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Interview Guide

## Tribal Health Care Providers (HCPs) and Tribal Leaders

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| --- | --- |
| **Date** | January 9, 2024 |

# Welcome

The goal of this interview is to learn from you about what you think of the Centers for Disease Control and Prevention (CDC)’s current concussion and mild Traumatic Brain Injury (TBI) medical discharge instructions and how you use them with your adult patients. This information will help us develop appropriate concussion discharge instructions for Alaska Natives and American Indians, Native people, and Tribal members. This project is being conducted for the CDC.

Welcome to our discussion and thank you for taking the time to participate today. My name is [NAME], I will be leading this virtual interview today. I also have [NAME] joining me today to assist with technology and note-taking. We are conducting a series of conversations to learn what Tribal Health Care Providers know about concussions as well as your opinion and usage of the current concussion and Traumatic Brain Injury discharge instructions.

We encourage you to speak openly and honestly today. This will be a discussion. There are no right or wrong answers. Your opinion is very important to us. We want to hear your responses, thoughts, feelings, opinions, comments, and questions.

Do you have any questions?

[NAME] will be taking notes on information from our discussion and we will be recording the conversation. Only staff at Banyan will have access to the recording. But we will not start recording until after you’ve introduced yourself, and we will edit out any identifying information from the recording and transcript (for example, if I say your name later during our discussion). We will also be writing a report about what we learned from all of our discussions, but that report will focus on the big picture and what we learned from everyone we interview. We will not include your name or any other identifying information in any reports.

[NAME] will be helping us with technology today. If at any point you are having trouble seeing or hearing, please send a chat message to alert us to your technical difficulties. To access the chat function, click on the chat icon in the toolbar on the video screen. We would prefer for you to respond to my questions verbally and contribute to the discussion out loud, so please limit the chat use for technical issues.

The interview will last no more than 1 hour. This interview is completely voluntary, so you may choose to skip any question you’d rather not answer, and you can also leave the discussion at any time with no consequence.

Do you have any questions at this time? [ANSWER QUESTIONS]

# Ground Rules

[Display slide with ground rules on screen]

To help this session go smoothly, here are some ground rules for our discussion:

* Please speak clearly and loud enough for us to hear you.
* There are no right or wrong answers.
* What’s said in the virtual room stays private. We will take great care to respect and maintain your privacy.
* Please put away or silence any distractions like phones, tablets, or TVs for our discussion, and mute yourself when you are not speaking by clicking on the microphone icon on your screen.

# Introductions

Before we get started, we’d like you to introduce yourself. Could you share:

* The name you would like us to call you today and what pronouns you would like us to use.
* What Tribe, Tribal group, or community you are affiliated with or identify with, if applicable.
* How many Tribes you serve.
* Your medical, clinical, or professional title (Nurse, Counselor, etc.)

[BEGIN RECORDING]

# Current Discharge Instructions

Banyan Communications, on behalf of the Centers for Disease Control and Prevention (CDC), is seeking feedback on mild traumatic brain injury (TBI)/concussion emergency department discharge instructions for adult American Indian and Alaska Native (AI/AN) patients. These discharge instructions contain critical information about what to expect after a mild TBI/concussion, a listing of danger signs that would prompt a return to the emergency department, and a description of return to activity steps. You have been asked to review these discharge instructions and provide feedback based on your perspective and experience as a Tribal Health Care Provider.

We are now going to ask you to read the Mild Traumatic Brain Injury and Concussion Discharge Instructions if you have not already. If you have reviewed them already, please review them again. I will pause for about 3 minutes to give you time to review the discharge instructions in silence.

[MUTE PARTICIPANT FOR 3 MINUTES. PULL UP DISCHARGE INSTRUCTIONS ON SCREEN]

Do you need more time to review the discharge instructions? [REPEAT PROCESS ABOVE IF PARTICIPANT ANSWERS YES]

I’m now going to ask you a series of questions about the information you just read.

## First Impressions

1. Overall, what do you see as the main purpose of the discharge instructions, in your own words?
2. What were your first reactions to the discharge instructions when you reviewed them?
	1. *Probe*: What thoughts did you have about the look of the discharge instructions?
	2. *Probe:* Did the resources seem like something developed with AI/AN patients in mind?
3. How do you advise your patients (or tribal community) for recovery and care from TBI/concussion?
	1. Do these practices differ from the discharge instructions? If so, how and why?
4. Have you used, prescribed, or shared the existing discharge instructions with patients, providers, or colleagues in the past?
	1. *Probe:* If so, how recently? And under what context?
	2. *Probe:* If not, when presented with the opportunity to do so, what knowledge, resources, or instructions did you share instead? Why or why not?
5. Do you think the patients with whom you work (or tribal community you serve) would consider reviewing the discharge instructions with a spouse, partner, or loved one? How easy do you think it would be for patients and their loved ones to review together?
6. What did you think of the images and visuals of the people used?

## Clarity and Applicability

1. In reviewing the discharge instructions, was there anything in it you found confusing, unclear, or hard to understand?
2. What challenges, if any, do you think adult AI/AN patients might have while reviewing or following the discharge instructions?
3. What thoughts do you have about how the information is organized? (This might include the organization of written text, colors used, style of the different text boxes, or anything else you would change to make it easier to read or use.)
4. Do you feel these discharge instructions are missing any key information you think would be important to include?
5. How motivating do you find this information? How might the information be presented in a more motivating way?
	1. *Probe:* Which actions described in the discharge instructions sound doable to you? Why?
	2. *Probe:* Which actions described in the discharge instructions sound less doable to you? Why? What would make them easier?
6. As a provider (or tribal leader), if you were to give these discharge instructions to a patient, what format do you think they would prefer: the written instructions, video recording of the discharge instructions, or both? What format would *you* prefer to disseminate?
	1. *Probe:* Why did you choose that particular format? What made you prefer it over the other?

## Using & Sharing Discharge Instructions

Now we’d like to ask about how you, as a Tribal Health Care Provider, might use CDC’s discharge instructions.

1. When serving patients from AI/AN communities, how do they typically engage you? (e.g., via virtual/telehealth appointment, walk-in, phone call, etc.)
2. How often do AI/AN patients engage you or your clinic in follow up appointments?
	1. *Probe:* Do patients typically follow up in a particular way? (e.g., phone call, email, walk-in, etc.)
3. If you were a patient with a mild traumatic brain injury or concussion would you review these discharge instructions with family or friends? Why or why not?
	1. *Probe:* How would you share these instructions? Would you prefer to share the written instructions, a video of the discharge instructions, or both together?
4. Do you think other Tribal Health Care Providers would use these instructions? Why or why not?
5. Which sections of the discharge instructions do you think other Tribal Health Care Providers would be most or least likely to use? Why?
6. What would make other Tribal Health Care Providers more likely to use these discharge instructions?
	1. *Probe:* For example, would Tribal Health Care Providers be more likely to use these discharge instructions if an individual (such as a physician or another healthcare provider) or trusted organization gave them out?
7. In your opinion, which individuals or organizations would you trust with disseminating these materials to Tribal Health Care Providers?
8. Do you think Tribal Health Care Providers would be more likely to use these discharge instructions if they were available online or on an app on their phone?
	1. *Probe:* What other ways would you like to disseminate these discharge instructions to your patients?
9. Overall, what do you think about the idea of having mild TBI/concussion discharge instructions created just for AI/AN patients and Tribal communities?
10. Do you have any last comments or thoughts about the mild TBI/concussion adult discharge instructions?

## Closing thoughts

If you could share one piece of feedback on these materials with CDC, what would it be?

# Conclusion

Thank you for reviewing CDC’s Mild Traumatic Brain Injury and Concussion Discharge Instructions and providing your thoughtful feedback. The information you have shared will be used to improve the resources to enhance their relevance for AI/AN adult patients with mild TBI/concussion. You should be receiving your incentive of $50 shortly.