

## **Supporting Statement B**

### **Title of the Data Collection**

**OMB Control No. 0915-XXXX**

#### **B. Collection of Information Employing Statistical Methods**

**If statistical methods will not be used to select respondents and the corresponding item is checked “No”, this section does not have to be completed.**

For the pretest (cognitive interviews), we intend to use a different sampling approach than would be used in our national study. This is done to ensure that we have the appropriate distribution of participants to test our survey in each of the 5 languages. In addition, a small number of participants will be recruited at one urban and one rural health center. This will allow us to pretest our on-site recruitment procedures along with testing the questionnaire. The remainder of the interview subjects will be recruited through traditional ads, such as posting flyers, or and online advertising.

#### **1. Respondent Universe and Sampling Methods**

The respondent universe includes parents of children 12 and younger, adolescents 13-17, and adults 18 and over that have received services at a public health center in the past 12 months.

The pretest (cognitive interviews) will involve three rounds of testing (see tables below). In round 1, only 16 English interviews will be conducted using a paper instrument. The sample will include ½ of the 16 interviews recruited at a local clinic and ½ recruited through local advertisements. In round 2, 32 interviews will be completed using a computerized survey instrument. The sample will include ½ of the English and ½ of the Spanish interviews recruited at a local clinic and the remaining interviews, along with all of the Korean, Chinese, and Vietnamese interviews recruited through local advertisements. Respondents will be administered the questionnaire in their respective language. In round 3, 21 interviews will be completed using a computerized survey instrument. All of the interviews recruited through local advertisements. All efforts will be made to recruit a diverse sample in terms of respondent age, gender, and race/ethnicity.

It was decided that three rounds of testing will be needed to evaluate the questionnaire. The rationale is that the questionnaire can be administered to adult proxies of children 12 and under, adolescents, and adults. The questionnaire is

also to be administered in five languages (English, Spanish, Vietnamese, Korean, and Chinese – Mandarin and Cantonese). Round 1 will test the English questionnaire as a paper instrument, while rounds 2 and 3 will test all 5 languages using a computerized instrument. Due to these complexities, a three-round design was necessary to thoroughly test the questionnaire.

### Round 1 Testing

Cohort	Test	Recruited and Conducted at Clinic	Recruited through Local Ads and Conducted at RTI / Other Location	Total
English	1/2 of the questionnaire per participant	8	8	16
Spanish	NA	0	0	0
Korean	NA	0	0	0
Chinese	NA	0	0	0
Vietnamese	NA	0	0	0
TOTAL	NA	8	8	16

### Round 2 Testing

Cohort	Test	Recruited and Conducted at Clinic	Recruited through Local Ads and Conducted at RTI/ Other Location	Total
English	All	3	3	6
Spanish	All	4	4	8
Korean	All	0	6	6
Chinese (Mandarin and Cantonese)	All	0	6	6
Vietnamese	All	0	6	6
TOTAL	All	7	25	32

### Round 3 Testing

Cohort	Test	Recruited and Conducted at Clinic	Recruited through Local Ads and Conducted at RTI/ Other Location	Total
English	All	0	6	6
Spanish	All	0	5	5
Korean	All	0	3	3
Chinese (Mandarin and Cantonese)	All	0	4	4

Vietnamese	All	0	3	3
TOTAL	All	0	21	21

## 2. Procedures for the Collection of Information

**Interviews recruited on-site at a local clinic:** In rounds 1 and 2, we will be recruiting patients from one urban and one rural clinic. This will allow us to test the questionnaire, but also test the on-site recruitment procedures and burden placed on the clinic staff. Interviewers will receive training on the procedures and will train the clinic staff once the facility has agreed to participate in the pretest.

The staff will be instructed to follow the on-site patient recruitment procedures so that we can test that process. When the interviewer is available, the receptionist will send the next patient that arrives at the clinic for services. If the interviewer is conducting an interview, the receptionist will administer a few questions to determine if the patient is over 65 years of age and if they are Asian, American Indian, Alaska Native, Native Hawaiian, or Pacific Islander. These are specific categories that we are over-recruiting. After administering these questions, the receptionist will then hand a yellow card to the next patient that meets one of these criteria. The interviewer will look for the patient holding the yellow card and will then screen him or her to determine eligibility. The patient will then be invited to participate in the survey at that time. Some patients will not be available to complete the interview during their clinic visit. The interviewer will arrange to conduct the interview with the patient at another time and location.

**Interviews recruited through traditional advertising (i.e. flyers):** In all three rounds, we will recruit participants using traditional advertising such as posting flyers and free online advertisement. We will screen each interested participant to ensure they are eligible. We will then draw a sample, ensuring that we have diversity in terms of age, gender, and race/ethnicity.

Patients that agree to participate will be administered the pretest questionnaire. The participant will not be contacted following the cognitive interview.

## 3. Methods to Maximize Response Rates and Deal with Nonresponse

Eligible participants will be provided with a \$50 incentive for completion of the interview. Nonresponse is generally not an issue when conducting cognitive interviews as the nonresponder would be replaced with another eligible sample member.

## 4. Tests of Procedures or Methods to be Undertaken

We are targeting 69 completed interviews over three rounds of testing. The first round of English interviews will be conducted on paper to focus on cognitive

understanding of the questions. The second and third rounds will be conducted using a laptop computer. We will then test cognitive understanding of the questions along with the usability of the computerized instrument.

We decided on 69 interviews over three rounds to give us a chance to properly test the instrument in the various languages (English, Spanish, Vietnamese, Korean, Chinese – Mandarin / Chinese – Cantonese). We also need to have proper timing data to ensure that the questionnaire is of an appropriate length for each of the languages.

The questionnaire will also vary by respondent type (Child-proxy, Adolescent, Adult). Having a larger pretest sample will ensure that we can properly test the questionnaire among these various sub-groups.

### **5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data**

Provide the name, telephone number, and e-mail addresses of individuals consulted on statistical aspects of the design and the name of the agency unit, contractor(s), grantee(s), or other person(s) who will actually collect and/or analyze the information for the agency.

Contracting Officer Technical Representative:

Charles Daly  
Health Resources and Services Administration  
301-594-5110  
[CDaly2@hrsa.gov](mailto:CDaly2@hrsa.gov)

Data Branch Chief, Office of Quality and Data:

Alek Sripipatana  
Health Resources and Services Administration  
301-443-1808  
[ASripipatana@hrsa.gov](mailto:ASripipatana@hrsa.gov)

Public Health Analyst:

Lydie LeBrun, Office of Planning, Analysis, and Evaluation:  
Health Resources and Services Administration  
301-443-2178  
[LLebrun@hrsa.gov](mailto:LLebrun@hrsa.gov)

Public Health Analyst, Office of Quality and Data:  
Joya Chowdhury  
Health Resources and Services Administration  
301-594-4070  
[jchowdhury@hrsa.gov](mailto:jchowdhury@hrsa.gov)

Technical Advisory Panel Members:

Government

1. Natasha Coulouris- HRSA Office of Policy Analysis and Evaluation (Obesity) [ncoulouris@hrsa.gov](mailto:ncoulouris@hrsa.gov)
2. Quyen Ngo-Metzger - Agency Health Research and Quality (CAHPS/ Medicaid/Uninsured/ Disparities) [Quyen.Ngo-Metzger@ahrq.hhs.gov](mailto:Quyen.Ngo-Metzger@ahrq.hhs.gov)
3. Seiji Hayashi- HRSA Office of the Associate Administrator (Hepatitis/ Tobacco/ Children's Health) [shayashi@hrsa.gov](mailto:shayashi@hrsa.gov)
4. Angel Rodriguez-Espada - HRSA Office of Quality and Data (Oral Health) [arodriguez-espada@hrsa.gov](mailto:arodriguez-espada@hrsa.gov)
5. Kaytura Felix – HRSA Office of Policy Analysis and Evaluation (Quality, health conditions) [kfelix@hrsa.gov](mailto:kfelix@hrsa.gov)

University

1. Dara Sorkin- University California Irvine (Mental Health/ Older Adults) [dsorkin@uci.edu](mailto:dsorkin@uci.edu)
2. Travis Baggett- Harvard (Homelessness) [tbaggett@partners.org](mailto:tbaggett@partners.org)
3. Ninez Ponce- UCLA (California Health Interview Survey/ Economics) [nponce@ucla.edu](mailto:nponce@ucla.edu)
4. Leiyu Shi- Johns Hopkins (Access/ Methods) [lshi@jhspsh.edu](mailto:lshi@jhspsh.edu)
5. Maria Fernandez - University Texas Houston (Farmworkers) [Maria.e.fernandez@uth.tmc.edu](mailto:Maria.e.fernandez@uth.tmc.edu)
6. Benjamin Sommers - Harvard – (Vulnerable Populations/Uninsured) [bsommers@hsph.harvard.edu](mailto:bsommers@hsph.harvard.edu)

Organizations

1. Rosy Chang Weir- Association Asian Pacific Community Health Organizations (Asian Americans) [rcweir@aapcho.org](mailto:rcweir@aapcho.org)
2. Michelle Proser- National Association Community Health Centers (Health Centers) [mproser@nachc.org](mailto:mproser@nachc.org)
3. Beverly Weidmer- RAND (CAHPS/ Spanish Speakers/ Survey Methods) [Beverly\\_weidmer@rand.org](mailto:Beverly_weidmer@rand.org)
4. Judy Ng- National Committee Quality Assurance (PCMH CAHPS) [ng@ncqa.org](mailto:ng@ncqa.org)
5. Bobbi Ryder – National Center for Farmworker Health (Farmworkers) [ryder@ncfh.org](mailto:ryder@ncfh.org)
6. Darlene Jenkins – National Health Care for the Homeless Council (Homeless) [djenkins@nhchc.org](mailto:djenkins@nhchc.org)

7. Alex Kral – RTI International (Substance Abuse/Mental Health) [akral@rti.org](mailto:akral@rti.org)

If the persons collecting or analyzing the data are contractors, list their names in addition to the names of the agency personnel responsible for receiving and approving contract deliverables. Specifically note the person who:

1) designed the data collection;

Tim Flanigan  
Instrumentation Task Leader  
RTI International  
(919) 485-7743  
[tsf@rti.org](mailto:tsf@rti.org)

Kathleen Considine  
Project Director  
RTI International  
(919) 541-6612  
[kac@rti.org](mailto:kac@rti.org)

Patrick Chen  
Sampling Task Leader  
RTI International  
(919) 541-6309  
[pchen@rti.org](mailto:pchen@rti.org)

2) will collect the data, and;

Azot Derecho  
Data Collection Task Leader  
RTI International  
(919) 541-7231  
[derecho@rti.org](mailto:derecho@rti.org)

3) will analyze the data.

Cynthia Augustine  
Analysis Task Leader  
RTI International  
(919) 541-6154  
[caugustine@rti.org](mailto:caugustine@rti.org)