

Interviewee: _____

Date/Time: _____

I. Introduction

Hello, my name is [Dee Le Beau] and I am calling from the Great Plains Tribal Chairmen's Health Board here in Rapid City about the CHR data survey. I am trying to reach <Name-_____. Is <Name _____ there?

IF SO, THEN CONTINUE BELOW.

IF NOT, THEN ASK...

When would be a good time to call back?

Recently, we mailed you a list of topics in advance to give you an idea of what the interview is about. Have you received the information packet in the mail?

IF YES, THEN BEGIN INTERVIEW (below).

IF NO, THEN ASK...

Is it OK if we could still go ahead and conduct the interview now? As you recall, the interview may require up to 45 minutes of your time. Shall we go ahead and get started?

IF YES, THEN BEGIN INTERVIEW (below). (consider verifying that they want check mailed to same address you already have)

IF NO, THEN ASK...

May I call you back at another time?

IF YES, THEN ASK...

What would be a good time to call you? _____

When do you think you would be able to talk without interruption? Is there another telephone number where you would like me to call you?

Thank you Mr./Ms. <Surname of Interviewee>. I will call again on the <date> at <time> and look forward to talking with you then.

IF NO, THEN THANK INTERVIEWEE FOR HIS OR HER TIME AND END HERE.

II. Interview

You have been identified as the director of the CHR Program or designated by the Tribal Health Director to help us answer some questions about your tribe's CHR Program. The information that you and other CHR directors give us will be used to help the Great Plains Tribal Chairmen's Health Board develop a plan that may lead to increased funding of health services under a proposed South Dakota Medicaid expansion plan. During the interview, we will cover several topic areas relating to your program. These include: (1) Your role; (2) administration and funding; (3) services; (4) CHR qualifications; (5) recruitment/ retention; (6) cultural competence; (7) training and support; (8) performance/evaluation; and (9) sustainability of the program. Before we begin, I want you to know that the information you provide will be kept strictly confidential. We are interested in developing a statewide profile of CHR programs across the state. Therefore, what you tell us will be combined and presented with the information provided by all other CHR Programs from tribes in South Dakota. Do you have any questions at this point?

Again, we estimate this interview could take up to 45 minutes of your time. Shall we get started...?

A. Role

1. What is your current position title?
 CHR Director
 Tribal Health Director
 Other (specify): _____
2. How long have you been in that position? _____
3. Do you work in a supervisory capacity with the CHRs in the CHR Program?
 Yes
 No
 Sometimes

B. Administration and Funding

1. How is your CHR program administered and operated? Does it operate under...
 Tribal (Public Law 93-638) administration
 Indian Health Service
 Other (specify): _____
2. The following question has two parts. First, I will first ask you about how your program is funded. Next, I would like you to estimate the proportion of the total amount of funding that your CHR Program receives from each of the sources. Let's get started....

Does your CHR Program receive funding from any of the following sources? [Read each source type, source options and check the box.]
 What proportion of the total funding that your program receives is from <Source Type>? [Record percentage in proportion column.]

Source Type	Source (Please circle or specify)	Percent Total Funding
<input type="checkbox"/> Federal	HRSA CDC Medicare/Medicaid Head Start Other	_____ %
<input type="checkbox"/> Tribal		_____ %
<input type="checkbox"/> State	CHIP WIC Other	_____ %
<input type="checkbox"/> Private Insurance	Specify: _____	_____ %
<input type="checkbox"/> Non-profit	Specify: _____	_____ %
<input type="checkbox"/> Other public funding	Specify: _____	_____ %
<input type="checkbox"/> Other sources	Specify: _____	_____ %
		100 %

PROMPT: Who reimburses your program for services and what is the breakdown by reimbursement source for those services?

3. Could you please describe the process that your program uses to bill for its services?

PROMPT: For example, does your program have a separate billing department or do you use the same billing department as the local IH S hospital or clinic?

PROMPT: ...

C. Services

1. I will read from a list of services and would like you to tell me which of the following types of services are currently provided by your CHR program to community members. Then I will ask you about the needs in your community for specific services (that is, whether or not you think there are “gaps” or opportunities to address the health care needs of the members in your community.

[Interviewer read through all of the possible responses in question 1a. Then start at the beginning and read through question 1b.]

	a. Which of the following services are provided by your CHR Program?	b. Which of the following services are what we might think of as “gaps” in service needs in your community?
Help gain access to medical services or programs	<input type="checkbox"/>	<input type="checkbox"/>
Help gain access to social services or programs	<input type="checkbox"/>	<input type="checkbox"/>
Case management	<input type="checkbox"/>	<input type="checkbox"/>
Client/patient advocacy	<input type="checkbox"/>	<input type="checkbox"/>
Supportive counseling	<input type="checkbox"/>	<input type="checkbox"/>
Patient navigation	<input type="checkbox"/>	<input type="checkbox"/>
Health promotion/education	<input type="checkbox"/>	<input type="checkbox"/>
Social support	<input type="checkbox"/>	<input type="checkbox"/>
Provide direct services (e.g., vital signs, administer medications)	<input type="checkbox"/>	<input type="checkbox"/>
Language Translation	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>
Conduct surveys	<input type="checkbox"/>	<input type="checkbox"/>
Enroll population into health insurance programs	<input type="checkbox"/>	<input type="checkbox"/>
Determine eligibility for services	<input type="checkbox"/>	<input type="checkbox"/>
Conduct health screenings	<input type="checkbox"/>	<input type="checkbox"/>
Provide referral services to clients/patients		
Medical care	<input type="checkbox"/>	<input type="checkbox"/>
Social services	<input type="checkbox"/>	<input type="checkbox"/>

Community health planning	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Care	<input type="checkbox"/>	<input type="checkbox"/>
Homemaker Services	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Service	<input type="checkbox"/>	<input type="checkbox"/>
Traditional Healing		
Talking Circles	<input type="checkbox"/>	<input type="checkbox"/>
Sweat Lodge	<input type="checkbox"/>	<input type="checkbox"/>
Yuwipi	<input type="checkbox"/>	<input type="checkbox"/>

Other (specify): _____

Additional comments: _____

2. Next, we would like to know which departments or programs in your community tend to utilize your services the most. Again, I am going to read from a list. As I read each program, please indicate whether or not that department refers patients or clients to your program. I will also provide the opportunity for you to say a bit more about the working relationship you have with a department or program.

- Diabetes Program
- Cancer
- Community Outreach
- Dental
- Head Start
- Health education
- Healthy Start
- Women, Infants, and Children (WIC)
- Behavioral Health
 - Mental Health
 - Alcohol and Drug Program
- Women's Health
- Hospital or clinic

PROMPT: Are there any other departments or programs in your community that you can think of that utilize CHR services?:

Other (specify): _____

Other (specify): _____

Other (specify): _____

Additional comments: _____

3. Would you say that your CHR staff routinely work alone, as part of a healthcare team, or that it depends on patient needs?
- Alone
 - Part of healthcare team
 - Depends on patient needs
 - Other (specify): _____

D. Qualifications

Now we are going to shift gears a little bit and ask about the qualifications of CHR's in your program.

1. Are you directly involved in the hiring process?
- Yes
 - No
2. Are prospective CHR's required to meet any formal educational or training requirements prior to being hired?
- Yes
 - No (If 'no,' go directly to Question 2.)

If yes, what type?

- GED/High school diploma
- Vocational/technical training
- College certificate
- Associate's degree
- Bachelor's degree
- Other (specify): _____

3. What personal qualities or experience, if any, do you most look for in a prospective CHR? I will read a list of possibilities to you. Please choose the one quality that you think is most advantageous for a CHR to be successful in your community.
- Overcoming personal hardship
 - Membership in the community
 - Shared cultural experience
 - Evidence of commitment to serving others
 - Prior experience as a health care provider
 - Recognized as community leader
 - Other (specify): _____
 - Other (specify): _____

Additional comments:

4. Which of the following skills are required of CHR's at the time of hire?

a. <u>Advocacy skills</u> – ability to "speak up" for patients and communities to overcome barriers	<input type="checkbox"/>
b. <u>Bilingual skills</u> – be fluent in the preferred language of clients, translate technical terms	<input type="checkbox"/>
c. <u>Capacity building skills</u> – empowerment skills; leadership skills; influence communities and individuals to change behavior and take more control of their own health	<input type="checkbox"/>
d. <u>Communication skills</u> – ability to listen, use oral & written language confidently	<input type="checkbox"/>
e. <u>Computer skills</u>	<input type="checkbox"/>
f. <u>Confidentiality skills</u> – ability to keep matters private; comply with HIPAA laws	<input type="checkbox"/>
g. <u>Interpersonal skills</u> – friendliness, sociability, counseling & relationship building skills, ability to provide support and set appropriate boundaries	<input type="checkbox"/>
h. <u>Service coordination skills</u> – ability to identify & access resources; network & build coalitions; make and follow up referrals	<input type="checkbox"/>
i. <u>Organizational skills</u> – ability to set goals and develop an action plan, manage time, keep records	<input type="checkbox"/>
j. <u>Teaching skills</u> – ability to share information, respond to questions & reinforce ideas, adapt methods to various audiences	<input type="checkbox"/>

- Other (specify): _____
- Other (specify): _____
- Other (specify): _____

Additional comments: _____

E. Recruitment and Retention

1. Are different positions available either for different skill levels or types of skills for CHR in your community? Please explain [Record response in “Additional comments” section.]

- Yes
- No

Additional comments: _____

2. When seeking to fill a CHR position in your program, is there a sufficient number of applicants with the desired qualifications?

- Yes
- No

Additional comments: _____

3. Has your CHR Program encountered any difficulty recruiting and retaining CHRs to accomplish organization’s goals?

- Yes (If so, which of the following would you consider barriers to recruiting and retaining CHRs?)
- No (if ‘no,’ then proceed to Question 4.)

- CHR services are not reimbursable
- CHRs are unable to meet demands
- Competition from other health care workers
- Inadequate supervision of CHRs
- Lack of stable funding
- Unmet need for continuing education/training
- Lack of community understanding about CHR services
- Turnover due to low wages
- Shortage of qualified applicants
- Other (specify): _____
- Other (specify): _____
- Other (specify): _____

Additional comments: _____

4. In the past, what factors do you think have helped to alleviate challenges to hiring and retaining CHRs?

- Funding by outside source(s)
- Reimbursement (Medicaid, Medicare, Private Insurance)
- Support by tribal leadership
- Other (specify): _____

- Other (specify): _____
- Other (specify): _____

Additional comments: _____

F. Cultural Competence

[Following is a description of “cultural competence” that can be used to describe the term to interviewee.] Now I would like to ask you about a quality that is often attributed to CHRs. That is, I’d like to talk about cultural competence. *Cultural competence may be defined as the ability of understanding and working within the context of the culture of the community being served.*

1. Do you agree with this general definition?
 - Yes (If ‘yes,’ then go to Section G.)
 - No (If ‘no,’ then go to Question 2.)

2. Would you define “cultural competence” differently?
 - Yes
 - No

If so, how would you define it? (Record response in “Additional comments” below.)

Additional comments: _____

G. Training and Support

1. What types of training are offered to CHRs? We are interested in the types of opportunities that are available to your staff at least once a year. (Please mark all that apply.)
 - Mentoring
 - Technical assistance from partner organizations
 - Continuing education (e.g., classes, conferences, seminars)
 - Guest speakers
 - Internal communications
 - Web-based training
 - Purchase of books and references
 - Other (specify): _____
 - Other (specify): _____
 - Other (specify): _____

Additional comments: _____

2. Which topics from the following list are covered by CHR staff trainings and educational opportunities, such as those mentioned in the earlier question? I would like you to tell me which topic areas and skills are covered in staff trainings as I read them aloud. Ready...?

- Advocacy skills
- Ability to access resources
- Bilingual skills
- Capacity building skills
- Communication skills
- Computer skills
- Confidentiality skills
- Cultural awareness
- Disease-specific education
- First Aid/CPR
- Home visitation
- Interpersonal skills
- Organizational skills
- Health education
- Health insurance
- Knowledge of services
- Leadership skills
- Patient navigation
- Recordkeeping/data reporting skills
- Other (specify): _____
- Other (specify): _____
- Other (specify): _____

3. Who conducts trainings with your CHRs? Please select from the following list the three leading roles.

- CHR Supervisor
- Physician
- Health educator
- Nurse
- Nutritionist
- Other CHRs
- Outside contractor
- Psychologist
- Social Worker
- Other (specify): _____

5. Has your program encountered any barriers to training for CHRs?

- Availability of trainers

- Cost of training
- Location of training sites (inaccessible, too far)
- Other (specify): _____

Additional comments: _____

H. Performance/ Effectiveness

1. How does your program measure the productivity of your CHR staff? (Mark all that apply.)
 - Number of clients served
 - Number of services provided
 - Other (specify): _____
 - Other (specify): _____
 - Other (specify): _____

2. To your knowledge, have any formal types of evaluation been undertaken to assess the effectiveness of your CHR program?
 - Yes (If 'Yes,' see below.)
 - No (If 'No,' go to Question 3.)

[If yes]: What types of evaluation have been conducted? (Mark all that apply.)

- Evaluation of program by external evaluator
- Internal evaluation by CHR program staff
- Customer satisfaction surveys
- Continuous quality improvement (CQI) initiative(s)
- Routine performance monitoring of CHRs
- Other (specify): _____
- Other (specify): _____
- Other (specify): _____

3. If no formal evaluations have taken place, how else do you know that CHRs are being effective? (Mark all that apply.)
 - Patients state "they feel better about their health"
 - Referral sources report improved outcomes of patients/clients
 - CHRs state "they feel they are making a difference"
 - Other (specify): _____

Additional comments: _____

4. Have any effectiveness measures suggested that CHRs have had an impact in your community?
 - Yes
 - No
 Additional comments: _____

I. Sustainability

This is the last section of the interview. We are almost done...

1. Now I would like ask what you think about how CHRs are currently utilized in your community. Of the ways CHRs are utilized, which of the following activities do you think are the most beneficial uses of the time that CHRs give to the community? [Interviewer reads the list and asks interviewee to rank each of the categories in order of perceived importance (i.e., #1, #2,...). Assign the ranking beside each category]

Rank

- _____ Patient navigator
- _____ Provider of preventive health services, screening, and education
- _____ Outreach and visitation
- _____ Transportation
- _____ Patient/community advocate and organizer
- _____ Other (specify): _____
- _____ Other (specify): _____
- _____ Other (specify): _____

Please explain: _____

2. This final question has two parts. There is a national movement to have Community Health Workers (including CHRs) obtain ‘certification’ which would allow for third party billing.

- a. How important do you think it would be for CHRs in your program to have certification?

- Extremely important
- Very important
- Somewhat important
- Not important at all

PROMPT: How much of a difference do you think certification would make as to how CHR services are provided in your community?

Additional comments: _____

b. Do you have staff who are currently certified (ex: CNA)? Please list certification(s) _____

c. When you think about your own program, can you think of any obstacles to certification? Please tell us why you think these are obstacles to certification.

J. Closing

1. Do you have any other comments you would like to make about anything we have talked about today? [If yes, note comments below.]

2. Do you have any questions for me?

Thank you <Name of Interviewee> for participating in this interview. The information you provided will be used by the Great Plains Tribal Chairmen’s Health Board in the planning process to advocate for Medicaid Expansion here in South Dakota. Your perspective is critical to this process. I realize you are very busy. So again, I really appreciate you taking time out of your day to speak with me.