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

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## Evaluability Assessment Partner Interview Guide

<b>Date of Interview</b>		
<b>Interviewer</b>		
<b>Notetaker</b>		
<b>Organization Name</b>		
<b>Organization Type</b>		
<b>State</b>		<b>Zip Code</b>
<b>Organization City</b>		
<b>Cooperative Agreement</b>	<input type="checkbox"/> WISEWOMAN	
<b>Strategy</b>	Strategy 3: Link Community Resources and Clinical Services	
<b>Interviewee Name(s)</b>		
<b>Interviewee Role(s) or Title(s)</b>		

### 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 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 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 focused on community-clinical linkages.*

*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?
- Can you describe to me the different populations (i.e., race, ethnicity, socioeconomic status, age, etc.) 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 WISEWOMAN?

### **Probes:**

- How long have you been in this role?
- Can you tell me about your role in relation to implementing <community and clinical linkages> within your organization?

## **Program Implementation**

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

*Next, we would like to discuss your organization's approach to address 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 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:**

- 3A: How does your <program> work to enhance bi-directional referrals to clinical services, social services and support, and HBSS?
    - What activities strengthen and facilitate community and provider bi-directional referrals?
    - What types of services and programs have bi-directional referrals been established with?
    - What types of services and programs are missing from bi-directional referral networks, if any?
      - Do you have plans to expand to other services and programs?
    - Where are <partner-specific 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?
    - What types of community groups are involved?
    - How are community groups identified and partnered with?
    - What community groups are missing from these networks, if any?
    - How do community groups work with patients to address clinical and social needs?
  - 3B: [If interviewee represents a community group] What is the role of community groups in HBSS?
    - 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 <partner-specific HBSS>?
    - Tell us more about the evidence-based practices or evidence-informed strategies your program is using. 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?
    - Describe the patient identification and referral process.
    - How is referral and utilization information tracked? How is this data used?
4. Now, that we understand more about <program name >, please describe the team that supports <CCL> activities.

**Probes:**

- 3B: Who is involved with building and managing relationships with community groups? What are their roles?
  - 3D: Who identifies patients and makes referrals to social services and support resources? Who collects and reviews referral and utilization data?
5. What are the goals of the <program> and how will the <program> achieve these goals?
- Probe:**
- 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 barrier does the population of focus face in terms of management and treatment of CVD?
- What tools and resources have you used to understand or identify the differences in health outcomes 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:**

- What challenges has your program experienced with referrals to social and support services and HBSS?
  - How do you and your partners plan to address these barriers?
- What approaches have worked best for recruitment, enrollment, and retention in HBSS?

8. How do you work with <name of recipient organization> to implement <CCL activities>?

**Probes:**

- In what ways does the <recipient organization name> support your work? For example, technical assistance, training opportunities, resources, networking, etc.
- What are the strengths in the partnership? What are the gaps?

9. What other partnerships are in place to support <CCL 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.*

10. 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?

11. 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).
- What are some areas where you did not make as much progress as anticipated?

12. 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.
- Describe internal factors.

13. 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?
14. What challenges have you experienced with <CCL strategy/sub-strategy implementation>?
- Probes:**
- How are these challenges addressed?
  - What support, resources, or TA do you need to overcome these barriers?
15. What have been some key lessons learned from your experience partnering with <name of recipient> for <CCL implementation>?

### **Program Evaluation**

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

*We would like to understand to what extent <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 to <name of recipient> 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 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?
  - [If the interviewee only mentions PMs What about metrics other than the NOFO performance measures?
  - [If the interviewee only mentions MDEs] What about metrics other than the MDE data?
- How is success measured?
- What outcomes do you track? What outcomes do you expect to have by September 2026 – September 2027 (Y4)?
  - [If the interviewee only mentions PMs] What about outcomes beyond the NOFO performance measures?
  - [If the interviewee only mentions MDEs] What about outcomes other than the MDE data?

[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>?

**Probes:**

- What data collection tools or instruments are used to track data (paper, electronic)?
  - [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 the data are used.
  - Do you collect data at specified points over time (*time series*)? What length of time? How frequently?
  -
4. What, if any, barriers have you encountered with data collection or monitoring and reporting activities?
- Probes:**
- 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 the WISEWOMAN program?
5. 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?
6. 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?
7. Do you share results related to <CCL implementation> with 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?
8. 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\\_nofu\\_eval@cdc.gov](mailto:hdsp_nofu_eval@cdc.gov).*

