Community and Migrant Health Centers and Homeless and Public Housing Patient Surveys

Survey Methodology and Selection Specifications

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1. Introduction

The Bureau of Primary Health Care (BPHC) Patient Surveys, sponsored by the Health Resources and Services Administration (HRSA), aim to collect data on the patients who use health centers funded under Section 330 of the Public Health Service Act. Results from the Patient Surveys will guide and support BPHC in its mission of improving the health of the Nation's underserved communities and vulnerable populations by assuring access to comprehensive, culturally competent, quality primary health care service. The Patient Surveys will collect data from the clients of health centers funded through four BPHC grant programs: the Community Health Center Program (CHC), the Migrant Health Center Program (MHC), the Health Care for the Homeless Program (HCH), and the Public Housing Primary Care Program (PHPC).

To this end, the BPHC funded two contracts:

- The Community and Migrant Health Center Patient Surveys (C/MHC) contract will collect and analyze data from clients of the CHC and MHC programs. Respectively, these two programs serve low-income and migrant/seasonal agricultural workers.

- The Homeless and Public Housing Health Centers Patient Surveys (H/PH) contract will collect and analyze data from clients of the HCH and PHPC. Respectively, these two programs serve homeless individuals and residents of public housing.

Because some of the Section 330-funded health centers receive grants through more than one of the aforementioned grant programs, extensive coordination between the two contracts will create efficiencies that will allow for larger sample sizes and ensure consistency between the two studies. Therefore, the sample design for the C/MHC and H/PH studies reflects the decision by BPHC to coordinate these two studies using a harmonized sampling and data collection approach.

In Deliverable 5, we presented a three-stage PPS sample design for the Patient Survey and discussed the plan of sample selection at each stage in order to select the patient samples for four funding programs. Our target is to recruit 115 unique grantees and complete 4,522 patient interviews for the Patient Survey (2,210 for C/MHC and 2,312 for H/PH). In this report, RTI International[1] will further clarify our plans by providing more details on methodology and selection specification at each stage of selection.

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[1] RTI International is a trade name of Research Triangle Institute.

2. Target Population

The target population for the Patient Surveys is defined as persons receiving face-to-face services from a CHC, MHC, HCH, or PHPC grantee, and as persons receiving these services from a clinical staff member who exercises independent judgment in the provision of services.[2] Clients of grantees located within the 50 United States and the District of Columbia are included; clients of grantees within U.S. territories and possessions are excluded.

Only persons who received services through one of these grantees at least once in the year prior to the current visit were considered eligible for the survey. This eligibility criterion was used because many of the questions in the Survey ask about services received in the past year; individuals without previous visits would not have been able to answer these questions and, therefore, were not considered eligible. This eligibility criterion was also implemented in the BPHC's previous Community Health Center Survey (2002) and Healthcare for Homeless Survey (2003).

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[2]To meet the criterion for "independent judgment," the provider must be acting on his/her own when serving the patient and not assisting another provider.

3. Grantee Sample Selection

This section discusses the methodology for selecting grantees. This process includes sampling frame construction, stratification, and PPS selection of grantee samples.

3.1 Sampling Frame Construction

Grantee sample selection will begin with the construction of a sampling frame using the updated BPHC Uniform Data System (UDS). In this report, we used 2006 Uniform Data System (UDS). The 2006 UDS grantee-level data have 1,002 grantees. A total of 961 grantees are eligible for the Patient Survey by excluding 6 grantees that received CHC funding but only operated School-Based Health Centers; 28 grantees that are from Puerto Rico, the Virgin Islands, and the Pacific Basin U.S. territories/possessions/affiliated States; and 7 grantees receiving MHC funding but that served clients through a voucher program. Grantee characteristics such as funding program, region, urban/rural location and number of sites will be used as explicit and implicit stratification variables (see **Deliverable 5 - Statistical Design Plan**).

A sampling frame file in SAS will be created, and the SAS data file will include at least the following key variables: unique grantee identification, stratification variable (see next section for details), region, urban/rural location, number of sites, and number of patients.

3.2 Stratification Variables

As discussed in **Deliverable 5 - Statistical Design Plan,** a random unstratified sample would yield a very small patient sample size for the PHPC and MHC funding programs, which would result in very limited statistical power to compare survey outcomes between funding programs. Our design goals include decreasing the grantee and patient sample size from the CHC funding program, increasing the grantee and patient sample size for MHC and PHPC funding programs and completing a total of 4,522 interviews (2,210 for C/MHC and 2,312 for H/PH). We will create four strata according to the funding programs that a grantee receives. **Exhibit 1** shows the details of the stratification of grantee by funding programs.

Exhibit 1. Definition of Stratification

Strata	Grantee Funding Type*	Number of Grantees
Stratum 1: Grantees with CHC Funding Only	C	651
Stratum 2: All Grantees with PHPC Funding	P; CP; PH; CMP; CPH; CMPH	37
Stratum 3: Remaining Grantees with MHC Funding	M; CM; CMH	123
Stratum 4: All Remaining Grantees Not Included in Stratum 1-3	H; CH	150
Total		961

NOTE: C = Community Health Center Program; H = Healthcare for Homeless Program; M = Migrant Health Center Program; P = Public Housing Primary Care Program.

3.3 Select Stratified PPS Sample of Grantees

We will achieve our design goals by applying a stratified PPS sampling method of selecting grantees. One scenario of a stratified disproportionate sampling was proposed in **Deliverable 5 - Statistical Design Plan**. The grantee sample allocation for each stratum is summarized in **Exhibit 2**.

Exhibit 2. Grantee Sample Allocation of a Stratified Disproportionate Sampling

Strata	Total Number of Grantees	Selected Grantees	Sampling Rate
Stratum 1: Grantees with CHC Funding Only	651	40	6.14%
Stratum 2: All Grantees with PHPC Funding	37	37	100.00%
Stratum 3: Remaining Grantees with MHC Funding	123	25	20.32%
Stratum 4: All remaining Grantees Not Included in Stratum 1-3	150	13	8.67%
Total	961	115	11.97%

NOTE: C = Community Health Center Program; M = Migrant Health Center Program; P = Public Housing Primary Care Program.

With the specified sample allocation for each stratum shown in **Exhibit 2**, we will then select grantees using the PPS sampling selection using PROC SURVEYSELECT in SAS for Strata 1, 3, and 4. We will use the sequential random selection option and sort the frame by region, urban/rural location, and number of sites to serve as implicit stratification within each stratum, as discussed in **Deliverable 5 - Statistical Design Plan**. The number of patients of a grantee is served as the size measure in the PPS sequential sampling selection. A random number seed will be used and retained to ensure that the sample is repeatable and verifiable. The selected grantee sample will be output to a SAS dataset, and analyses will be conducted to ensure the selected grantees are a representative sample in terms of key grantee characteristics, such as funding type, region, urban/rural location, and categorized number of sites. All RTI International Standard Operating Procedures and Technical Operating Procedures regarding sample selection will be followed.

To account for selected grantees' refusal to participate, in Strata 1, 3 and 4 we will select 15% more grantees for each stratum. The additional 15% will be held in reserve to replace grantees refusing to participate in the study.

4. Site Sample Selection

As discussed in **Deliverable 5 - Statistical Design Plan**, more than half of the grantees have three or more sites. In general, grantees with more sites tend to have larger numbers of patients. Furthermore, the grantees are selected with the PPS method at the first stage of selection, which means that grantees with large numbers of patients have a higher probability of being selected in the sample. As a result, we expect that a fair number of the recruited grantees will have more than three sites. We will only allow at most three sites for each funding program within a grantee to be in the studies; therefore, for those grantees with more than three sites, we will select three from their larger total. This section discusses the methodology and specifications for selecting a site from a participating grantee.

4.1   Determination of Eligible Sites within Participating Grantees

Once a grantee is recruited and agrees to conduct the study in its sites, our recruiters will work with the grantee administration to collect and verify the number of sites and the funding support that each site receives. The sites that do not receive support from at least one of the four specific funding programs will be excluded from the study.

As discussed in **Deliverable 5 – Statistical Design Plan**, some grantees have school-based sites, which are funded under the CHC program. Due to the complexity of recruiting a school-based sites and the required extra effort of getting permissions from a school and parents/guardians to interview the patients, recruiting stand-alone, school-based sites is not feasible within the current survey schedule and budget. Therefore, such sites will be excluded from the Patient Survey. Although these sites are excluded, along with any grantees that have only school-based sites, we will not necessarily be excluding all patients who receive school-based health services; some children who receive medical care at a school-based health center site may receive some of their care at a non-school-based Community Health Center site near their residence.

Sites operated by the grantee and subcontractor sites are considered eligible if they meet the following criteria:

- The site should participate in at least one of the four specific funding programs and must have been operating under the grantee for at least 1 year.
- The site is not a temporary clinic.
- The site is not a school-based health center.
- The site is not a specialized clinic, excepting clinics providing OB/GYN services.

After the eligible sites are determined, our field staff will complete a Grantee Information Sheet (**Exhibit 3**) to gather the following information from each participating grantee. Field staff must ensure that the collected information is accurate and updated because the information is very critical to the Patient Survey. Our sampling staff will use the information to select the health centers from the participating grantee. For each funding type(s) that the grantee receives, the following information will be collected:

- number of eligible sites serving each client type (i.e., migrants, homeless, public-housing, and low-income)
- address and contact information for each eligible site
- number of patients served in each eligible site, overall and by type of client (CHC, MHC, HCH and PHPC)

4.2   Evaluate Distances between Eligible Sites

As discussed in **Deliverable 5 – Statistical Design Plan**, our sampling staff will evaluate the distances between all of the eligible sites and the grantee's headquarter for a specific funding program of a participating grantee.

4.3   Select Sites

If there are three or fewer sites for a specific funding program, and all of the sites are within a 100-mile radius of the grantee's headquarters, all of the sites will be selected. When there are sites for one funding program, if one health center site is far from the other two sites that are nearer to each other, the two sites that are close to each other will be selected. However, if all three sites are far from each other, we will select only one health center site, the site with the largest patient volume. Similarly, when two sites for a specific funded program are far from each other, the one with the largest number of patients will be selected.

Sampling sites for a specific funding program in grantees with more than three sites is addressed below.

For grantees with more than three sites for a specific funding program, we will evaluate the distances between all sites and the grantee's headquarters as discussed in **Section 4.2**. We will only focus on the sites that are within a 100-mile radius of the grantee's headquarter and use a PPS sampling method similar to the one described in **Section 3.3** to select three sites. The number of patients for the sites of a specific funding program will serve as the size measure in the PPS sampling. The PPS selection is independent for each funding program in the grantees with multiple funded programs.

We will select three sites using the PPS sample using PROC SURVEYSELECT in SAS. Some grantees may have sites operating in both urban and rural areas. For those grantees, we will balance the selected site sample in terms of urban/rural location. We will sort the sites by urban/rural location before PPS selection if necessary. A random number seed will be used and retained to ensure that the sample is repeatable and verifiable. The selected site sample will be output to a SAS dataset, and analyses will be conducted to ensure that the selected health center sites are a representative sample. All RTI Standard Operating Procedures and Technical Operating Procedures regarding sample selection will be followed.

Exhibit 3. Grantee Information Sheet

Grantee Name:										
Grantee Address:										
Funding Type Received:										
Number of Eligible Heath Center Sites Receiving Support at Least One of the Four Funding Programs:										

Eligible Health Center Site	Street Address	City	State	Zip	Total # of Patients Served	Number of Patients Served Under Each Funding Program			
						Migrant	Public Housing	Homeless	Low Income
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
.									
.									
99									
100									

5. Patient Sample Selection

In Section 3 and Section 4 of this report, we discussed the selection of grantees and the selection of sites from selected grantees. In this section, we present the methodology and specifications for selecting patients from participating sites.

5.1   Patient Sample Allocation

Following the sampling selection scenario presented in **Exhibit 2**, we will recruit a total of 115 unique grantees. Because we will select an independent sample from each funding program in which each sampled grantee participates, this practice is equivalent to collecting a patient sample from 208 grantees if the patient samples had only been selected from a total of 115 unique grantees, with each grantee only representing one funding program. To meet the targeted number of interviews for each patient population, the targeted number of interviews per grantee varies by patient population. In grantees participating in the MHC funding program, a total of 35 interviews will be completed with patients who are migrant workers. In grantees participating in the HCH funding program, a total of 48 interviews with homeless patients will be completed. In grantees participating in the PHPC funding program, a total of 18 patients who live in public housing will be interviewed. Finally, in grantees participating in the CHC funding program, a total of 11 interviews will be completed with patients who are not migrant workers, homeless, or living in public housing (see **Exhibit 4**). This specific sampling scenario achieves the design objective of recruiting 115 grantees and selecting enough patients to complete 4,522 total patient interviews, with 2,210 for C/MHC and 2,312 for H/PH.

Exhibit 4. Yield of the Grantee Funding Type and Patients of a Stratified Disproportionate Sampling

Funding Type	Expected Number of Grantees	Number of Patients per Grantee	Expected Number of Completed Interviews for each Funding Type
C	106	11	1,166
H	34	48	1,632
M	31	35	1,085
P	37	18	666
Total	208		4,549

NOTE: C = Community Health Center Program; H = Healthcare for Homeless Program; M = Migrant Health Center Program; P = Public Housing Primary Care Program.

For C/MHC, we get roughly the same number of interviews for CHC and MHC programs. However, the goal of roughly the same interviews for HCH and PHPC is difficult to achieve for H/PH. In the 2006 UDS, there were 701,623 patients from HCH program, and only 129,280 patients from PHPC. The PHPC population is much smaller than HCH population. We are concerned about the amount of time an interviewer may need to spend in the sites in order to come into contact with eligible PHPC patients. Therefore, we have reduced the production goal for the PHPC population. We expect 48 patient interviews will be completed from each participating HCH grantee and 18 patient interviews will be completed for each participating PHPC grantee. The reduced goal of 18 completed interviews per PHPC grantee may still be too aggressive. We will check the patient volume for each selected site that served PHPC patients and will consult with BPHC Project Officer when/if it becomes problematic.

When we select the real sample, to meet the targeted complete interviews of 4,522 (2,210 for C/MHC, 2,312 for H/PH), we will need to adjust the sampling rates at grantee selection for each stratum described previously and the number of interviews per grantee for a specific funding program as well.

If more than one site is selected for a funding program in a particular grantee, the number of completed interviews will be divided equally among those sites. For example, in a grantee where three

sites are selected as part of the HCH program, patients will be selected to complete 16 interviews from each site.

The number of interviews for a site varies from 3 to 91, as discussed in **Deliverable 5 – Statistical Design Plan**. We provide three hypothetic examples to show the allocation of patient interview to each site in **Section 6**.

5.2   Patient Sample Selection Procedure

C/MHC and H/PH patients will be selected for the study using onsite recruitment procedures designed to address Health Insurance Portability and Accountability Act (HIPAA) privacy concerns. No field interviewer (FI) will be allowed to approach any of the health center's patients or to obtain any identifying information about a patient unless the selected patient initiates such contact with an FI.

The procedures for patient selection are as follows.

1. **Patient Registration:** As each patient enters the site during the sample selection period, the receptionist will register him/her to receive health services and record a tally mark on the Patient Arrival and Selection Tracking Form (as shown in **Exhibit 5**). The receptionist will determine whether a patient is eligible for the Patient Survey (i.e., had received services at least once in the past year from one of the four funding programs).

2. **Patient Selection:** The receptionist will select patients as they enter and register according to the detailed sample selection protocols to ensure the selection of a random sample of patients. The receptionist will select the first eligible patient registered after the FI informs the receptionist that he/she is ready for the next interview. If the patient is eligible, the receptionist will read a brief recruitment script to the patient (or to his/her parent or guardian, for selected children) and give him/her a packet of information on the Patient Survey. The receptionist will record the number of patients selected in the Patient Arrival and Selection Tracking Form as shown in **Exhibit 5**. The Patient Arrival and Selection Tracking Form will be used in the nonresponse adjustment in calculating analysis weights.

3. **Patient/Interviewer Contact:** If the selected patient is interested in participating in the Patient Survey or has questions, he/she will approach the FI, who will be waiting in a designated area in the site. The FI will take the participant to a designated, private location at the site to begin the screening, informed consent, and interview processes. Migrant workers and homeless individuals will be encouraged to begin the interview process immediately because we anticipate it would be difficult for them to arrange to meet at a later time and date. CHC and PHPC patients will also be encouraged to begin the interview process immediately, but we anticipate that some may find it more convenient to schedule an appointment with the interviewer for a later time and date. The FI will ask the participant some initial screening questions to confirm the patient's eligibility for the study. There are eight screening questions, including whether the patient received service in the last 12 months; whether they qualify for services under the MHC, HCH, PH, or CHC programs; patient age; a parent or guardian with you for young patients; etc.(see **Exhibit 6**). If the patient is eligible, the FI will continue the data collection interview using the appropriate questionnaire designed for the population type to which the patient belongs. When the interview is complete, the patient will receive a $25 incentive.

4. **Disposition of Patient Logs:** At the end of each day, the FI will collect the Patient Arrival and Selection Tracking Form from the receptionist. Collected forms will be shipped to RTI's sampling department on a weekly basis. RTI statisticians will use the information to calculate analysis weights. The number of completed patient interviews for each funding program will be monitored to ensure that the sample size targets are being met for each site.

Exhibit 5. Patient Arrival and Selection Tracking Form

Grantee:
Health Center Site:
Funding Program:
Start Time: End Time:
Today's Date:

RECORD A TALLY MARK FOR EACH PATIENT WHO PRESENTS FOR SERVICES AND ANOTHER FOR EACH PATIENT WHO IS SELECTED AND REFERRED TO THE INTERVIEWER.

	Tallies	Total
Patients Registered For Services Today		
Patients Referred to Interviewer Today		

Exhibit 6. Patient Screening Form

Bureau of Primary Health Care Patient Surveys

S1.   Have (you/child's name) received services from a health care professional such as a doctor, nurse, drug counselor, or mental health counselor at [NAME OF HEALTH CARE CENTER] in the last 12 months?

        YES 1
        NO .... 2 **(TERMINATE INTERVIEW)**
        REFUSED .... 7 **(TERMINATE INTERVIEW)**
        DON'T KNOW .... 9 **(TERMINATE INTERVIEW)**

S2.   Do any of the following apply to you?
HAVE YOU WORKED AS A FARMWORKER OR MIGRANT WORKER IN THE PAST 12 MONTHS?
        YES .... 1 **IF YOUR QUOTA IS ALREADY MET, THANK THE RESONDENT FOR THEIR TIME. IF NOT, USE AN M CASE ID**

        NO 2
IN THE PAST 12 MONTHS, HAVE YOU BEEN WITHOUT REGULAR HOUSING OR HOMELESS, THAT IS NOT LIVING IN YOUR OWN HOUSE, APARTMENT, OR ROOM ON A REGULAR BASIS?
        YES .... 1 **IF YOUR QUOTA IS ALREADY MET, THANK THE RESONDENT FOR THEIR TIME. IF NOT, USE AN H CASE ID**

        NO 2

ARE YOU CURRENTLY LIVING IN A PUBLIC HOUSING UNIT?
        YES .... 1 **IF YOUR QUOTA IS ALREADY MET, THANK THE RESONDENT FOR THEIR TIME. IF NOT, USE A P CASE ID**

        NO 2

NONE OF THE ABOVE-
        NONE .... 1 **IF YOUR QUOTA IS ALREADY MET, THANK THE RESONDENT FOR THEIR TIME. IF NOT, USE A C CASE ID**

S3.   What is your age?

        ____ YEARS
- **IF RESPONDENT IS 18 OR OLDER, THEN CONTINUE WITH INFORMED CONSENT.**
- **IF PROXY RESPONDENT FOR CHILD AGE 12 OR YOUNGER, THEN CONTINUE WITH INFORMED CONSENT.**
- **IF RESPONDENT IS 13-17, THEN GO TO S3.**

S4.   Is a parent or guardian with you?

        YES ....1 **(FIND PARENT, AND PROCEED WITH PARENTAL INFORMED CONSENT PROCEDURES)**

        NO 2
        REFUSED.............................7
        DON'T KNOW.....................9

S5.   Are you currently living with a parent or guardian?

        YES..1   **(DETERMINE HOW TO REACH PARENT, AND PROCEED WITH PARENTAL INFORMED CONSENT PROCEDURES)**

        NO...2
        REFUSED..............................7
        DON'T KNOW......................9

S6.   When is the last time that you spent the night with a parent or guardian?

        _____ NIGHTS AGO. IF S5<7, THEN GO TO S6. OTHERWISE, GO TO S7.

S7.   Could I contact a parent or guardian to ask him/her to allow you to participate in this study?

        YES..1   **(DETERMINE HOW TO REACH PARENT, AND PROCEED WITH PARENTAL INFORMED CONSENT PROCEDURES)**

        NO...2
        REFUSED..............................7
        DON'T KNOW......................9

S8.   **ASK A SITE STAFF PERSON TO OBSERVE THE ADMINISTRATION OF INFORMED CONSENT PROCEDURES, TO ACT AS AN ADVISOR TO THE YOUTH, AND TO SIGN THE UNACCOMPANIED YOUTH INFORMED CONSENT FORM AS A WITNESS.**

6. Hypothetical Examples of Grantee, Site, and Patient Selection

Exhibit 7 illustrates the three stages of sample selection using five hypothetical grantees. As described in **Section 4** of this report, for each funding program in which a grantee participates, no more than three associated sites will be selected. Grantee 1 provides a simple example. This grantee receives funding only through the CHC program. Because this grantee has only two sites, both sites will be selected into the site sample. Grantee 4 provides a more complex example. Grantee 4 participates in three funding programs: CHC, MHC, and PHPC. The CHC program supports six sites; the MHC program supports five sites, and the PHPC program supports one site. A random selection of the six CHC-supported sites will result in three being selected. Similarly, a random selection of the five MHC-supported sites will result in three selected. Because there is only one Public Health Primary Care Program, it will be selected automatically.

Exhibit 7. Hypothetical Example of Grantee, Site, and Patient Selection

Hypothetical Grantee	Funding Program(s) the Grantee Received	Total Number of Sites	Number of Selected Site Sites	Total Patient Interviews
Grantee 1	C	2	2	11
Total		*2*	*2*	*11*
Grantee 2	C	5	3	11
	M	2	2	35
Total		*7*	*5*	*46*
Grantee 3	H	1	1	48
	P	2	2	18
Total		*3*	*3*	*56*
Grantee 4	C	6	3	11
	M	5	3	35
	P	1	1	18
Total		*12*	*7*	*64*
Grantee 5	C	5	3	11
	P	2	2	18
	H	1	1	48
	M	3	3	35
Total		*11*	*9*	*112*

NOTE: C = Community Health Center Program; H = Healthcare for Homeless Program; M = Migrant Health Center Program; P = Public Housing Primary Care Program.

To meet the targeted number of interviews for each patient population, the targeted number of interviews per grantee varies by patient population. In grantees participating in the MHC funding program, a total of 35 interviews will be completed with patients who are migrant workers. These 35 interviews will be divided between that grantee's sampled sites that serve migrant workers. In grantees participating in the HCH funding program, a total of 48 interviews with homeless patients will be completed. These 48 interviews will be divided between that grantee's sampled sites that serve homeless clients. In grantees participating in the PHPC funding program, a total of 18 patients who live in public housing will be interviewed. These 18 interviews will be divided between that grantee's sampled sites that serve public-housing residents. Finally, in grantees participating in the CHC funding program, a total of 11 interviews will be completed with patients who are not migrant workers, homeless, or living in public housing. These 11 interviews will be divided between that grantee's sampled sites that serve patients who

are not part of a special population. The total number of patient interviews for a participating grantee can vary from 11 to 112, as shown in **Exhibit 7**.

Although **Exhibit 7** demonstrates how we arrive at the production goal for each patient population *for each grantee*, this exhibit does not illustrate that a particular site could be selected into data collection for interviews with patients from one or more of the funding programs. **Exhibit 8** demonstrates this nuance and illustrates how we arrive at the production goal for each patient population *in each site*.

Exhibit 8. Number of Completed Patient Interviews at Health Center Sites in Hypothetical Grantee 4

Scenarios	Site Category	Site Sites in Hypothetical Grantee 4						
		1	2	3	4	5	6	7
I	Health Center Sites Selected	X	X	X	X	X		
	Patients for CHC	4	3	4				
	Patients for MHC		11		12	12		
	Patients for PHPC			18				
	Total	4	14	22	12	12		
II	Health Center Sites Selected	X	X	X	X	X		X
	Patients for CHC	3				4		4
	Patients for MHC		11	12	12			
	Patients for PHPC			18				
	Total	3	11	30	12	4		4
III	Health Center Sites Selected		X	X		X		
	Patients for CHC		3	4		4		
	Patients for MHC		11	12		12		
	Patients for PHPC			18				
	Total		14	34		16		

NOTE: The highlighted boxes with an "X" are used to indicate sites that are selected in the Patient Survey for the hypothetical scenario.

Exhibit 8 focuses on Hypothetical Grantee 4, which we were first introduced to in **Exhibit 7**. This hypothetical Grantee 4 has a total of seven sites. Each site is supported by following funding programs:

- Site 1: CHC
- Site 2: CHC; MHC
- Site 3: CHC; MHC; PHPC
- Site 4: MHC
- Site 5: CHC; MHC
- Site 6: CHC; MHC
- Site 7: CHC

Because Grantee 4 participates in the CHC, MHC, and PHPC funding programs, the total production goal for this grantee is 64. However, there are various permutations of sites that could be selected for this grantee. **Exhibit 8** illustrates three different scenarios of site selection and demonstrates how this affects the way the 64 interviews are distributed between the selected sites. The target number of patient interviews for a selected site depends on three factors: the number of different funding programs from which the grantee receives, the number of sites a grantee has for each specific funding program, and

whether a site is selected to represent a single funding program or multiple funding programs. For example, Site 3 has 22 patient interviews in Scenario I (4 from CHC patients and 18 from PHPC patients), 30 patient interviews in Scenario II (12 from MHC patients and 18 from PHPC patents), and 34 patient interviews in Scenario III (4 from CHC patients, 12 from MHC patients, and 18 from PHPC patients).