

Global Access to Non-Communicable Disease Care

Situational Analysis of Non-Communicable Diseases

Qualitative Assessment

Draft Focus Group and Interview Protocols

Umgungundlovu, KwaZulu-Natal, South Africa

August 15, 2018

Contents

HealthRise (Intervention) NCD Patients	3
FGD Protocol	3
FGD Topic Guide.....	4
Non-HealthRise (Control) NCD Patients.....	7
FGD Protocol	7
FGD Topic Guide.....	8
Household-based Care Providers (HealthRise CCGs).....	11
IDI Protocol	11
IDI Topic Guide	12
Household-based Care Providers (Non-HealthRise CCGs).....	14
IDI Protocol	14
IDI Topic Guide	15
Clinic-based Care Providers (HealthRise).....	17
IDI Protocol	17
IDI Topic Guide	18
Clinic-based Care Providers (Non-HealthRise).....	20
IDI Protocol	20
IDI Topic Guide	21
Health Care Facility Administration/Management (HealthRise)	23
IDI Protocol	23
IDI Topic Guide	24
Health Care Facility Administration/Management (Non-HealthRise)	26
IDI Protocol	26
IDI Topic Guide	27
Health system Officials/ Policymakers.....	28
IDI Protocol	28
IDI Topic Guide	29

HEALTHRISE (INTERVENTION) NCD PATIENTS

FGD PROTOCOL

- Objectives:** To assess access, experience, attitudes, and behaviors related to NCD care among HealthRise NCD patients.
- Methodology:** Focus Groups (8-10 participants each). If unable to gather a complete focus group, triads, dyads, or individuals may be interviewed.
- Target participants:** NCD patients of different sociodemographic backgrounds:
Group 1: Patients diagnosed in the last two years
Group 2: Patients diagnosed in the last two years
Group 3: Patients diagnosed more than two years ago
Group 4: Patients diagnosed more than two years ago
- Recruitment strategy:** Community care givers or other local HealthRise program staff will invite HealthRise enrollees to participate in a focus group as part of the study. If positively inclined, consenting patients will be asked to attend the focus group session on a given date and time at the specified location. Written informed consent will be obtained at the start of the interview. If the enrollee is not literate, the consent form will be read to them and a fingerprint will serve as evidence of consent. The session will be audio recorded for transcription and analysis.

FGD TOPIC GUIDE

Beliefs about and Attitudes toward Diabetes and Cardiovascular Disease

Interviewer please say: We are interested in understanding how you view chronic diseases, specifically diabetes and hypertension.

- In your own words, what is diabetes?
- Who can get diabetes?
- Are there things a person can do to prevent getting diabetes? If so, what?
 - Probe: Why might a person not do these things?
- How can someone know if they have diabetes?
- What happens if diabetes is not treated?

- In your own words, what is hypertension (a.k.a., high blood pressure)?
- Who can get hypertension?
- Are there things a person can do to prevent getting hypertension? If so, what?
 - Probe: Why might a person not do these things?
- How can someone know if she or he has hypertension?
- What happens if hypertension is not treated?

Knowledge Regarding Diagnosis and Treatment

Interviewer please say: Now, we would like to better understand how you came to know of your condition and your thoughts regarding treatment.

- How did you learn that you had a health condition that needed treatment?
 - Probe: What were the key factors that encouraged you to seek care and treatment?
 - Probe: Do you get regular check-ups or exams (preventive care) even when you are feeling OK?
 - i. Probe: If not, why?
 - ii. Probe: If yes, where and why?

- How is diabetes treated?
- What are some things that help people treat their diabetes effectively?
- What are some things that make it difficult for people to treat their diabetes?
 - Probe: If you have diabetes, what have you found particularly helpful or challenging in treating your condition?
- Is it possible for someone with diabetes to enjoy a high quality of life? Explain.

- How is hypertension treated?
- What are some things that help people treat their hypertension effectively?
- What are some things that make it difficult for people to treat their hypertension?
 - Probe: If you have hypertension, what have you found particularly helpful or challenging in treating your condition?
- Is it possible for someone with hypertension to enjoy a high quality of life? Explain.

HealthRise Specific Questions

Interviewer please say: We are also interested in understanding the influence of health programs in your community.

- Do you know of any programs or services in your community that work to improve diagnosis and treatment of diabetes and hypertension?
- Have you heard of Expectra or HealthRise? If so, what is it?
- Compared to the period before February 2017, have you observed or experienced any differences in health services provided or the quality of health services provided? Explain.
- Again, compared to the time before February 2017, what have you learned regarding diabetes, hypertension, or living a healthy lifestyle generally.

- Have you heard of community care givers (CCGs)?
 - Probe: If so, what are they?
 - Probe: What kind of reputation do they have in the community?
- Were you offered visits by CCGs?
 - Probe: What were your initial thoughts about receiving their services?
 - Probe: What did or does your primary care provider say about them?
- Have you received visits from CCGs?
 - Probe: If so, how often do they visit and what do they do during their visits?
 - Probe: How have their visits affected your ability to manage your health and your quality of life in general?
 - Probe: What do you like and dislike about this service?
- Have you participated in any of the peer groups (Support group or Diabetes/Hypertension club)?
 - Probe: If so,
 - Was this group sponsored through the health facility where you attend care, or at another location?
 - How often did you participate?
 - What were the primary benefits that you received from the groups?
 - How could groups be improved?
 - Do you believe they helped you control your diabetes and or hypertension? If so, how?
 - Probe: If not, why not?

Care Experiences

Interviewer please say: Next, we would like to hear more about your experiences obtaining care and your responses to advice from healthcare professionals.

- What has been your experience in obtaining care across different care settings in your community?
 - Probe: Are you generally satisfied with the health care that you receive in your community? Why or why not?
 - Probe: Do you feel you are treated with respect when you go to a hospital or clinic?
- When you seek health care, from a doctor or other type of provider, do you generally follow the advice you are given?
 - Probe: Do you adhere to your NCD treatment plan?
 - If yes, what are the key factors that encourage/support your adherence?

- If not, why not? (e.g., cost, lack of understanding, lack of belief in efficacy, too difficult/complicated etc.)
- Whose medical opinion or advice do you trust most in the community? (Doctors, Nurses, CCGs, traditional/faith healers, etc.)
 - Probe: Does this differ depending on the situation/need? Explain.

Patient Empowerment

Interviewer please say: Finally, we would like to hear your thoughts regarding your general quality of life and sense of control over your condition. Compared to how you felt about your condition two years ago...

- How has your outlook on life as a person living with diabetes or hypertension changed?
- Do you feel better equipped with the knowledge and resources that you need to control your condition? If so, can you provide an example and how it is important?
- Do you have a more clearly defined plan for how you will manage and treat your condition?
- Are you better able to adhere to medication schedules? If so, can you provide an example?
- Are you better able to maintain positive lifestyle changes? If so, can you provide an example?
- Are you better able to control your diabetes or hypertension related stress? If so, how do you assess this and what explains the changes?
- Do you think your condition is better controlled?

NON-HEALTHRISE (CONTROL) NCD PATIENTS

FGD PROTOCOL

- Objectives:** To assess access, experience, attitudes, and behaviors related to NCD care among NCD patients who were served by facilities not affiliated with the HealthRise program.
- Methodology:** Focus Groups (8-10 participants each). If unable to gather a complete focus group, triads, dyads, or individuals may be interviewed.
- Target participants:** NCD patients of different sociodemographic backgrounds:
Group 1: Patients diagnosed in the last two years
Group 2: Patients diagnosed in the last two years
Group 3: Patients diagnosed more than two years ago
Group 4: Patients diagnosed more than two years ago
- Recruitment strategy:** The research team will contact a subset of the control facilities selected for the Health Facility Survey and request permission to invite individuals to participate in a focus group. Health facilities that agree to host focus groups will be visited a few days in advance of the focus group to provide promotional material and a sign up sheet. Those expressing interest will receive a reminder text or phone call on the day of focus group. Healthy and culturally appropriate food will be provided during the focus group to encourage participants to arrive at the scheduled date, time, and location. Written informed consent will be obtained at the start of the interview. If the enrollee is not literate, the consent form will be read to them and a fingerprint will serve as evidence of consent. The session will be audio recorded for transcription and analysis.

FGD TOPIC GUIDE

Beliefs about and Attitudes toward Diabetes and Cardiovascular Disease

Interviewer please say: We are interested in understanding how you view chronic diseases, specifically diabetes and hypertension.

- In your own words, what is diabetes?
- Who can get diabetes?
- Are there things a person can do to prevent getting diabetes? If so, what?
 - Probe: Why might a person not do these things?
- How can someone know if they have diabetes?
- What happens if diabetes is not treated?

- In your own words, what is hypertension (a.k.a., high blood pressure)?
- Who can get hypertension?
- Are there things a person can do to prevent getting hypertension? If so, what?
 - Probe: Why might a person not do these things?
- How can someone know if she or he has hypertension?
- What happens if hypertension is not treated?

Knowledge Regarding Diagnosis and Treatment

Interviewer please say: Now, we would like to better understand how you came to know of your condition and your thoughts regarding treatment.

- How did you learn that you had a health condition that needed treatment?
 - Probe: What were the key factors that encouraged you to seek care and treatment?
 - Probe: Do you get regular check-ups or exams (preventive care) even when you are feeling OK?
 - Probe: If not, why?
 - Probe: If yes, where and why?

- How is diabetes treated?
- What are some things that help people treat their diabetes effectively?
- What are some things that make it difficult for people to treat their diabetes?
 - Probe: If you have diabetes, what have you found particularly helpful or challenging in treating your condition?
- Is it possible for someone with diabetes to enjoy a high quality of life? Explain.

- How is hypertension treated?
- What are some things that help people treat their hypertension effectively?
- What are some things that make it difficult for people to treat their hypertension?
 - Probe: If you have hypertension, what have you found particularly helpful or challenging in treating your condition?
- Is it possible for someone with hypertension to enjoy a high quality of life? Explain.

Questions that are Parallel to the HealthRise Questions

Interviewer please say: We are also interested in understanding the influence of health programs in your community.

- In the last 18 months, have you observed or experienced any differences in health services provided or the quality of health services provided? Explain.
- Again, in the last 18 months, what have you learned regarding diabetes, hypertension, or living a healthy lifestyle generally.

- Have you heard of community care givers (CCGs)?
 - Probe: If so, what are they?
 - Probe: What kind of reputation do they have in the community?
- Were you offered visits by CCGs?
 - Probe: What were your initial thoughts about receiving their services?
 - Probe: What did or does your primary care provider say about them?
- Have you received visits from CCGs?
 - Probe: If so, how often do they visit and what do they do during their visits?
 - Probe: How have their visits affected your ability to manage your health and your quality of life in general?
 - Probe: What do you like and dislike about this service?
- Have you participated in a peer support group like a Diabetics Club or Hypertensive Club?
 - Probe: What do you like and dislike about this service?
 - Probe: If so,
 - Was this group sponsored through the health facility where you attend care, or at another location?
 - How often did you participate?
 - What were the primary benefits that you received from the groups?
 - How could groups be improved?
 - Do you believe they helped you control your diabetes and or hypertension? If so, how?
 - Probe: If not, why not?

Care Experiences

Interviewer please say: Next, we would like to hear more about your experiences obtaining care and your responses to advice from healthcare professionals.

- What has been your experience in obtaining care across different care settings in your community?
 - Probe: Are you generally satisfied with the health care that you receive in your community? Why or why not?
 - Probe: Do you feel you are treated with respect when you go to a hospital or clinic?
- When you seek health care, from a doctor or other type of provider, do you generally follow the advice you are given?
 - Probe: Do you adhere to your NCD treatment plan?
 - If yes, what are the key factors that encourage/support your adherence?
 - If not, why not? (e.g., cost, lack of understanding, lack of belief in efficacy, too difficult/complicated etc.)

- Whose medical opinion or advice do you trust most in the community? (Doctors, Nurses, CCGs, traditional/faith healers, etc.)
 - Probe: Does this differ depending on the situation/need? Explain.

Patient Empowerment

Interviewer please say: Finally, we would like to hear your thoughts regarding your general quality of life and sense of control over your condition. Compared to how you felt about your condition two years ago...

- How has your outlook on life as a person living with diabetes or hypertension changed?
- Do you feel better equipped with the knowledge and resources that you need to control your condition? If so, can you provide an example and how it is important?
- Do you have a more clearly defined plan for how you will manage and treat your condition?
- Are you better able to adhere to medication schedules? If so, can you provide an example?
- Are you better able to maintain positive lifestyle changes? If so, can you provide an example?
- Are you better able to control your diabetes or hypertension related stress? If so, how do you assess this and what explains the changes?
- Do you think your condition is better controlled?

HOUSEHOLD-BASED CARE PROVIDERS (HEALTHRISE CCGs)

IDI PROTOCOL

- Objectives:** To assess the impact of the HealthRise program on community care givers, their integration into the medical system, and their perception of the program's impact on patient care and outcomes.
- Methodology:** Individual interviews and or dyads or triads of the same type of care provider.
- Target participants:** Community care givers who were employed by the HealthRise grant and participated in home visits. We plan to conduct up to three interviews with each type of provider.
- Recruitment strategy:** Request scheduling assistance from the program director or the program coordinator. Sessions will be audio recorded for transcription and study. Oral informed consent will be obtained at the start of the interview.

IDI TOPIC GUIDE

Provision of Healthcare and Other Health-Related Services

Interviewer please say: We are interested in understanding the provision of healthcare and other health-related services in your community.

Provider Roles and Challenges

Interviewer please say: First we would like to know about your role in providing care to patients with chronic diseases.

- Can you provide a brief overview of your role in identifying and providing care to NCD patients – both within the HealthRise program and any outside community activities/responsibilities?
- How would you describe the HealthRise program in your setting?
- What do you find to be the most challenging aspect of working in healthcare in your community?
 - Probe: Specifically with respect to the identification and care (treatment/care management) of diabetes, hypertension, and CVD?

Identification and Treatment of NCDs in the Community

Interviewer please say: We are also interested in your perceptions of care for patients at the community level.

- How would you describe the relationship between healthcare workers and the community?
 - Probe: Are health care professionals trusted? Sought for advice and guidance?
- How has the HealthRise program influenced the relationship between healthcare workers and the community? Examples?
- What are the key issues that support or hinder the quality of care across different care settings in your community?
 - Probe: Specifically in providing care for diabetes, hypertension, and CVD?
- Have you ever been involved in a community screening camp for NCDs? Explain how this camp changed the available services in your community.

Changes in Provider Empowerment & Practice

Interviewer please say: Now we would like ask you questions regarding the HealthRise program's impact on your work and practice.

- Did you work as a community care giver prior to HealthRise?
 - Probe: If so,
 - Do you feel better resourced or supported? Explain.
 - Has the HealthRise program changed your relationship with clinic-based providers? Explain.
 - How has the HealthRise program changed your workload?
 - Probe: If not, what did you do previously?
- Did you receive any training through the HealthRise program?
 - Probe: If so,
 - How many?
 - What were the topics?
 - Were they sufficient?
 - How would you rate the quality?
 - Was there anything that you felt was missing?

- What additional training would be helpful?
 - Probe: If not, did you want training?
- What have you learned through the HealthRise program?
 - Probe: Clinically? About the health system? About your patients? About yourself as a care provider?
- Compared to the time before you were involved with HealthRise, do you feel more knowledgeable or otherwise better equipped to help diabetes, hypertension, and CVD patients live healthier lives? Explain.
- How has participation in the HealthRise program changed your pre-existing practices or perspectives?
- How else could you be better supported in treating diabetes, hypertension, and CVD?
- How would you describe your relationship with clinic-based care providers who also care for your patients?
- How often do you communicate with clinic-based care providers?
 - In person?
 - On the phone?
 - Via email?
 - Other?
- How often do you communicate with the care coordinator?
 - In person?
 - On the phone?
 - Via email?
 - Other?
- How has the quantity and quality of communication with the care coordinator and or clinic-based providers changed since the start of HealthRise?

General Assessment of HealthRise and Ideas for Improvement

Interviewer please say: Finally, we would like to ask a few questions regarding the HealthRise program overall.

- Do you think the HealthRise program has led to quality of life improvements for patients living with diabetes and hypertension? Explain.
- Do you think the HealthRise model should be used more broadly? Explain.
- What could have made the HealthProgram better?
- What evidence or measures should be used to assess whether the HealthRise program was a success?

HOUSEHOLD-BASED CARE PROVIDERS (NON-HEALTHRISE CCGs)

IDI PROTOCOL

- Objectives:** To assess the role of community care givers in non-HealthRise locations, their integration into the medical system, and their perception of the CCGs impact on patient care and outcomes.
- Methodology:** Individual interviews and or dyads or triads of the same type of care provider.
- Target participants:** Community care givers who were not employed by the HealthRise grant, but who participated in home visits. We plan to conduct up to three interviews.
- Recruitment strategy:** Request scheduling assistance from the director or administrator of the local health unit where the CCGs are based. We will request to meet with CCGs who either specialize in NCDs or who are generalists. (I.e., we are not interested in interviewing those who focus only on unrelated topic areas such as HIV, malaria, etc.) Sessions will be audio recorded for transcription and study. Oral informed consent will be obtained at the start of the interview.

IDI TOPIC GUIDE

Provision of Healthcare and Other Health-Related Services

Interviewer please say: We are interested in understanding the provision of healthcare and other health-related services in your community.

Provider Roles and Challenges

Interviewer please say: First we would like to know about your role in providing care to patients with chronic diseases.

- Can you provide a brief overview of your role in identifying and providing care to NCD patients – both within your official capacity and any outside community activities/responsibilities?
- What do you find to be the most challenging aspect of working in healthcare in your community?
 - Probe: Specifically with respect to the identification and care (treatment/care management) of diabetes, hypertension, and CVD?

Identification and Treatment of NCDs in the Community

Interviewer please say: We are also interested in your perceptions of care for patients at the community level.

- How would you describe the relationship between healthcare workers and the community?
 - Probe: Are health care professionals trusted? Sought for advice and guidance?
- How has / does the availability of community care givers influenced the relationship between healthcare workers and the community? Examples?
- What are the key issues that support or hinder the quality of care across different care settings in your community?
 - Probe: Specifically in providing care for diabetes, hypertension, and CVD?
- Have you ever been involved in a community screening camp for NCDs? Explain how this camp changed the available services in your community.

Changes in Provider Empowerment & Practice

Interviewer please say: Now we would like ask you questions regarding changes in your work and practice.

- Have you worked as a community care giver for more than 18 months?
 - Probe: If so, over the last 18 months have you ...
 - Felt better resourced or supported? Explain.
 - Experienced changes in your relationship with clinic-based providers? Explain.
 - Experienced changes in your workload?
 - Probe: If not, what did you do previously?
- In the last year to 18 months, have you received any training?
 - Probe: If so,
 - How many?
 - What were the topics?
 - Were they sufficient?
 - How would you rate the quality?
 - Was there anything that you felt was missing?
 - What additional training would be helpful?
 - Probe: If not, did you want training?

- What have you learned during the last 18 months?
 - Probe: Clinically? About the health system? About your patients? About yourself as a care provider?
- Compared 18 months ago, do you feel more knowledgeable or otherwise better equipped to help diabetes, hypertension, and CVD patients live healthier lives? Explain.
- How has your training and work experience in the last 18 months changed your pre-existing practices or perspectives?
- How would you describe your relationship with clinic-based care providers who also care for your patients?
- How often do you communicate with clinic-based care providers?
 - In person?
 - On the phone?
 - Via email?
 - Other?
- How often do you communicate with the care coordinator?
 - In person?
 - On the phone?
 - Via email?
 - Other?
- How has the quantity and quality of communication with the care coordinator and or clinic-based providers changed in the last 18 months?

CLINIC-BASED CARE PROVIDERS (HEALTHRISE)

IDI PROTOCOL

- Objectives:** To gather information on access to NCD care and experiences in the provision of that care from the perspective of NCD care providers. To assess the impact of the HealthRise program on clinic-based care providers (e.g., physicians, nurses, physician assistants, etc.), the benefits of care coordination, the value of home based visits, and their perception of the program’s impact on patient care and outcomes.
- Methodology:** Individual interviews and or dyads or triads of the same type of care provider.
- Target participants:** At least two, preferably three, clinicians from a clinic that cares for HealthRise patients.
- Recruitment strategy:** Direct care providers that provide care to HealthRise NCD patients at facilities recruited into the study will be asked to voluntarily participate in a one-on-one interview during (or just before or after) normal working hours. An initial communication about the overall study will come from facility management, explaining the purpose of the study and that both providers and administrators/management at the facility will be asked to participate. Follow-up communication to relevant staff will come from either facility management or the research team directly, depending on the arrangements made facility by facility. Volunteers will be asked to schedule the interview on a specified date and time and will be informed of the purpose of the discussion as well as the nature of the questions (i.e., non-sensitive and non-personal) ahead of time—and that the session will be audio recorded for transcription and study. Oral informed consent will be obtained at the start of the interview.

IDI TOPIC GUIDE

Provision of Healthcare and Other Health-Related Services

Interviewer please say: We are interested in understanding the provision of healthcare and other health-related services in your community.

Provider Roles and Challenges

Interviewer please say: First, we would like to know about your role in providing care to patients with chronic diseases.

- Can you provide a brief overview of your role in providing care to NCD patients – both within your health facility and any outside community activities/responsibilities?
- How would you describe the HealthRise program in your setting?
- With regard to identification and care for diabetes, hypertension, and CVD, what do you find to be the most challenging aspect of working in healthcare in your community?

Identification and Treatment of NCDs in the Community

Interviewer please say: We are also interested in your perceptions of care for patients at the community level.

- How would you describe the relationship between healthcare workers and the community?
 - Probe: Are health care professional trusted? Sought for advice and guidance?
- How has the HealthRise program influenced the relationship between healthcare workers and the community?
- What are the key issues that support or hinder the quality of care across different care settings in your community?
 - Probe: Specifically in providing care for diabetes, hypertension, and CVD?

HealthRise Impacts on Provider Empowerment & Practice

Interviewer please say: Now we would like to ask you questions regarding the HealthRise program's impact on your work and practice.

- How has the HealthRise program changed your workload?
- Did you receive any training through the HealthRise program?
 - Probe: If so,
 - How many? Were they sufficient?
 - How would you rate the quality?
 - Was there anything that you felt was missing?
 - What additional training would be helpful?
 - Probe: If not, did you want training?
- Does the facility where you work offer a Diabetics Club, Hypertensive Club, or other support group for patients with NCDs? What is it called?
 - Probe: If so,
 - Is this group associated with HealthRise?
 - How do you feel this group helps participants manage their health conditions?
 - Compared to the time before you were involved with HealthRise, has this support group changed? How?
- What have you learned through the HealthRise program?
 - Probe: Clinically? About the health system? About your patients? About yourself as a care provider?

- Compared to the time before you were involved with HealthRise, do you feel more knowledgeable or otherwise better equipped to help diabetes, hypertension, and CVD patients live healthier lives? Explain.
- How has participation in the HealthRise program changed your pre-existing practices or perspectives?
 - Probe: Has it led to more paper work? Improved patient relationships?
- How would you describe your relationship with community care givers who also care for your patients?
- How often do you communicate with community care givers?
 - Via email?
 - On the phone?
 - In person?
- How often do you communicate with the HealthRise care coordinator?
 - Via email?
 - On the phone?
 - In person?
- How has the quantity and quality of communication with the care coordinator and or household-based providers changed since the start of HealthRise?

General Assessment of HealthRise and Ideas for Improvement

Interviewer please say: Finally, we would like to ask a few questions regarding the HealthRise program overall.

- How would you compare your HealthRise patients and non-HealthRise patients?
 - Probe: With regard to adherence (keeping appointments and taking medications)?
 - Probe: With regard to improved outcomes (controlled blood pressure and controlled blood sugar/A1c)?
- Do you think the HealthRise program has led to quality of life improvements for patients living with diabetes and hypertension? Explain.
- Have you observed any tangible benefit of incorporating community care givers into NCD care provision? Explain.
- Do you think the HealthRise model should be used more broadly? Explain.
- What could have made the HealthRise program better?
- How else could you be better supported in treating diabetes, hypertension, and CVD?
- What evidence or measures should be used to assess whether the HealthRise program was a success?

CLINIC-BASED CARE PROVIDERS (NON-HEALTHRISE)

IDI PROTOCOL

- Objectives:** To gather information on access to NCD care and experiences in the provision of that care from the perspective of non-HealthRise NCD care providers. To provide a comparison for the HealthRise intervention clinic providers (e.g., physicians, nurses, physician assistants, etc.).
- Methodology:** Individual interviews and or dyads or triads of the same type of care provider.
- Target participants:** At least two, preferably three, clinicians from control facilities.
- Recruitment strategy:** Request scheduling assistance from the director or administrator of the local health unit where the clinicians are based. We will request to meet with clinicians who either specialize in NCDs or who are generalists. (I.e., we are not interested in interviewing those who focus only on unrelated topic areas such as HIV, malaria, etc.) Sessions will be audio recorded for transcription and study. Oral informed consent will be obtained at the start of the interview.

IDI TOPIC GUIDE

Provision of Healthcare and Other Health-Related Services

Interviewer please say: We are interested in understanding the provision of healthcare and other health-related services in your community.

Provider Roles and Challenges

Interviewer please say: First, we would like to know about your role in providing care to patients with chronic diseases.

- Can you provide a brief overview of your role in providing care to NCD patients – both within your health facility and any outside community activities/responsibilities?
- With regard to identification and care for diabetes, hypertension, and CVD, what do you find to be the most challenging aspect of working in healthcare in your community?

Identification and Treatment of NCDs in the Community

Interviewer please say: We are also interested in your perceptions of care for patients at the community level.

- How would you describe the relationship between healthcare workers and the community?
 - Probe: Are health care professional trusted? Sought for advice and guidance?
- What actions or changes by the health system might influence and improve the relationship between healthcare workers and the community?
- What are the key issues that support or hinder the quality of care across different care settings in your community?
 - Probe: Specifically in providing care for diabetes, hypertension, and CVD?

Changes in Provider Empowerment & Practice

Interviewer please say: Now we would like to ask you questions regarding changes in your work and practice.

- How has your workload changed in the last 18 months?
- In the last year to 18 months, have you received any training?
 - Probe: If so,
 - How many? Were they sufficient?
 - How would you rate the quality?
 - Was there anything that you felt was missing?
 - What additional training would be helpful?
 - Probe: If not, did you want training?
- What have you learned during the last 18 months?
 - Probe: Clinically? About the health system? About your patients? About yourself as a care provider?
- Compared to 18 months ago, do you feel more knowledgeable or otherwise better equipped to help diabetes, hypertension, and CVD patients live healthier lives? Explain.
- How has your training and work experience in the last 18 months changed your pre-existing practices or perspectives?
 - Probe: Has it improved patient relationships?
- Does your facility employ community care givers? *If yes,*

- How would you describe your relationship with community care givers who also care for your patients?
- How often do you communicate with community care givers?
 - Via email?
 - On the phone?
 - In person?
- How has the quantity and quality of communication with the community care givers changed over the last 18 months?

HEALTH CARE FACILITY ADMINISTRATION/MANAGEMENT (HEALTHRISE)

IDI PROTOCOL

Objectives: To assess understanding of the HealthRise program, its impact on operations and care provision, and potential impact on plans for the future.

Methodology: Interviews

Target participants: Top level managers (both clinical and non-clinical) from intervention community health centers or primary health clinics.

Recruitment strategy: Top level managers will be asked to voluntarily participate in an interview by the study team. We will rely on the Expectra HealthRise program director or coordinator to introduce the evaluators to the top level managers. The evaluation team members will contact these individuals directly to schedule a mutually convenient time for the interview (either one-on-one or collectively). Oral informed consent will be obtained at the start of the interview. The session will be audio recorded for transcription and analysis.

IDI TOPIC GUIDE

Identification and treatment of NCDs within your facility

Interviewer please say: We would like to learn more about provision of healthcare at your facility.

- Does your facility partake in any outreach activities within the community to help educate, inform, and identify diabetes, hypertension, and CVD? (Currently, or planned for future). If yes, please describe.
- Does your facility provide any counseling or coaching services to patients with diabetes, hypertension, and CVD in addition to medical treatment?
 - Probe: If not, is this available elsewhere?
- Are there other programs working in or with your health facility that focus on supporting those with diabetes or hypertension?
 - Probe: If so,
 - How many?
 - What is the scope of their services?
 - How does HealthRise complement or compete with other existing programs?

HealthRise Impacts on Provider Practice

Interviewer please say: Now we would like to ask you questions regarding the HealthRise program's impact on your work and practice.

- Please describe your role in relation to the HealthRise Program.
- How would you describe the HealthRise program in your setting?
- How has the HealthRise program affected daily operations for care providers and or administrators?
- What has HealthRise's coordinated care emphasis meant for your institution's care provision?
- Have you observed any tangible benefit of incorporating community care givers into NCD care provision? Explain.
- Did staff at your facility receive any training through the HealthRise program?
 - Probe: If so,
 - What staff? What sort of training? How many?
 - Did this training impact the facility's ability to provide care to NCD patients? Explain.
 - What additional training would be helpful?
 - Probe: If not, did you or your staff want training?
- Does the facility where you work offer a Diabetics Club, Hypertensive Club, or other support group for patients with NCDs?
 - Probe: If so,
 - Is this group associated with HealthRise?
 - How do you feel this group helps participants manage their health conditions?
 - Compared to the time before you were involved with HealthRise, has this support group changed? How?

General Assessment of HealthRise and Ideas for Improvement

Interviewer please say: Finally, we would like ask a few questions regarding the HealthRise program overall.

- Do you believe the HealthRise program has improved patient care and outcomes? Explain.

- Do you think the HealthRise program should be continued or expanded?
- Is your institution considering making any changes in response to its experience with the HealthRise program? Explain.
- What could have made the HealthRise program better?
- How else could you be better supported in treating diabetes, hypertension, and CVD?
- What evidence or measures should be used to assess whether the HealthRise program was a success?

HEALTH CARE FACILITY ADMINISTRATION/MANAGEMENT (NON-HEALTHRISE)

IDI PROTOCOL

- Objectives:** To gather comparison data for HealthRise facilities regarding diabetes, hypertension, and CVD activities and partnerships.
- Methodology:** Interviews
- Target participants:** Top level managers (both clinical and non-clinical) from control community health centers or primary health clinics.
- Recruitment strategy:** Top level managers will be asked to voluntarily participate in an interview by the study team. They will be invited to participate in this survey when initial contact is made for the accompanying health facility survey. A mutually convenient time for the interview (either one-on-one or collectively) will be scheduled. Oral informed consent will be obtained at the start of the interview. The session will be audio recorded for transcription and analysis.

IDI TOPIC GUIDE

Identification and treatment of NCDs within your facility

Interviewer please say: We would like to learn more about provision of healthcare at your facility.

- Does your facility partake in any outreach activities within the community to help educate, inform, and identify diabetes, hypertension, and CVD? (Currently, or planned for future). If yes, please describe.
- Does your facility provide any counseling or coaching services to patients with diabetes, hypertension, and CVD in addition to medical treatment?
 - Probe: If not, is this available elsewhere?
- Are there other programs working in or with your health facility that focus on supporting those with diabetes or hypertension?
 - Probe: If so,
 - How many?
 - What is the scope of their services?
 - How does HealthRise complement or compete with other existing programs?

Alternative Questions for Non-HealthRise Administrators

Interviewer please say: Now we would like to ask you questions regarding the HealthRise program's impact on your work and practice.

- Has your center ever employed or worked with community care givers who focus on the needs of those with chronic disease, such as diabetes and hypertension?
 - Probe: If so,
 - When and how many?
 - Did you observe any tangible benefit of incorporating community care givers into NCD care provision? Explain.
 - Probe: If not,
 - Do you imagine using community care givers in this capacity would be improve patient care? Explain.
 - Do you think it would be a wise use of limited resources? Explain.

HEALTH SYSTEM OFFICIALS/POLICYMAKERS

IDI PROTOCOL

- Objectives: To gather information on the potential long-term systemic impacts of the HealthRise program.
- Methodology: Interviews
- Target participants: Health officials at the city, district, regional and state levels, as relevant by site.
- Recruitment strategy: We will ask our local grantees to help us to identify appropriate health officials for interviews, and possibly to assist us with introductions and/or contact information. Oral informed consent will be obtained at the start of the interview. The session will be audio recorded for transcription and analysis.

IDI TOPIC GUIDE

Personal Roles and Relationships and Understanding of HealthRise

Interviewer please say: We would like to begin with a few questions regarding who you are and what you know about the HealthRise project.

- What is your organization and role?
- What relationship, if any, do you as an individual have to the HealthRise program, the Medtronic Foundation, or Medtronic Corporation?
- When and how did you first learn about the HealthRise program?
- How would you have preferred to learn about HealthRise?
- In your own words, how would you describe the HealthRise program?
- What elements, if any, are unique in the HealthRise program?

HealthRise Partnership and Coordination

Interviewer please say: Now we would like to ask a few questions regarding the HealthRise program's integration into the health system.

- From your perspective, did HealthRise seek to build a partnership with public institutions (e.g., public health department)? Explain.
- How could HealthRise have done a better job at coordinating with the larger medical and public health community?
- Are you aware of any other programs or interventions that are addressing diabetes and hypertension among underserved populations in your jurisdiction?
 - Probe: If so,
 - How many?
 - Can you briefly describe their scope (target population, interventions, duration)?
- How did the HealthRise program complement or duplicate existing health system programs or activities?

Future Plans

Interviewer please say: Next, we would like to ask you about potential impact on future programming.

- Has HealthRise helped build the evidence base for inclusion of community care givers in NCD care provision? Explain.
- Do you think the HealthRise program should be continued or expanded?
 - Probe: If so, are there specific populations that you think would benefit?
- Is your organization currently planning or contemplating working toward the integration of some of the core elements of HealthRise (i.e., use of community care givers and or enhanced care coordination)?
- What could have made the HealthRise program better?
- How else could you be better supported in treating diabetes, hypertension, and CVD?
- What evidence or measures should be used to assess whether the HealthRise program was a success?

Conclusion

Interviewer please say: Finally, we would like ask a few questions regarding dissemination of the results of the HealthRise program.

- Would you be interested in viewing the results of the HealthRise impact evaluation when it is complete?
 - Probe: Would you be willing to share the names of additional individuals who would be interested in these results?
- What would be the best forum for sharing the results of the impact evaluation with key policy makers in your area?