25 June 2009

TO: Karen Matsuoka

FROM: Amanda Cash, HRSA Reports Clearance Officer

SUBJECT: HRSA Bureau of Primary Care Patient Survey – Response to Comments

The following responses are based on a phone call that took place on Tuesday, June 16, 2009.

1. **Categorizing respondents who are eligible for more than one group.**
All patients will receive three questions during the screening process that will classify them based on their farmworker status, their homeless status, and their public housing status (yes or no for each). (A revised Patient Screening Form is attached.) The survey has a target number of interviews for each type of patient (farmworker, homeless, public housing resident and general community patient). The allocation for the targets are 826 interviews for farmworkers and their dependents served by Migrant Health Centers, 826 interviews for individuals experiencing homelessness served by Health Care for the Homeless clinics, and 660 interviews for public housing residents served by public housing primary care clinics. The public housing has fewer interviews because the public housing population is much smaller than the health care for the homeless and migrant health center populations. In the 2007 Uniform Data System (UDS), there were 776,191 patients from the Health Care for the Homeless program, 775,106 patients from the Migrant Health Center program, and only 133,518 patients from the Public Housing Primary Care program.

   The targets were established to allow the comparison of important survey outcomes between the different types of patients and allow more in-depth comparison between different sub-groups within general community patient with reasonable statistical power. These target figures are equally distributed among the participating grantees so that each grantee also has target(s) for the type(s) of patients to be interviewed at its site(s). Each patient interviewed will be counted against the target for only one patient type. Based on the UDS data submitted by grantees for 2007, we know that the health center patient population has more general community patients than homeless patients, more homeless patients than farmworker patients, and more farmworker patients than public housing resident patients. Therefore, we assume that it will be hardest to meet the target for the public housing residents, next hardest to meet the target for the farmworker patients, next hardest to meet the target for the homeless patients, and easiest to meet the target for the general community patients.

   Only patients that are not classified as homeless, farmworker or public housing resident by the screening process will be counted toward the target for general community patients. In order to maximize the likelihood of meeting all targets, patients classified by the screening process as more than one type of special

population (homeless, farmworker or public housing resident) will be counted toward the target that is considered hardest to meet. The interviewer has the targets for each site where he/she will be working. When a patient agrees to do the survey, the interviewer will go through the screener questions to determine which target the patient should be counted toward. For example, if a grantee has funding to serve farmworker patients, homeless patients and public housing residents, the process of determining which target to count the patient toward will work as follows. First, the interviewer will go through the screener to determine if the patient can be classified as a public housing resident, can be classified as a farmworker patient, and/or can be classified as a homeless patient. If the patient is a public housing resident and that target has not yet been met, the patient will be counted toward that target. Otherwise, if the patient is a farmworker patient and that target has not yet been met, the patient will be counted toward that target. Otherwise, if the patient is a homeless patient and that target has not yet been met, the patient will be counted toward that target.

2. Remuneration to respondents

As discussed in the supporting statement, respondents will be provided with remuneration valued at $25 for taking part in the interview. Project staff will consult with the site staff to determine their preferred form of remuneration, which may include cash or one of the following alternatives to cash: visa gift cards, food vouchers, telephone cards, personal hygiene bags, and movie tickets. We have modified the recruitment script, brochure, and consent forms to clarify this. For proxy interviews for child respondents aged 12 and younger, the remuneration will be provided to the Parental/guardian who responds on behalf of the child. Revised documents are attached.

3. Documentation of Current IRB Approval

RTI's IRB approval was renewed in March, 2009. Documentation is attached.

4. Collecting data on race

We have updated the questionnaire to be consistent with OMB guidelines for asking about race; the interviewer will no longer read "Other" as one of the response categories. In addition, the question about race has been removed from our recruitment guidelines, as this information is not needed for sampling or data collection planning purposes. Revised documents are attached.

5. Response rates from 2003 Health Care for the Homeless and 2002 Community Health Center User Surveys

Final Response Rate for 2003 HCH Survey

Sample Category	Number of Users	% of Total Sample	% of Eligibles
Total sample selected	1,444	100.0%	
Ineligible cases	11	0.8%	
Eligible cases	1,433	99.2%	100.0%
Refusals, breakoffs, and other nonresponders	416	28.8%	29.0%
Total completed interviews	1,017	70.4%	71.0%

Final Response Rate for 2002 CHC Survey

Sample Category	Number of Users	% of Total Sample	% of Eligibles
Total sample selected	3,465	100.0%	
Ineligible cases	678	17%	
Eligible cases	3,120	82.2%	100.0%
Refusals, breakoffs, and other nonresponders	991	26.2%	31.8%
Total completed interviews	2,129	56.1%	68.3%

6. Cognitive Interviewing

The cognitive interview process identified a number of issues that have been resolved in the current version of the questionnaire. These revisions largely fall into the following categories:

- Errors in skip logic were corrected;
- Questions that adolescents were not able to answer were identified, and the questionnaire was revised to skip over these for adolescents;
- Some series of questions that seemed overly long were shortened;
- Questions that seemed repetitive were eliminated;
- For some terms that patients did not understand; explanations were added;
- Show cards were added for questions that needed them;
- Lengthy lists of response categories were shortened.

The reports from the Round 1 and Round 2 cognitive interviews are attached.

7. Geographic eligibility criteria for health centers

We will exclude sites that are more than 100 miles away from the central location in order to have all sites within a reasonable distance for one field interviewer to cover. (The central location is usually the site that serves the largest number of patients.) We believe that removing such sites from site sample frame should have very minimal impact on the patient sample because sites tend to be clustered within a small area. So far, we have recruited 68 grantees for the survey which have a total of 406 sites. Only 4 of the 406 sites are more than 100 miles away

from the central location. When a site is determined to be more than 100 miles away it does not render other sites from that grantee ineligible, only that particular site.

8. Patient Sampling Procedures

Selection of patients will be facilitated by the site receptionist. The receptionist will tally all patients who register for services during the time that the interviewer is at the site to conduct interviews. When the interviewer signals he or she is ready to meet a new patient, the receptionist will select the next patient who registers for services provided that they meet the following two criteria: 1) has previously received services within the past 12 months and 2) is not an unaccompanied minor. The receptionist will read a brief script, hand the patient a study brochure, point them in the direction of the interviewer, and tally that patient as both "registered for services" and "referred to interviewer". If the patient chooses to approach the interviewer, the interviewer will take them to a private location to conduct a screening. If the patient screens in as eligible and additional interviews are needed at that site for a patient type that the patient represents (i.e. H, PH, M, or CHC), the patients will be invited to participate in an interview. The interviewer will only screen patients who have been referred by the receptionist and then choose to approach the interviewer.

A limitation of the study is that the patients' selection method is not entirely random. A selection method that selects every nth patient for an interview is probably not feasible for those sites in which the volume of targeted patients is very low (such as a site serving multiple types of patients, including a very low volume of public housing patients or homeless patients). At a "low-volume" site, sampling patients at an interval could result in wait times of several days before the nth patient arrived. In addition, this is the selection method that was used for the 2002 Community Health Center and the 2003 Health Care for the Homeless User Surveys.

9. Power analysis

We recognize that some of the subgroup analyses have very low power to detect differences of 10%. Due to budget and sample size limitations, we are not able to increase power to those subgroups. However, the contractor will work closely with the Project Officer to ensure the analyses are meaningful and there is sufficient power to detect differences. We will evaluate subgroups or areas where larger MDE (minimum detectable effects) are useful and where the power is above 80%. We will strongly caveat areas where low power or large MDEs exist.

10. Plan for addressing non-response bias

We will address potential non-response bias; however, we recognize that we will not be able to analyze those potential respondents who say no initially to the receptionist and do not provide the information collected through the screener. We will collect patient characteristics, such as age, race and gender during the FI

screening process. (Revised screener attached.) These patient characteristics are likely to be related to the survey outcome variables. Thus, using the patient characteristics available both for respondents and non-respondents, the respondents and non-respondents can be compared across various attributes to approximate non-response bias.