

Introductory Letters/Materials for Grantees, Sites, and Patients

RTI LEAD LETTER TO GRANTEES

DATE

DIRECTOR
ADDRESS
CITY, STATE ZIP

Dear [DIRECTOR],

On behalf of RTI (Research Triangle Institute) and the Health Resources and Services Administration's Bureau of Primary Health Care, we would like to request your participation in the Primary Health Care Patient Surveys. These surveys aim to collect data on patients who use health centers funded under Section 330 of the Public Health Service Act, to support the Bureau's mission to improve the health of the nation's medically underserved communities and populations and ensure their access to high-quality primary health care services.

Your organization is one of a stratified sample of only 115 grantees selected to participate in this study. Therefore, your assistance is essential. We would like to involve some of your health center sites in these surveys, which will be conducted sometime between [MONTH] and [MONTH] 2010. Data collection activities will be scheduled at your convenience. Your sites would be asked to participate in the following activity:

- Allowing RTI to conduct one-on-one private, personal interviews with a sample of patients who have received services at your health center in the previous year. Copies of the instrument are available for your review.

All information obtained during the patient surveys will be kept private and without personal identifiers, and will be used for research purposes only. We will work with you and the site staff to ensure that the data collection activities adhere to the research requirements of your facilities. We also assure you and the site staff that the findings from the patient surveys will not be used to assess the performance of the individual site or grantee.

In the next week, NAME OF GRANTEE RECRUITER, a member of the RTI research team, will contact you to discuss this request in more detail, to obtain site-related information necessary for conducting the surveys, and to answer any questions or concerns that you may have. If you prefer, you may contact him/her by calling toll free (800)XXX-XXXX, extension _____. We recognize that participation may present a variety of challenges, but our hope is that you will permit us to work with you and your site staff to develop a plan that will effectively address any concerns and enable your participation.

Thank you in advance for your time and thoughtful consideration.

Sincerely,



Kristine Fahrney
RTI Project Director for the
Community Health Center Patient Survey



RTI Project Director for the
Special Populations Patient Survey

Enclosures: BPHC Letter of Support and RTI Brochure

RTI LEAD LETTER TO SITES

DATE

DIRECTOR
ADDRESS
CITY, STATE ZIP

Dear [DIRECTOR],

On behalf of RTI (Research Triangle Institute) and the Health Resources and Services Administration’s Bureau of Primary Health Care, we would like to request your participation in the Primary Health Care Patient Surveys. These surveys aim to collect data on patients who use health centers funded under Section 330 of the Public Health Service Act, to support the Bureau’s mission to improve the health of the nation’s medically underserved communities and populations and ensure their access to high-quality primary health care services.

Your grantee was one of 115 randomly selected from across the country for participation in this study, and your site was selected within your grantee. Therefore, your assistance is essential. This study will be conducted sometime between [MONTH] and [MONTH] 2010 and will be scheduled at your convenience. Your participation will involve the following activities:

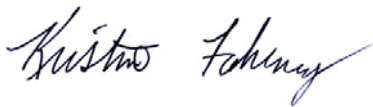
- Allowing RTI to conduct one-on-one private, personal interviews with a sample of patients who have received services at your health center in the previous year. Copies of the instrument are available for your review.

All information obtained during the patient surveys will be kept private and without personal identifiers, and will be used for research purposes only. We will work with you and your staff to ensure that the data collection activities adhere to the research requirements of your facilities. We also assure you and the site staff that the findings from the patient surveys will not be used to assess the performance of the individual site or grantee.

In the next week, NAME OF GRANTEE RECRUITER, a member of the RTI research team, will contact you to discuss this request in more detail, to obtain site-related information necessary for conducting the surveys, and to answer any questions or concerns that you may have. If you prefer, you may contact him/her by calling toll free (800)XXX-XXXX, extension _____. We recognize that participation may present a variety of challenges, but our hope is that you will permit us to work with you and your staff to develop a plan that will effectively address any concerns and enable your participation.

Thank you in advance for your time and thoughtful consideration.

Sincerely,



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RTI Project Director for the
Community Health Center Patient Survey



Jody Greene
RTI Project Director for the
Special Populations Patient Survey

Enclosures: BPHC Letter of Support and RTI Brochure

BPHC Lead Letter to Grantees and Sites

BPHC LETTERHEAD

BPHC LEAD LETTER TO GRANTEES AND SITES

DATE

Dear Colleague:

The Health Resources and Services Administration (HRSA)'s Bureau of Primary Health Care (BPHC) is sponsoring the Primary Health Care Patient Surveys to be conducted by RTI International, a not-for-profit research firm. The Patient Surveys aim to collect data on patients who use health centers funded under Section 330 of the Public Health Service Act, to support the Bureau's mission to improve the health of the nation's underserved communities and populations, and to ensure their access to high-quality primary health care services.

The BPHC has selected your program to assist us in this important work, and we would very much appreciate your support and cooperation. RTI International, our contractor, will ask your program to assist by allowing RTI to conduct patient interviews at your program. Specifically, your staff will be asked to help identify clients willing to be interviewed for the Patient Survey and allow RTI staff to conduct personal interviews with the selected clients.

The study will involve the selection of a specific number of clients to participate in a personal interview with an RTI representative. We will treat all information obtained during the study as private, and it will be used for research purposes only. Furthermore, we will work with you and your staff to ensure that the data collection activities adhere to the research requirements of your facility.

For more detailed information on this study, please read the enclosed materials from RTI, and let them know if you are able to participate. If you have any questions, please feel free to contact me at the e-mail address or phone number below.

Thank you in advance for your time and consideration.

Sincerely,

Anne Pope, MPH
Project Officer, BPHC Patient Surveys
Office of Quality and Data
Bureau of Primary Health Care
Health Resources and Services Administration
Parklawn Building, Room 15C-26
5600 Fishers Lane
Rockville, MD 20857
Phone: (301) 594-4284
e-mail: APope@hrsa.gov

INFORMATION TO BE INCLUDED AS PART OF A TRIFOLD BROCHURE

Frequently Asked Questions About the Primary Health Care Patient Surveys

What are the surveys about? What is the purpose?

RTI (Research Triangle Institute) International is conducting the Primary Health Care Patient Surveys. The surveys are sponsored by the Bureau of Primary Health Care within the Health Resources and Services Administration (HRSA). These surveys are about people who receive health care at health centers like this one. The surveys will try to find out what kinds of health issues people who use the health centers have and how well their needs are met. The surveys are not associated with any immigration laws and the agency sponsoring the study is not associated with an immigration agency.

What is involved and how long will it take?

If you agree to participate, you will take part in an in person interview conducted by one of our interviewers. We will conduct the interview in private at the health center or another convenient location. All responses will be kept private. You may refuse to answer any question and you may also stop the interview at any time.

What types of questions will be asked?

Questions about health care received, medical conditions, alcohol and drug use and health insurance will be asked.

How long are the interviews?

The time varies, but interviews generally take 1 hour.

Will I be paid?

You will receive \$25 cash or a \$25 gift card for your participation. The form of payment has been selected by this health center.

What about my privacy?

The information you provide will be private. We will create and use a number instead of your name to identify your interview in the computer. This will prevent anyone from finding out what your answers were. After you complete the interview, the interviewer will not be able to look at your answers again. We will combine your information with information from all of the other participants to create group statistics.

Why was I selected for this study?

RTI requested the cooperation of about 600 health centers to conduct this study. This health center has agreed to participate. You have been randomly selected from this health centers' patients to participate.

Why should I participate?

Your opinions and experiences are valuable. You represent thousands of others who receive similar care and services. Information we gather through these surveys will provide policy makers and health centers with a better understanding of how patients are being served and how to better serve patients at these health centers.

Do I have to participate?

You **do not** have to participate in this survey or respond to any questions you do not want to answer. If you choose not to participate it will not affect any services you or your family may receive at the health center or any other programs.

What is the RTI International?

RTI International is a nonprofit company in Research Triangle Park, North Carolina. RTI conducts research and provides services to local, state, and federal agencies.

I have more questions. Who can answer them?

If you have any questions about these studies, you may call FIELD DIRECTOR 1 NAME at (XXX)XXX-XXXX or FIELD DIRECTOR 2 NAME at (XXX)XXX-XXXX. If you have any questions about your rights as a study participant, you may call RTI's Office of Research Protections toll-free at (1-866-214-2043).

GRANTEE RECRUITMENT GUIDELINES

SUGGESTED INTRODUCTION SCRIPT:

[ASK FOR CONTACT PERSON IDENTIFIED IN VERIFICATION CALL]

Hello, my name is _____ and I'm calling on behalf of the United States Department of Health and Human Services about the Primary Health Care Patient Surveys which are sponsored by the Bureau of Primary Health Care within the Health Resources and Services Administration (HRSA). I'm calling from Research Triangle Institute International, which has been contracted to conduct the patient surveys. I was given your name as the person in your office that is the most knowledgeable about the health center sites that your organization funds via Section 330 funding. I recently mailed study information to you. I am calling today to discuss the surveys in more detail and answer any questions that you may have regarding participation. Do you have time to talk with me now? [THE FIRST CALL MAY LAST 10 MINUTES]. [IF NO]...I will be happy to call back at a time that is more convenient for you. [SET UP APPOINTMENT DATE AND TIME]

THE FOLLOWING MUST BE DISCUSSED DURING THIS CALL OR DURING SUBSEQUENT CALLS:

1. Give **summary of the patient surveys**. Include purpose and major tasks.
The purpose of these surveys is to obtain data about the health and health care needs of patients who received services at Section 330 funded health centers. The national studies will provide policy makers and service providers with a better understanding of the health problems and needs of these patients, their health care utilization, and met and unmet needs.
2. **Clarify our request**.
We are **seeking permission** from the grantees to collect data at a sample of their sites. We are **requesting information** on their sites so that our statistician can select the sample of sites. Each selected site will be asked to allow RTI to conduct one-on-one private, personal interviews with patients who have used the site in the previous year (approx XX interviews per grantee, X or X per site). Copies of the interview questions are available for grantee review.
3. Identify **any perceived barriers to participation** and work out plans to alleviate such barriers.
4. Discuss the **approval process that is required at the Grantee level**. Do they have an IRB and/or Board of Governance? If so, when is their next meeting? **Offer assistance** in obtaining study approval and/or gaining their cooperation. RTI must receive written notification of approval, if applicable. Discuss and document **local requirements for obtaining informed consent** from minors and proxies.

5. Address concerns about patient protection. **Protective measures for the patient surveys include:**
- informing respondents up front that some of the questions may be sensitive in nature and that they have the right to refuse to answer any questions;
 - reassuring all subjects that they are under no obligation to respond to the interview and may terminate their participation at any time;
 - informing participants that their answers are private, and that their names will not be associated with responses provided;
 - conducting the interviews in a private location;
 - reporting information obtained from the interviews only in summary form;
 - maintaining hard copies of the consent forms in a locked storage cabinet;
 - destroying hard copies of consent forms after they are no longer needed;
6. **Obtain the following information for each eligible site** associated with the Grantee. Eligible sites are defined as those that are within the scope of project of the 330-funded program.

Name of site _____

Contact Information

Name _____

Title _____

Address _____

Phone _____

Email _____

Fax _____

Number or Percent of users by ethnicity during 2008: (CIRCLE NUMBER OR PERCENT AND INSERT FIGURES BELOW)

___ Hispanic or Latino

___ All others

Number or Percent of users by race during 2009: (CIRCLE NUMBER OR PERCENT AND INSERT FIGURES BELOW)

___ American Indian/Alaskan Native

___ Asian

___ Black/African American

___ Native Hawaiian/Other Pacific Islander

___ White

___ More than one race

___ Other/Unknown

Number or Percent of users by gender during 2009: (CIRCLE NUMBER OR PERCENT AND INSERT FIGURES BELOW)

___ Male

___ Female

Number or Percent of users by age during 2009: (CIRCLE NUMBER OR PERCENT AND INSERT FIGURES BELOW)

___ 0-12

___ 13-19

___ 20-44

___ 45-64

___ 65+

Populations served (Circle Yes or No)

Migrant or seasonal farmworkers Yes / No

Homeless Yes / No

Public Housing Yes / No

Other (Community health) Yes / No

Type of site (select one for Homeless Site only)

Fixed serving homeless and general population

Fixed serving homeless only

Mobile serving homeless and general population

Mobile serving homeless only

Eligibility

Number of years in operation (allow decimal points)

Receives at least partial section 330 funding (yes/no)

Types of services

Conducts intake (yes/no)

Face-to-face contact with clients (yes/no)

Language

___% Clients speaking Spanish only

___% Clients speaking other language; SPECIFY LANGUAGE_____

7. After grantee agrees to participate, ask this contact for **suggested sequence for other approvals/permissions**. Specifically, are there approvals that must be acquired before contacting the site or can we immediately make contact with the site?
8. Discuss **Letter of Agreement**, if applicable.

SITE RECRUITMENT GUIDELINES

EXAMPLE SCRIPT OF INTRODUCTION:

[ASK FOR PERSON THAT SHOULD HAVE RECEIVED THE ADVANCE PACKAGE]

Hello, my name is _____ and I'm calling on behalf of the United States Department of Health and Human Services about the Primary Health Care Patient Surveys which are sponsored by the Bureau of Primary Health Care within the Health Resources and Services Administration (HRSA). I'm calling from Research Triangle Institute International, which has been contracted to conduct the patient surveys. I have already spoken with [GIVE NAME OF CONTACT AT THE GRANTEE ORGANIZATION] and he/she has given me permission to contact you about the surveys. I sent you some materials in the mail about the surveys. I am calling today to discuss the surveys in more detail and answer any questions that you may have regarding participation.

Do you have time to talk with me now? [THE FIRST CALL MAY LAST 10 MINUTES]. [IF NO]...I will be happy to call back at a time that is more convenient for you. [SET UP APPOINTMENT DATE AND TIME]

Have you had a chance to look over those materials? [IF NO].... I will be happy to call back after you've had a chance to do so. [SET UP APPOINTMENT DATE AND TIME]

THE FOLLOWING MUST BE DISCUSSED DURING THIS CALL OR DURING SUBSEQUENT CALLS:

Give **summary of the patient surveys**. Include purpose and major tasks.

The purpose of these surveys is to obtain data about the health and health care needs of patients who received services at Section 330 funded health centers. These national surveys will provide policy makers and service providers with a better understanding of the health problems and needs of these patients, their health care utilization, and met and unmet needs.

Verify **information obtained** from grantee concerning contact information, users by ethnicity, users by race, users by age, users by gender, % requiring a translator, type of site and eligibility criteria.

Clarify our request.

Each selected site will be asked to allow RTI to conduct one-on-one private, personal interviews with people who have used the site in the previous year (approx XX interviews per grantee, X or X per site). Copies of the instruments are available for grantee review.

Discuss the **schedule for data collection**: [Month] – [Month] 2010. We will schedule the data collection at their convenience, but it must be conducted within this time frame. Let site know that an RTI interviewer will be conducting the interviews.

What are the days and hours of operation?

Assist in developing the **site-specific protocol for reporting situations of distress/abuse or harm to participants or others**. Also, develop referral **protocol for respondents requesting services or assistance**. Obtain the name of an appropriate person at the site or grantee organization for referrals, if applicable and appropriate.

Address concerns of patient protection. **Protective measures for the patient surveys include:**

- informing respondents up front that some of the questions may be sensitive in nature and that they have the right to refuse to answer any questions;
- reassuring all subjects that they are under no obligation to respond to the interview and may terminate their participation at any time;
- informing participants that their answers are private, and that their names will not be associated with responses provided;
- conducting the interviews in a private location;
- reporting information obtained from the interviews only in summary form;
- maintaining hard copies of the consent forms in a locked storage cabinet;
- destroying hard copies of consent forms after they are no longer needed;

Discuss **study logistics**.

Number of clients per day:

Migrant and seasonal farmworkers (if any)

Homeless (if any)

Public Housing (if any)

All other (Community Health)

Best time to interview clients (select one)

While awaiting receipt of services

After receiving services

Special appointment

Preference for respondent incentive (Mark all that apply)

Cash

Visa gift card

Food voucher

Telephone card

Movie tickets

Hygiene bag

Other (Specify)

Discuss the **Letter of Agreement**, if applicable.

LETTER OF AGREEMENT FOR A PARTICIPATING SITE

<date>

<facility name>

<facility address 1>

<facility address 2>

Dear <administrator>

This letter will serve as an agreement between you and Research Triangle Institute International regarding your facility's participation in the Primary Health Care Patient Surveys. As you know, the patient surveys, sponsored by the Bureau for Primary Health Care within the Health Resources and Services Administration (HRSA) are being conducted by RTI, a not-for-profit organization based in North Carolina.

The purpose of these surveys is to collect data on patients who use health centers funded under Section 330 of the Public Health Service Act, to support the Bureau's mission to improve the health of the nation's medically underserved communities and populations, and to ensure access to high-quality primary health care services.

Please review the following information for accuracy:

1. Your site's administration has agreed to allow the facility to participate. The specific elements of participation were outlined in the patient surveys overview that you received previously. The surveys involve in-person interviews with patients aged 13 and older and in-person interviews with the parents/guardians of patients who are under age 12. (For all interviews conducted with 13-17 year olds, parental consent and minor assent will be obtained.) All data collected will be strictly private and will be used for research purposes only.
2. Your internal review process is complete and the research is approved for implementation at your site. No exceptions or stipulations were noted. <stipulate any exceptions here.>
3. The designated contact person from your site is <include ALL contact names for Study surveys>.
4. Your staff and RTI have determined the protocol for addressing subjects that may display significant emotional distress or volunteer other information that requires intervention or reporting. <state the protocol>
5. Data collection for the visit survey will be conducted between [MONTH] and [MONTH] 2010.

Your signature below indicates that you confirm/agree with the contents of this letter and that the Primary Health Care Patient Surveys can be initiated at your site.

<Name of Director>

Date

Please make a copy of this letter for your records. Please fax this signed letter to [RECRUITER] at 919 XXX-XXXX). After faxing the letter, please return the original to RTI in the enclosed self-addressed stamped envelope.

If you have any questions now, or at any time during the study, please do not hesitate to call either Jody Greene at 1-800-XXX-XXXX, ext 2710 or Kristine Fahrney at 1-800-XXX-XXXX, ext. 5531. We look forward to working with you and your staff. Again, thank you for participating in this study.

Sincerely,



Kristine Fahrney
RTI Project Director for the
Community Health Center Patient Survey



Jody Greene
RTI Project Director for the
Special Populations Patient Survey

cc:

**Primary Health Care Patient Surveys
Respondent Recruitment Script**

You have been invited to participate in an interview as part of an important research effort being conducted by Research Triangle Institute and sponsored by the Bureau of Primary Health Care. The interview asks about your health care experiences and some other topics.

You will receive \$25 in either CASH or CASH EQUIVALENCY as thanks for your participation.

Here is a brochure that provides information about the study.

If you are interested in participating, or have any questions, please read the brochure and speak with the on-site RTI representative, _____.

If the on-site RTI representative is not available and you would like to find out more information about the study, I can set an appointment for you to speak with her/him.

We hope you will choose to participate.

Thank you!

**Primary Health Care Patient Survey
Contact Summary Report Form**

Case ID: _____

FI Name: _____

FS Name: _____

Grantee Number: _____

Grantee Name: _____

Site Number: _____

Site Name: _____

RECORD OF CONTACTS				
DATE	TIME	TYPE OF INTERVIEW	STATUS*	COMMENTS

* IF AN APPOINTMENT IS SET FOR A LATER TIME, DOCUMENT THE RESPONDENT'S FIRST NAME, CONTACT NUMBER, THE LOCATION AND TIME OF THE APPOINTMENT, AND THE PARENT/GUARDIAN NAME (IF APPLICABLE) IN THE COMMENTS SECTION.

Interviewer Notes:

Status Codes: (To be finalized and inserted)

**Patient Screening Form
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, mental health counselor, or dentist at [NAME OF HEALTH CARE CENTER SITE] 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 in the past 24 months or have you or has anyone in your family been supported by someone who worked as a farmworker in the past 24 months?

- YES 1 **IF YOUR QUOTA IS ALREADY MET, THANK THE RESPONDENT FOR THEIR TIME. IF NOT, USE AN M CASE ID AND SKIP TO S3**
- NO..... 2

In the past 12 months, has there been a period in which you have been without regular housing or homeless? To clarify, that is not living in your own house, apartment, or room on a regular basis and not in a hospital or jail/prison. For example, living in a shelter, on the street/campsite/car/etc. or in temporary or transitional housing where services are provided.

- YES 1 **IF YOUR QUOTA IS ALREADY MET, THANK THE RESPONDENT FOR THEIR TIME. IF NOT, USE AN H CASE ID AND SKIP TO S3**
- NO..... 2

Are you currently living in a public housing unit? Do not count Section 8 housing as public housing.

- YES 1 **IF YOUR QUOTA IS ALREADY MET, THANK THE RESPONDENT FOR THEIR TIME. IF NOT, USE A P CASE ID AND SKIP TO S3**
- NO..... 2

- NONE OF THE ABOVE-
NONE 3 **IF YOUR QUOTA IS ALREADY MET, THANK THE RESPONDENT FOR THEIR TIME. IF NOT, USE A C CASE ID AND SKIP TO S3**

S3. What is your age?

____ YEARS

- **IF RESPONDENT IS 18 OR OLDER, THEN CONTINUE WITH INFORMED CONSENT AND CONDUCT INTERVIEW OR SCHEDULE AN INTERVIEW FOR A LATER DATE IF R IS INTERESTED BUT UNAVAILABLE.**
- **IF PROXY RESPONDENT FOR CHILD AGE 12 OR YOUNGER, THEN CONTINUE WITH INFORMED CONSENT AND CONDUCT INTERVIEW OR SCHEDULE AN INTERVIEW FOR A LATER DATE IF R IS INTERESTED BUT UNAVAILABLE.**
- **IF RESPONDENT IS 13-17, THEN GO TO S4.**

S4. Is a parent or guardian with you?

- YES 1 **(FIND PARENT, AND PROCEED WITH PARENTAL INFORMED CONSENT PROCEDURES, ASSENT PROCEDURES AND CONDUCT OR SCHEDULE INTERVIEW.)**
- NO..... 2 **(THANK POTENTIAL R, TERMINATE INTERVIEW)**
- REFUSED..... 7 **(THANK POTENTIAL R, TERMINATE INTERVIEW)**
- DON'T KNOW..... 9 **(THANKS POTENTIAL R, TERMINATE INTERVIEW)**

Resource List

Substance Use	
Focus on Recovery	1-800-234-0420
Center for Substance Abuse Treatment	1-800-662-HELP
Parenting Issues	
Parents Anonymous	1-800-843-5437
Child Abuse	
Division of Youth and Family Services	1-800-792-8610
National Child Abuse Hotline/ The Childhelp USA	1-800-422-4453
Runaways/Families with Runaways	
National Runaway Switchboard	1-800-621-4000
Covenant House	1-800-999-9999

Fold here

Domestic Violence	
Domestic Violence Hotline	1-800-799-SAFE
Friends of Battered Women and their Children	1-800-603-HELP
Medical Issues	
US Public Health Service AIDS Hotline	1-800-342-AIDS
Suicide	
National Hope Line Network	1-800-SUICIDE
The Trevor Project	1-800-850-8078
(For gay and questioning youth)	
General Crisis Hotlines	
Boystown National Hotline	1-800-448-3000
LifeNet	1-800-LIFENET

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