are necessary to support program sustainability?  
**Probes:**
  - Which resources and costs are you reviewing to assess sustainability?
  - Which resources and costs are the most important for identifying the program modifications needed for sustainability?
  - What resource needs or costs hinder sustainability?
11. What, if any, cost savings have occurred as a result of implementing <partner activities related to the cooperative agreement> (e.g., improved efficiencies in workflows or practices that resulted in additional cost savings, participation in value-based payment structures such as shared savings programs, eligibility to apply for additional funding, improved)?

### IV. Tailoring Implementation

*Next, we would like to learn more about how your <partner organization> is tailoring program implementation to achieve outcomes and the relationship to implementation costs.*

12. In what ways are you tailoring <partner activities related to the cooperative agreement> to your population(s) of focus in order to achieve outcomes?
  - What are some of the costs and resources that are important for tailoring activities?
  - How do those costs and resources vary year over year?

### V. Closing

13. What information, guidance, or tools would be helpful to the collection and reporting of resource and cost data?  
**Probes:**
  - What data are the most challenging to collect?
  - What data are most challenging to report outside of your organization?
14. Is there anything else about your resource use or cost that you would like to share?

Those were all the questions we had for you. Is there anything else you'd like to add that we haven't had a chance to discuss?

*Thank you so much for your time. This concludes our interview. If you have any additional questions, please feel free to contact the Comprehensive Evaluation Team, [hdsp\\_nofeval@cdc.gov](mailto:hdsp_nofeval@cdc.gov).*