Attachment 4a. Instrument and Protocol: Key Informant Interview – Project Lead DELTA AHEAD Category A

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Virtual web-based interviews will be conducted with key personnel from each State Domestic Violence Coalition. Public Reporting burden of this collection of information is estimated at 30 minutes, including the time for reviewing the public posting and provide valuable insight into the facilitators and barriers to implementing the instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing state Aritical Plan supporting Arib recipients to implement process, and coordinating exposts and completing and reviewing state Aritical Plan supporting Arib recipients to implement process, and coordinating exposts a evaluation and implementation aritical process. Alternity was will be conducted with generous free exposts and coordinating and source of the process of the pro

INTRODUCTION AND WELCOME

Thank you for meeting with us today. My name is <<insert name>> and on the call is my colleague <<insert name>>, and we are with Centers for Disease Control and Prevention (CDC). We are conducting qualitative interviews with State Domestic Violence Coalition Project Leads who are overseeing DELTA AHEAD initiatives in their state. This will help us understand how DELTA AHEAD program and policy efforts (PPEs) are being implemented to prevent Intimate Partner Violence (IPV).

We plan for this interview to take no longer than 45 minutes. We are interested in hearing your honest and candid responses. Your participation is voluntary, and you may choose not to answer any questions without penalty. You may end the interview at any time. Your participation or recusal will not affect your funding or relationship with the funders.

Information collected from this interview will inform CDC's evaluation of the DELTA AHEAD initiative and help to inform future NOFOs. We will conduct analysis to aggregate findings across participants. The aggregated findings will be shared with DELTA AHEAD recipients and other key partners in IPV violence prevention work. Data contained in the analysis will not link your name, role, or Coalition to any specific responses in any reports developed from this project.

<<p><<Insert name>> will be taking notes during the interview so that we accurately capture your views and experiences. All information we collect from you will be kept secured and the only people who will have access to identifiable information are the CDC team involved in the project. We would also like to audio-record today's interview. The audio-recording will be used to supplement our notes and will not be shared outside our project team. It will be destroyed at the completion of the project.

Do I have your permission to record this interview? [Facilitator should note that every participant has responded]

[IF NO → Thank participant and confirm that the interview will not be recorded.]

[IF YES \rightarrow Thank participant and confirm their verbal consent.]

Do you have any questions for me about our meeting before we begin? [Pause for participant response.]

Please feel free to ask questions at any time during the discussion.

Okay. We are ready to begin, so I will turn on the recorder. <<BEGIN RECORDING>>

Interviewer Notes:

• Tailor the discussion guide based on the interviewee and their role.

SECTION 1: STATE-LEVEL PLANNING, IMPLEMENTATION AND PRIORITIZATION

We'd like to learn about the state-level implementation, partnerships, and outcomes of your state-level work.

- 1. What factors have facilitated development and implementation of the State Action Plan? (Category B Only)
 - **a.** What challenges or barriers have you encountered with the development and implementation of the State Action Plan?
- 2. How does <<SDVC Name>> coordinate activities with organizations working on IPV prevention efforts in your state? (Category B Only)
- 3. What factors have facilitated collaborating with state-level partners? (Category B Only)
 - a. What challenges or barriers have you faced with collaborating with state-level partners?
- 4. What changes, if any, have you observed in state-level partner attitudes toward community and societal level primary prevention?
 - a. What changes, if any, have you observed in state-level partners' understanding of the social determinants of health that impact intimate partner violence?
- 5. What factors have facilitated implementation of the state-level policy effort?
 - a. What challenges or barriers have you seen that are **specific to the state-level** policy effort implementation?
 - b. What lessons have you learned about conducting policy efforts at the state-level?
- 6. To what extent has your state-level policy effort achieved the intended outcomes? (Category A Only)

SECTION 2: COMMUNITY-LEVEL PLANNING AND PRIORITIZATION

We'd like to learn about the community-level implementation, partnerships, and outcomes of your community-level work.

- 7. What factors have facilitated development and implementation of the Community Action Plan?
 - **a.** What challenges or barriers have you encountered with the development and implementation of the Community Action Plan?

- 8. How does <<SDVC Name>> support Coordinated Community Response Teams (CCRTs) CCRTs to coordinate activities with community-level organizations working on IPV prevention efforts? (Category B)
- 9. What factors have facilitated collaborating with community-level partners? (Category B)
 - a. What challenges or barriers have you faced with collaborating with community-level partners?
- 10. What changes, if any, have you observed in your community-level partners' attitudes toward community and societal level primary prevention?
 - **a.** What changes, if any, have you observed in community-level partners' understanding of the social determinants of health that impact intimate partner violence?
- 11. What factors have facilitated implementation of the PPEs at the community-level?
 - **a.** What challenges or barriers have you seen that are **specific to the community-level** PPE implementation?
 - **b.** How, if at all, do the PPEs complement each other?
 - c. What lessons have you learned about conducting policy efforts at the community-level?
- 12. To what extent are the PPEs achieving the intended community-level outcomes? (Category A)

SECTION 3: PARTNERSHIPS, NETWORKING AND DISSEMINATION

We are interested in learning how you share information with your state and community-level partners.

- 13. What lessons have you learned about collaboration and choosing partners strategically? (Category B)
- 14. How, if at all, have you increased knowledge about IPV prevention among your partners? (Category B)
- 15. How do you sustain strong collaboration and partnerships over the project period and beyond? (Category B)
- 16. How does <<SDVC Name>> share information on community and societal primary prevention (CSPP) with state-level partners? (Category A)
 - a. How does <<SDVC Name>> share information about CSPP with community-level partners?
 - b. How do you share the lessons you have learned about conducting CSPP with partners?

SECTION 4: CAPACITY BUILDING

We'd like to learn about any changes in the capacity to conduct the work.

- 17. Since March 2023, what changes have you noticed in your coalition's capacity to implement community and societal level primary prevention efforts? (Category B)
 - **a.** What changes have you seen in the Coordinated Community Response Teams' capacity to implement CSPP at the **community level**?
- 18. What changes have you noticed in your coalition's knowledge of and ability to address the social determinants of health that impact violence? (Category B)

- b. What changes have you seen in the Coordinated Community Response Teams' knowledge of and ability to address the social determinants of health that impact violence?
- 19. What capacity challenges is your coalition experiencing?
 - c. How are you addressing or dealing with these challenges?
 - d. What kind of support or technical assistance has been helpful?

SECTION 5: Assuring Optimal Health for All

We'd like to learn a bit about how your work assures optimal health for all, especially among those with the greatest risk for violence.

- 20. What challenges have you faced with assuring that everyone has the highest level of health in implementing DELTA AHEAD activities?
 - **a.** How have you, or how do you plan to, overcome these challenges?
- 21. What lessons learned about addressing community conditions that can influence or increase the risk for impact intimate partner violence would you share with unfunded states? (Category A)

CLOSING AND THANK YOU

22. What lessons learned about increasing the use of CSPP would you share with unfunded states?

Before we conclude our discussion, is there anything that we have not discussed that you think would be important for us to know?

Do you have any questions for me? [Address any questions]

Thank you again for taking the time to speak with me. We sincerely appreciate and value your input