

Attachment 4

Introductory and Recruitment Materials for Grantees, Sites, and Patients

RTI LEAD LETTER TO GRANTEES

DATE
DIRECTOR
ADDRESS
CITY, STATE ZIP

Dear [DIRECTOR],

On behalf of the Health Resources and Services Administration's Bureau of Primary Health Care and RTI International (RTI), we would like to request your participation in the Health Center Patient Survey. This study aims to collect nationally representative data on patients who use health centers funded under Section 330 of the Public Health Service Act. The results from the study will document the experience of health center patients in 2013, and will be shared in aggregate form with other Federal government agencies, Congress, national and state associations, health center program grantees, and the public.

Your organization is one of only 165 Health Center Program grantees selected to participate in this study. We would like to involve some of your health center sites in the study, which will be conducted sometime between August and December of 2014. Data collection activities will be scheduled at your convenience. Your sites would be asked to allow RTI to conduct one-on-one personal interviews in a private location with a sample of patients who received services in the previous year. Specifically, as patients arrive and check in for services, your staff will be asked to direct a subset of them to the RTI interviewer. Since interviews will be conducted by RTI, there will be minimal burden on your staff. On average, each interview will take 75 minutes. The questionnaire is available for your review.

All information obtained during the study will be kept private and stored 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 study will not be used to assess the performance of the individual site or grantee.

After the completion of study activities, your organization will receive a report summarizing the results for your patients, with comparisons to results from all other participating grantees. This report will provide objective information that can be shared with key stakeholders and used to inform the organization about health care services received by its patients. All other study products will present aggregate results only.

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 survey, 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,

Kathleen Considine
RTI International Project Director

Enclosures: BPHC Letter of Support and RTI Brochure

RTI LEAD LETTER TO SITES

DIRECTOR
ADDRESS
CITY, STATE ZIP

Dear [DIRECTOR],

On behalf of the Health Resources and Services Administration's Bureau of Primary Health Care and RTI International, we would like to request your participation in the Health Center Patient Survey. This study aims to collect nationally representative data on patients who use health centers funded under Section 330 of the Public Health Service Act. The results from the study will document the experience of health center patients in 2013, and will be shared in aggregate form with other Federal government agencies, Congress, national and state associations, health center program grantees, and the public.

Your organization was one of 165 Health Center Program grantees selected for participation in this study, and your site was selected within your organization. We have already spoken with your organization's administration, and received permission to contact you about this important study. The study will be conducted sometime between August and December of 2014. Data collection activities will be scheduled at your convenience. Your participation will involve allowing RTI to conduct one-on-one personal interviews in a private location with a sample of patients who received services in the previous year. Specifically, as patients arrive and check in for services, your staff will be asked to direct a subset of them to the RTI interviewer. Since interviews will be conducted by RTI, there will be minimal burden on your staff. On average, each interview will take 75 minutes. The questionnaire is available for your review.

All information obtained during the study will be kept private and stored 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 that the findings from the study will not be used to assess the performance of the individual site or grantee.

After the completion of study activities, your grantee organization will receive a report summarizing the results for the grantee's patients, with comparisons to results from all other participating grantees. This report will provide objective information that can be shared with key stakeholders and used to inform the organization about health care services received by the grantee's patients. All other study products will present aggregate results only.

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 study, 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,

Kathleen Considine
RTI International Project Director

Enclosures: BPHC Letter of Support and RTI Brochure

BPHC Lead Letter to Grantees and Sites

BPHC LEAD LETTER TO GRANTEEES AND SITES

DATE

Dear Colleague:

The Health Resources and Services Administration's Bureau of Primary Health Care is pleased to invite you to participate in the 2014 Health Center Patient Survey. The Patient Survey aims to collect nationally representative data on health center patients to document the effectiveness of the Health Center Program in providing comprehensive primary and preventive health care. The 2014 survey has been revised from previous surveys to more closely align with national surveys and to more narrowly focus on the most critical aspects of a health center patient's experience.

The Bureau of Primary Health Care invites your program to participate in this important survey that will assist in improving the quality of the care provided across the Health Center Program. We have contracted with RTI International, a non-profit research firm, to conduct the Patient Survey.

After the completion of survey activities, your grantee organization will receive a report summarizing the results for the grantee's patients, with comparisons to results from all other participating health center grantees. This report will provide objective information that can be shared with key stakeholders and used to inform your health center about health care services received by the grantee's patients. All other survey products will present aggregate results only.

The Health Center Patient Survey will be conducted with a select group of health centers that are representative of the national Health Center Program. We encourage you to take advantage of this opportunity to receive feedback on your patients' experiences, and thank you in advance for your commitment to improving the health of the Nation's underserved communities and vulnerable populations.

For more detailed information on this study, please read the enclosed materials from RTI International or feel free to contact XXXXX at xxxxx@hrsa.hhs.gov or (xxx) xxx-xxxx.

Sincerely,

XXXXXX
XXXXXXXXXXXX

INFORMATION TO BE INCLUDED AS PART OF A TRIFOLD BROCHURE (DESIGN IS IN PROGRESS)

Frequently Asked Questions About the Health Center Patient Survey

What is the survey about? What is the purpose?

RTI (Research Triangle Institute) International is conducting the Health Center Patient Survey. The survey is sponsored by the Bureau of Primary Health Care within the Health Resources and Services Administration (HRSA). This survey is about people who receive health care at health centers like this one. The survey 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 survey is 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 75 minutes.

Will I be paid?

You will receive \$25 cash or a gift of equal value 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 495 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 Kathleen Considine at (800) 334-8571 Ext. 26612 or Azot Derecho at (800) 334-8571 Ext. 27231. 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

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 HRSA and the Bureau of Primary Health Care about the Health Center Patient Surveys. I'm calling from Research Triangle Institute International, which has been contracted to conduct the patient survey. 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 survey 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 THE INITIAL OR SUBSEQUENT CALLS:

1. Give **summary of the patient surveys**. Include purpose and major tasks.
The purpose of this survey is to obtain nationally representative data about the health and health care needs of patients who received services at Section 330 funded health centers. The national study 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 that will need to review this? If so, when is its next meeting? Do they have any other Board that will need to review this? If so, when is its 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 respondents that they are under no obligation to respond to the interview and may terminate their participation at any time;
- informing respondents 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.

Obtain the following information for each eligible site associated with the Grantee. Eligible sites are defined as follows :

- The site should participate in at least one of the four funding programs and must have been operating under the grantee for at least 1 year.
- The site is not a school-based health center.
- The site is not a specialized clinic, excepting clinics providing OB/GYN services.
- The site does not provide services only through migrant and seasonal farmworker voucher screening program.

Name of site _____

Contact Information

Name _____

Title _____

Address _____

Phone _____

Email _____

Fax _____

Percent of users by race during 2013: (CIRCLE YES OR NO)

At least 20% of Patients are Asians Yes / No

At least 20% of Patients are American Indians/Alaskan Natives (AIAN) Yes / No

At least 20% of Patients are Native Hawaiian/Pacific Islanders (NHPI) Yes / No

Populations served (Circle Yes or No)

Migrant or seasonal farmworkers Yes / No

Homeless Yes / No

Public Housing Yes / No

Other (Community health) Yes / No

Number or Percent of users by population type during 2013:

Migrant or seasonal farmworkers

Homeless

Public Housing

Other (Community Health)

_____ Total

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

___% Patients speaking Spanish only

___% Patients speaking Mandarin only

___% Patients speaking Cantonese only

___% Patients speaking Korean only

___% Patients speaking Vietnamese only

___% Patients speaking other language; SPECIFY LANGUAGE_____

6. 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?
7. 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 HRSA and the Bureau of Primary Health Care about the Health Center Patient Survey which is sponsored by the Bureau of Primary Health Care within the Health Resources and Services Administration (HRSA). I'm calling from RTI International, which has been contracted to conduct the patient survey. 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 survey. I sent you some materials in the mail about the survey. I am calling today to discuss the survey 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 this survey is to obtain nationally representative data about the health and health care needs of patients who received services at Section 330 funded health centers. These national survey 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 race, % 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 interview questions are available for grantee review.

Discuss the **schedule for data collection**: August - December 2014. 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 respondents that they are under no obligation to respond to the interview and may terminate their participation at any time;
- informing respondents 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 patients per day:

Migrant and seasonal farmworkers (if any)

Homeless (if any)

Public Housing (if any)

All other (Community Health)

Best time to interview patients (select one)

While awaiting receipt of services

After receiving services

Special appointment

Interviewing Space

Specify arrangement

Is space available for more than one interviewer at a time? Yes/No

Preference for respondent incentive (Mark all that apply)

Cash

Visa gift card

Food voucher

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 RTI International regarding your facility's participation in the Health Center Patient Survey. As you know, the Patient Survey, sponsored by the Bureau for Primary Health Care within the Health Resources and Services Administration (HRSA) is being conducted by RTI, a not-for-profit organization based in North Carolina.

The purpose of the survey 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 survey>.
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] 2014.

Your signature below indicates that you confirm/agree with the contents of this letter and that the Health Center Patient Survey 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 Kathleen Considine at 1-800-XXX-XXXX, ext XXXX. We look forward to working with you and your staff. Again, thank you for participating in this study.

Sincerely,

Kathleen Considine
RTI Project Director

**Health Center Patient Survey
Respondent Recruitment Script**

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

If you are eligible to complete the survey, you will receive \$25 in cash or a gift of equal value 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!

Health Center Patient Survey Interviewer Recruitment Script

INTRODUCTION

Hello my name is: YOUR NAME and I work for RTI International, a not-for-profit research firm located in Raleigh/Durham North Carolina.

I am here at: NAME OF CLINIC to conduct a patient survey sponsored by the Bureau of Primary Health Care within the Health Resources and Services Administration.

The survey will try to find out what kinds of health problems people come to health centers with and how well the health centers are meeting the needs of the people who use them.

The face-to-face survey will take approximately 75 minutes and we will provide \$25 as a token of appreciation for participating. The survey is voluntary and all information that you tell me will be kept completely confidential.

I would first like to ask you a few questions to determine whether you are eligible to participate.

IF NOT IN PRIVATE LOCATION: If you will follow me, we can go to a private location to ask you the eligibility questions.

CONTACT SUMMARY REPORT FORM

2014 Health Center 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 Survey**

FRONT END:

PROGRAMMER: WE WILL NEED TO DEVELOP THE FOLLOWING VARIABLES FROM INFORMATION GATHERED AT GRANTEE RECRUITMENT:

DEVELOP VARIABLE "FAC1"=NAME OF FACILITY [ALLOW 40]

DEVELOP VARIABLE "STATE" [ALLOW 2 CHARACTER STATE ABBREVIATION]

PROGRAMMER: DO NOT ALLOW DK OR REF RESPONSE FOR ANY OF THE SCREENER QUESTIONS.

S_LANG.

SELECT 1 FOR **ENGLISH**

SELECT 2 FOR **SPANISH**

SELECT 3 FOR **CHINESE - MANDARIN**

SELECT 4 FOR **CHINESE - CANTONESE**

SELECT 5 FOR **KOREAN**

SELECT 6FOR **VIETNAMESE**

[NOTE TO PROGRAMMER: WE WILL BE USING THE SAME CHINESE INSTRUMENT FOR BOTH MANDARIN AND CHINESE. WE JUST NEED A MECHANISM IN THE SCREENER TO KEEP TRACK OF THE DIFFERENT TYPES OF INTERVIEWS.]

S1a. IS THIS A PROXY INTERVIEW?

1=YES [USE TO DEVELOP PROPER FILLS] -- **CONTINUE**

2=NO – **GOTO S3**

S1_child What is your child's first name? I just need a way of referring to your child.
[Allow 20]

S3. Please tell me the age category that applies to {you/name}?

PROBE FOR BEST ESTIMATE, IF NECESSARY

IF UNABLE TO COMPLETE SCREENING, ENTER YOUR BEST GUESS BASED ON OBSERVATION

1=12 and under

2=13 to 17

3=18 to 34

4=35 to 49
5=50 to 64
6=65 and older

**[IF NOT A PROXY INTERVIEW AND IF S3=1, PRESENT ERROR MESSAGE:
“Children 12 years old and younger should only be interviewed through a proxy.”]
RETURN TO S1a.**

S_INT1.

The first few questions are for statistical purposes only, to help us analyze the results of the study.

Do you consider {yourself/name} to be Hispanic or Latino(a)?

1=YES
2=NO

S_INT2.

What race or races do you consider {yourself/name} to be? You may select all that apply.
{FILL: Are you/Is he/Is she}...

EXPLAIN, IF NECESSARY: “We ask this for statistical purposes only, to help us analyze the results of the study.”

NOTE: CODE “NATIVE AMERICAN” AS “AMERICAN INDIAN”

IF UNABLE TO COMPLETE SCREENING, ENTER YOUR BEST GUESS BASED ON OBSERVATION

1=White
2=Black or African American
3=American Indian or Alaska Native (American Indian includes North American, Central American, and South American Indians)
4=Native Hawaiian
5=Guamanian or Chamorro
6=Samoan
7=Tongan
8=Marshallese
9=Asian Indian
10=Chinese
11=Filipino
12=Japanese
13=Korean

14=Vietnamese
15=Other

S_INT3.

IF SELF-RESPONDENT: RECORD; IF NOT OBVIOUS, ASK: What is your gender?

IF PROXY-RESPONDENT, ASK: What is {name's} gender?

[SHOW ONLY FOR RESPONDENTS GE 13 YEARS OLD, NON PROXY INTERVIEWS:] IF R ANSWERS THAT THEY ARE TRANSGENDER AND WHICH KIND IS NOT OBVIOUS – PROBE IF THEY ALTERED GENDER FROM MALE TO FEMALE OR FROM FEMALE TO MALE

IF UNABLE TO COMPLETE SCREENING, ENTER YOUR BEST GUESS BASED ON OBSERVATION

EXPLAIN, IF NECESSARY: “We ask this for statistical purposes only, to help us analyze the results of the study.”

1=MALE
2=FEMALE
3=OTHER

S1b. Thank you for your interest in participating in this patient survey. I have a few questions to determine whether or not {you are /name is} eligible.

{Have you}{Has your child} received services from a health care professional such as a doctor, nurse, drug counselor, mental health counselor, or dentist at {reference health center} in the last 12 months, that is since {12 MONTH REFERENCE DATE}?

1=YES
2=NO --- **[GOTO END1 AND SET EVENT CODE TO 1320.]**

S2_Intro Do any of the following apply to you?

S2a. 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?

1=YES
2=NO

S2b. 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.

1=YES

2=NO

S2c. Are you currently living in a public housing unit? Do not count Section 8 housing as public housing.

IF NEEDED, YOU MAY EXPLAIN: "Public housing is housing that is built, operated, and owned by a government and that is typically provided at nominal rent to the needy."

1=YES

2=NO

S4_Intro. INTERVIEWER: PLEASE ANSWER THE FOLLOWING QUESTIONS

S4a. HAS YOUR QUOTA BEEN MET FOR FARMWORKERS

1=YES

2=NO

3=NO QUOTA FOR THIS FUNDING TYPE

S4b. HAS YOUR QUOTA BEEN MET FOR HOMELESS

1=YES

2=NO

3=NO QUOTA FOR THIS FUNDING TYPE

S4c. HAS YOUR QUOTA BEEN MET FOR PUBLIC HOUSING

1=YES

2=NO

3=NO QUOTA FOR THIS FUNDING TYPE

S4d. HAS YOUR QUOTA BEEN MET FOR CHC

1=YES

2=NO

3=NO QUOTA FOR THIS FUNDING TYPE

NOTE TO PROGRAMMERS: THE FOLLOWING PRELOAD WILL COME FROM SAMPLING AS THEY DETERMINE WHAT FUNDING TYPE THIS SITE FALLS UNDER.

IF SITE = SINGLE FUNDING TYPE [FARMWORKER] THEN DEVELOP NEW VARIABLE "FARM0" AND GO TO S5, ELSE CONTINUE

IF SITE = SINGLE FUNDING TYPE [HOMELESS] THEN DEVELOP NEW VARIABLE "HOME0" AND GO TO S5, ELSE CONTINUE

IF SITE = SINGLE FUNDING TYPE [PUBLIC HOUSING] THEN DEVELOP NEW VARIABLE "PUB0" AND GO TO S5, ELSE CONTINUE

IF SITE = SINGLE FUNDING TYPE [CHC] THEN DEVELOP NEW VARIABLE "CHC0" AND GO TO S5, ELSE CONTINUE TO S4e.

S4e. SELECTION:

IF S2a=1 AND S4a=2 THEN CREATE NEW VARIABLE FARM1=1, ELSE FARM1=2
IF S2b=1 AND S4b=2 THEN CREATE NEW VARIABLE HOME1=1, ELSE HOME1=2
IF S2c=1 AND S4c=2 THEN CREATE NEW VARIABLE PUB1=1, ELSE PUB1=2
IF S4d=2 AND S2a = 2 AND S2b = 2 AND S2c = 2 THEN CREATE NEW VARIABLE CHC1=1, ELSE CHC1=2

IF S4A-S4D ALL EQUAL 1, THEN FILL: "ALL OF YOUR QUOTAS ARE FILLED. PLEASE DO NOT CONTINUE TO INTERVIEW AT THIS SITE." SET EVENT CODE TO 1390

IF FARM1=2 and HOME1 = 2 and PUB1 = 2 and CHC1=2 THEN CREATE NEW VARIABLE CALLED PTYPE AND SET PTYPE TO EQUAL 5. SKIP TO END1.

IF FARM1=1 AND HOME1=2 AND PUB1=2 AND CHC=2, THEN SET PTYPE = 2 AND FILL: "You have been selected for an interview. Would you be able to complete the interview at this time? IF YES – PROCEED WITH INTERVIEW. IF NO – BREAKOFF AND SCHEDULE A TIME TO INTERVIEW IN CMS. RESPONDENT INTERVIEW SELECTED AS @UFARMWORKER@U – PLEASE UPDATE QUOTA AND CSR IF R AGREES TO PARTICIPATE AND CONTINUE WITH INTERVIEW.

IF HOME1=1 AND FARM1=2 AND PUB1=2 AND CHC=2 THEN SET PTYPE = 3 AND FILL: "You have been selected for an interview. Would you be able to complete the interview at this time? IF YES – PROCEED WITH INTERVIEW. IF NO – BREAKOFF AND SCHEDULE A TIME TO INTERVIEW IN CMS. RESPONDENT INTERVIEW SELECTED AS @UHOMELESS@U – PLEASE UPDATE QUOTA AND CSR IF R AGREES TO PARTICIPATE AND CONTINUE WITH INTERVIEW"

IF PUB1=1 AND HOME1=2 AND FARM1=2 AND CHC=2 THEN SET PTYPE = 1 AND FILL: "You have been selected for an interview. Would you be able to complete the interview at this time? IF YES – PROCEED WITH INTERVIEW. IF NO – BREAKOFF AND SCHEDULE A TIME TO INTERVIEW IN CMS. RESPONDENT INTERVIEW SELECTED AS @U PUBLIC HOUSING@U – PLEASE UPDATE QUOTA AND CSR IF R AGREES TO PARTICIPATE AND CONTINUE WITH INTERVIEW"

IF CHC1=1 AND S2b=2 AND S2c=2 AND S2a=2 THEN SET PTYPE = 4 AND FILL: "You have been selected for an interview. Would you be able to complete the interview at this time? IF YES – PROCEED WITH INTERVIEW. IF NO – BREAKOFF AND SCHEDULE A TIME TO INTERVIEW IN CMS. RESPONDENT INTERVIEW

SELECTED AS @UCHC@U – PLEASE UPDATE QUOTA AND CSR IF R AGREES TO PARTICIPATE AND CONTINUE WITH INTERVIEW”

MULTIPLE SELECTION:

IF 2 OR MORE OF THE FOLLOWING: FARM1=1 AND/OR HOME1=1 AND/OR PUB1=1 AND/OR CHC1=1 THEN CONTINUE ELSE GOTO END1

SELECTION OF VARIABLES WHEN 2 OR MORE OF THE FOLLOWING (FARM1, HOME1, PUB1) = 1.

IF PUB1=1 THEN SET PTYPE = 1 AND FILL “You have been selected for an interview. Would you be able to complete the interview at this time? IF YES –PROCEED WITH INTERVIEW. IF NO – BREAKOFF AND SCHEDULE A TIME TO INTERVIEW IN CMS.

RESPONDENT INTERVIEW HAS BEEN SELECTED AS [FILL: @UPUBLIC HOUSING@U]”,

ELSE IF FARM1=1 THEN SET PTYPE = 2 AND FILL “You have been selected for an interview. Would you be able to complete the interview at this time? IF YES – PROCEED WITH INTERVIEW. IF NO – BREAKOFF AND SCHEDULE A TIME TO INTERVIEW IN CMS.

RESPONDENT INTERVIEW HAS BEEN SELECTED AS [FILL: @UMIGRANT@U]”,

ELSE IF HOME1=1 THEN SET PTYPE = 3 AND FILL “You have been selected for an interview. Would you be able to complete the interview at this time? IF YES – PROCEED WITH INTERVIEW. IF NO – BREAKOFF AND SCHEDULE A TIME TO INTERVIEW IN CMS.

RESPONDENT INTERVIEW HAS BEEN SELECTED AS [FILL: @UHOMELESS@U]”,

ELSE IF CHC1=1 THEN SET PTYPE = 4 AND FILL “You have been selected for an interview. Would you be able to complete the interview at this time? IF YES – PROCEED WITH INTERVIEW. IF NO – BREAKOFF AND SCHEDULE A TIME TO INTERVIEW IN CMS.

RESPONDENT INTERVIEW HAS BEEN SELECTED AS [FILL: @UCHC@U]”,

“PLEASE UPDATE QUOTA AND CSR IF R AGREES TO PARTICIPATE AND CONTINUE WITH INTERVIEW”

S4f.

IF FARM0: “You have been selected for an interview. Would you be able to complete the interview at this time? IF YES – PROCEED WITH INTERVIEW. IF NO – BREAKOFF AND SCHEDULE A TIME TO INTERVIEW IN CMS. RESPONDENT INTERVIEW SELECTED AS @UFARMWORKER@U – PLEASE UPDATE QUOTA AND CSR IF R AGREES TO PARTICIPATE AND CONTINUE TO S5.”;

IF HOME0: “You have been selected for an interview. Would you be able to complete the interview at this time? IF YES – PROCEED WITH INTERVIEW. IF NO – BREAKOFF AND SCHEDULE A TIME TO INTERVIEW IN CMS. RESPONDENT INTERVIEW SELECTED AS @UHOMELESS@U – PLEASE UPDATE QUOTA AND CSR IF R AGREES TO PARTICIPATE AND CONTINUE TO S5”;

IF PUB0: “You have been selected for an interview. Would you be able to complete the interview at this time? IF YES – PROCEED WITH INTERVIEW. IF NO – BREAKOFF AND SCHEDULE A TIME TO INTERVIEW IN CMS. RESPONDENT INTERVIEW SELECTED AS @UPUBLIC HOUSING@U – PLEASE UPDATE QUOTA AND CSR IF R AGREES TO PARTICIPATE AND CONTINUE TO S5”;

IF CHC0: “You have been selected for an interview. Would you be able to complete the interview at this time? IF YES – PROCEED WITH INTERVIEW. IF NO – BREAKOFF AND SCHEDULE A TIME TO INTERVIEW IN CMS. RESPONDENT INTERVIEW SELECTED AS @UCHC@U – PLEASE UPDATE QUOTA AND CSR IF R AGREES TO PARTICIPATE AND CONTINUE TO S5”;

S5. IF S3 = 13, 14, 15, 16, OR 17 CONTINUE
IF S3 = LE 12 = GOTO INTRO1, ELSE GO TO INTRO2

Is a parent or guardian with you?

1=YES
2=NO

[IF S5=1 GOTO INTRO3, ELSE SET EVENT CODE=2231 UNACCOMPANIED MINOR AND GO TO END2]

END1 Thank you very much, but unfortunately you were not selected for interview.

END2 Thank you very much, but unfortunately we need to speak with your parent or guardian to gain their permission for you to continue with the interview.

HEALTH CENTER STAFF TALLY SHEET

Please keep track of the number of patients who enter the site and the number of patients selected while the field interviewer is at the site to conduct data collection.

You may either use tally marks to count patients as they enter or complete this table based on the sign-in sheet or appointment list before the interviewer leaves this health center.

Age	Race	Visited	Eligible	Referred	Approached FI <i>(To be completed by Field Interviewer)</i>	Selected <i>(To be completed by Field Interviewer)</i>	Completed <i>(To be completed by Field Interviewer)</i>
65+	All Race/ Ethnicity						
Under 65	American Indian/Alaskan Native						
	Native Hawaiian/Pacific Islander						
	Asian						
	Other						

VISITED = Total number of patients that arrive while field interview is on site.

ELIGIBLE = Patients that met the criteria described by the field interviewer.

REFERRED= Patients provided information about the interview and sent over to the field interviewer.