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2019 Health Center Patient Survey

Deliverable 10: Survey Methodology and Selection Specifications

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1. Introduction

The 2019 Health Center Patient Survey (HCPS), sponsored by the Health Resources and Services Administration (HRSA), aims to collect data on patients who use health centers funded under Section 330 of the Public Health Service Act. The Bureau of Primary Health Care (BPHC) will build on prior Patient Survey research not only to collect updated information on patient behaviors and perceptions, but also to identify ways to improve on survey methodologies and analyses in the context of existing and emerging dynamics within the safety-net health care landscape, the growth of the 330 Health Center Program, and the program enhancements across HRSA that have occurred since the last survey.

Results from this survey will guide and support the BPHC in its mission to improve the health of the nation's underserved communities and vulnerable populations by assuring access to comprehensive, culturally competent, quality primary health care services. The 2019 HCPS collects 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).

The sample design goals (presented in **Table 1**) for the 2019 HCPS are to

- recruit 210 grantees and complete 9,000 interviews;
- select a sufficient number of patients to complete 5,100 patient interviews for the CHC funding program;
- select a sufficient number of patients to complete 3,900 patient interviews for Special Populations: 1,480 for MHC, 1,660 for HCH, and 760 for PHPC funding programs;
- oversample patients of American Indian/Alaska Native (AIAN), Native Hawaiian/Pacific Islanders (NHPI), and Asian race groups;
- oversample patients aged 65 and older; and
- oversample patients who are veterans (no target sample size is specified).

In **Deliverable 9–Statistical Design Plan**, we presented a three-stage sample design for the Patient Survey (as shown in **Table 2**) and discussed the plan of sample selection at each stage to select a representative patient sample for four funding programs and meet BPHC's research interests in race/ethnicity and older age groups (AIAN, NHPI, Asian race groups, and patients aged 65 and older).

Table 1. Target Sample Sizes for the 2019 Health Center Patient Survey

Funding Program	Target Sample Size	Race / Ethnicity	Target Sample Size	Age Group	Target Sample Size
CHC	5,100	Hispanic	3,170	0–17	2,130
MHC	1,480	Non-Hispanic White	2,250	18–64	5,770
HCH	1,660	Non-Hispanic Black	1,920	65+	1,100
PHPC	760	Non-Hispanic AIAN	670		
		Non-Hispanic Asian	650		
		Non-Hispanic NHPI	200		
		Non-Hispanic Others	140		

Table 2. Three-Stage Sample Design

Sampling Stage	Sample Selection
Stage 1	Grantee sample selection
Stage 2	Site sample selection from participating grantees
Stage 3	Patient sample selection from sites

In the first stage, grantees will be selected using the stratified probability proportional to size (PPS) sampling method. Grantees participating in PHPC, MHC, and HCH funding programs and grantees with patients concentrated in AIAN, Asian, or NHPI will be oversampled. The oversampling is achieved by stratification and application of different selection probability among strata. The explicit stratification is based on the type of funding a grantee receives. The stratum of grantees receiving CHC funding only is further stratified according to the proportions of patients in one of the three oversampling race/ethnicity categories. In addition, sorting the grantee frame by region, urbanicity, and grantee size (large, medium, or small¹) before selecting the grantee sample serves as the implicit stratification, and it ensures that the grantee sample has good coverage of regions, urban and rural areas, and grantee sizes. Because of the high costs involved in recruiting a grantee and hiring a field interviewer (FI) to perform the data collection, we will select an independent site and patient sample from each funding program for grantees receiving multiple funding programs.

The second stage selects sites within participating grantees. If a grantee has three or fewer sites in a funding program, they will all be selected, assuming they are in reasonable

¹ Eligible grantees are sorted by the patient volume in each grantee, and then the top one third of grantees are classified large, the middle third of grantees as medium, and the bottom third of grantees as small.

proximity for an FI. A grantee with more than three sites in a funding program will have three sites selected using PPS sampling, based on the number of patients served. A maximum of three sites per funding program is allowed in each grantee. However, to alleviate difficulties of completing the quota of assigned interviews, more than three sites could be selected when all sites for a funding program in a grantee have small numbers of patients. Again, to ensure success in oversampling AIAN, Asian, and NHPI patients, sites with patients concentrated in those three race/ethnicity categories will be oversampled. Sites with concentrations of patients 65 and older, or patients who are veterans, will also be identified and oversampled.

At the third stage, patients will be selected as they enter the site and register with the receptionist. Patients in the five oversampling subgroups (three race/ethnicity categories; aged 65 and older; veterans) will be identified and oversampled; that is, they will have higher probability of selection than patients who are not in the oversampling subgroups. The receptionist will refer the first eligible patients who are not in the oversampling subgroups to the FI when the FI indicates he/she is ready for the next interview. The receptionist will refer patients in oversampling subgroups to the FI more frequently.² For each funding program, the same number of patient interviews will be completed from each grantee to reduce unequal weighting effects (UWE) and maintain a balanced workload. If necessary, we may increase the patient interview quota for some grantees with patients concentrated in the oversampling race/ethnicity categories to achieve the target sample sizes. If more than one site is selected for a funding program, the total number of patient interviews in a grantee will be divided among multiple sites in the following two ways:

1. For grantees with more than three sites selected through PPS, the patient interviews will be evenly divided among the three or more sites.
2. For grantees with three or fewer sites where all sites are included in the study, the patient interviews will be allocated proportionally to the patient size of sites.

In this report, RTI International³ further clarifies the design plan by providing details on methodology and selection specification at each stage.

² A computer-based system may be developed for receptionists to screen and refer patients.

³ RTI International is a trade name of Research Triangle Institute.

2. Target Population

The target population for the 2019 HCPS is defined as persons who meet the definition of a health center patient used in the BPHC's Uniform Data System (UDS); that is, persons receiving face-to-face services from a CHC, MHC, HCH, or PHPC grantee clinical staff member who exercises independent judgment in the provision of services.⁴ Patients from grantees located within the 50 United States and the District of Columbia are included; patients from grantees in 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 are considered eligible for the survey. This eligibility criterion will be used because many questions in the survey ask about services received in the past year; individuals without previous visits will not be able to answer these questions and, therefore, are not considered eligible. This eligibility criterion was also implemented in the BPHC's 2014 HCPS, 2009 Primary Health Care Patient Surveys (PHCPS), the 2002 Community Health Center Survey, and the 2003 Healthcare for Homeless Survey.

⁴ 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, sample allocation, 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 most recent available BPHC UDS. In this report, we use the 2016 UDS for illustrative purposes. The information and variables necessary to construct the sample frame are as follows:

- grantee identification number,
- grantee address including street, city, and state,
- grantee contact person information including name, telephone number, and e-mail address,
- number of patients served in the previous year,
- number of health sites,
- funding program indicators that provide information about what funding programs a grantee received in the previous year (grantee type),
- urban/rural indicator,
- proportion of non-English-speaking patients,
- proportion of patients with Hispanic origin, and
- racial distribution (White, Black, AIAN, Asian, NHPI, more than one race).

In addition to the variables provided in UDS, five variables are derived and defined. These variables are:

- grantee size⁵ (large, medium, or small, in terms of patients served),
- categorized number of sites (1, 2, 3, 4-9, 10-14, 15-19, 20+),
- census region,
- proportion of AIAN patients in a grantee,
- proportion of Asian patients in a grantee,
- proportion of NHPI patients in a grantee,
- proportion of patients aged 65 and older,

⁵ Grantees will be sorted by patient volume; the top 1/3 of grantees will be classified as 'Large', the middle 1/3 of grantees as 'Medium', and the bottom 1/3 of grantees as 'Small'.

- proportion of patients who are veterans,
- stratification variable, and
- potential language barrier flag indicator.

The grantee type, proportion of AIAN patients, proportion of Asian patients, and proportion of NHPI patients are used for stratification (see details in **Section 3.2**). The potential language barrier variable warns whether conducting patient interviews in English or Spanish may be problematic in a grantee. The variable flags a grantee if it has more than 30% non-English-speaking patients, fewer than 50% Hispanic patients, and more than 50% Asian patients.

The following grantees are ineligible for the Patient Survey and will be excluded from the grantee sample frame:

- grantees located in U.S. territories or possessions (i.e., those in Puerto Rico, the Virgin Islands, and the Pacific Basin);
- grantees funded through the CHC program that only operated school-based sites;
- grantees that have fewer than 300 patients;
- grantees that received MHC funding only and that served clients only through a voucher program; and
- any grantee that left or will soon be leaving the Section 330 Program.

The 2016 UDS⁶ grantee-level data has 1,367 grantees. A total of 1,325 grantees are considered eligible for the Patient Survey by excluding 30 grantees that are in Puerto Rico, the Virgin Islands, and the Pacific Basin, U.S. territories/possessions/affiliated states, 9 grantees that received MHC funding only and served clients through a voucher program, and three grantees with fewer than 300 patients. A sampling frame file with all eligible grantees in SAS will be created, and the SAS data file will include all of these variables.

3.2 Stratification Variables

As discussed in **Deliverable 9–Statistical Design Plan**, a random unstratified sample would yield a very small patient sample size for the PHPC, MHC, and HCH funding programs, which would result in very limited statistical power to compare survey outcomes among funding programs. Our design goal is to recruit 210 grantees and complete 9,000 interviews: 5,100 for CHC, 1,480 for MHC, 1,660 for HCH, and 760 for PHPC. To achieve the design goals, we will apply stratification in grantee selection. As shown in **Table 3**, 7 final strata will be used. These strata are defined as follows:

⁶ The most current UDS file will be used when we select grantee samples for the 2019 HCPS.

Table 3. Definition of Final Stratification

First-Stage and Second-Stage Strata	Grantee Funding Type	Final Stratum	Number of Grantees in Sampling Frame
Stratum 1: Grantees received PHPC funding solely or in combination with other programs.	P; CP; PH; CMP; CPH; CMPH	1	97
Stratum 2: Grantees received MHC funding solely or in combination with other programs.	M; CM; MH; CMH	2	143
Stratum 3: Grantees received HCH funding solely or in combination with other programs.	H; CH	3	211
Stratum 4: Grantees received CHC funding solely.	C		
Stratum 4.1: Grantees with more than 20% of AIAN patients	C	4	34
Stratum 4.2: Grantees with more than 20% of Asian patients	C	5	33
Stratum 4.3: Grantees with more than 20% of NHPI patients	C	6	8
Stratum 4.4: All remaining grantees in Stratum 4	C	7	799
Total			1,325

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

1. **First-Level Strata:** Four mutually exclusive strata that group grantees according to the types of funding they receive (Stratum 1, Stratum 2, Stratum 3, and Stratum 4). These first-level strata are used to ensure that the selected grantees are representative of the four funding programs and are defined as follows:
 - Stratum 1: Grantees received PHPC funding solely or in combination with other funding programs.
 - Stratum 2: Grantees received MHC funding solely or in combination with other funding programs.
 - Stratum 3: Grantees received HCH funding solely or in combination with other funding programs.
 - Stratum 4: Grantees received CHC funding solely.
2. **Second-Level Strata:** To achieve target sample sizes in three race/ethnicity categories, grantees with concentrated patients in three race/ethnicity categories must be obtained and selected at the first-stage selection. Grantees with more than 20% of patients in one of the three race/ethnicity categories are considered as patient-concentrated grantees. Stratum 4 (CHC funding solely) has over 86% of such grantees, and very few such grantees are from Strata 1, 2, and 3. Therefore, to select grantees with concentrated patients in three race/ethnicity categories, Stratum 4 is further divided into four second-level strata according to whether a grantee has concentrated patients (over 20%) in one of the three race/ethnicity categories.

3.3 Grantee Sample Allocation

We plan to recruit 210 unique grantees to participate in the Patient Survey to achieve our targeted 9,000 completed patient interviews. As stated in **Deliverable 9–Statistical Design Plan**, the grantees with PHPC, MHC, or HCH-funded programs and grantees with patients concentrated in three oversampling race/ethnicity categories (AIAN, NHPI, and Asians) will be oversampled. We allocate the grantee sample so that a minimum UWE is achieved. We employ a nonlinear optimization procedure OPTMODEL in SAS, which minimizes the UWE with the following constraints:

- select 280 grantees (assuming a 75% recruitment rate);
- complete 9,000 interviews;
- complete 5,100 CHC interviews, 1,480 MHC interviews, 1,660 HCH interviews, and 760 PHPC interviews;
- complete interviews per grantee: 26 for CHC, 25 for MHC, 25 for HCH, and 17 for PHPC; and
- select at least one grantee in each grantee stratum.

Table 4 displays the grantee sample allocation to the final seven strata and shows the sampling rates in each grantee stratum.

Table 4. Grantee Sample Allocation and Sampling Rates in Final Grantee Strata

First-Stage and Second-Stage Strata	Final Stratum	Number of Grantees in Sampling Frame	Grantee Sample Allocation	Grantee Selected (Assuming 75% Recruitment Rate)	Sampling Rate
Stratum 1: Grantees received PHPC funding solely or in combination with other programs.	1	97	45	60	61.9%
Stratum 2: Grantees received MHC funding solely or in combination with other programs.	2	143	45	60	42.0%
Stratum 3: Grantees received HCH funding solely or in combination with other programs.	3	211	26	35	16.6%
Stratum 4: Grantees received CHC funding solely.					
Stratum 4.1: Grantees with more than 20% of AIAN patients.	4	34	26	34	100.0%
Stratum 4.2: Grantees with more than 20% of Asian patients.	5	33	25	33	100.0%
Stratum 4.3: Grantees with more than 20% of NHPI patients.	6	8	6	8	100.0%
Stratum 4.4: All remaining grantees in Stratum 4.	7	799	37	50	6.1%
Total		1,325	210	280	21.1%

3.4 Select Stratified PPS Sample of Grantees

This section discusses the details of grantee selection based on the grantee sample allocation summarized in **Table 4**. With the specified grantee sample allocation for each stratum shown in **Table 4**, we will then select grantees by PPS sample selection using PROC SURVEYSELECT in SAS. We will use the sequential random selection option and sort the frame by region, urban/rural location, and grantee size (large, medium, small) to serve as implicit stratification within each stratum, as discussed in **Deliverable 9—Statistical Design Plan**. The number of patients a grantee serves is used as the size measure in the PPS sequential sample selection. A random number seed will be used and retained to ensure that the sample is repeatable and verifiable. The selected grantee samples will be output to a SAS dataset, and analyses will be conducted to ensure the selected grantees are a representative sample for key grantee characteristics such as funding type, region, urban/rural location, and size of the grantee in terms of patient volume. All RTI International standard operating procedures and technical operating procedures regarding sample selection will be followed.

The steps of the grantee sample selection process are as follows:

1. Calculate the number of grantees selected from each final stratum (the grantee sample allocation plus extra grantees selected to account for refusals).
2. Select grantee sample using PROC SURVEY SELECT in SAS.
 - a. Specify method=SEQ.
 - b. Specify number of grantees selected from each final stratum.
 - c. Specify the number of patients that each grantee served in previous year as size measure.
 - d. Sort sample frame by region, urban/rural location, and grantee size (large, medium, small).
 - e. Specify a random seed.
 - f. Output selected grantees to a SAS data file.
3. Conduct RTI standard operating procedures and technical operating procedures of sample selection.
 - a. Check all design parameters for completeness, namely, final stratification variable, number of patients that each grantee served, region, urban/rural location, and number of sites within each grantee. Ensure that no values are missing for numerical variables. For categorical variables, frequencies can be run to check range and nonmissingness.
 - b. Check the sample frame to ensure that each element has a known, nonzero probability of selection.
 - c. Check the distribution of implicit stratification variables.
 - d. Verify sample sizes for each final stratum.
 - e. Verify that the weighted size measures sum to the total number of grantees in the sample frame.

We offer questionnaires in six languages: English, Spanish, Chinese (Mandarin and Cantonese), Tagalog, and Vietnamese. We will check each grantee in the first released list (165 grantees) to make sure that no potential language barrier problem exists. If a grantee with a potential language barrier is selected, we will consult with the BPHC Contracting Officer Representative (COR). The BPHC COR may need to verify the patient race/ethnicity distribution with the grantee and determine a plausible solution. There are two options for dealing with such a grantee:

1. Replace the grantee with a candidate grantee in the same final stratum, if languages other than English, Spanish, Chinese, Tagalog, or Vietnamese are predominant.
2. Recruit patients from the grantee who speak one of the five languages if it can be assured that a reasonably large proportion of patients in the grantee speak one of the five languages.

4. Site Sample Selection

As discussed in **Deliverable 9–Statistical Design Plan**, more than two thirds of grantees have three or more sites. In general, grantees with more sites tend to have more patients. At the first-stage selection, grantees are selected with the PPS method, which means that grantees with large numbers of patients have a higher probability of being selected in the sample. As a result, we expect a fair number of the grantees recruited to have more than three sites. We will spread the sample of patients across multiple sites to reduce the within-grantee clustering effect and increase the precision of the analysis. We allow at most three sites for each funding program within a grantee to be in the 2019 HCPS. This section discusses the methodology and specifications for selecting sites from participating grantees.

4.1 Determine Eligible Sites within Participating Grantees

Once a grantee is recruited and agrees to participate in the survey, 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 9–Statistical Design Plan**, some grantees have school-based sites, which are funded under the CHC program. Because of the complexity of recruiting school-based sites and the extra effort required to get permission from schools and parents/guardians to interview the patients, recruiting standalone, school-based sites is not feasible within the current survey schedule and budget. Therefore, such sites will be excluded from the 2019 HCPS. Although we will exclude these sites and any grantees with only school-based sites, we will not necessarily exclude all patients who receive school-based health services; some children who receive medical care at school-based health center sites may receive some of their care at nonschool-based CHC sites near their residences.

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, except clinics providing OB/GYN services.
- The site does not provide services only through the migrant and seasonal farmworker voucher screening program.
- A site serves at least 100 patients.

4.2 Complete a Grantee Roster of All Eligible Sites

After determining which sites are eligible, the recruiter will complete a grantee roster of all eligible sites and complete the Grantee Information Sheet (**Table 5**) to gather the following information from each participating grantee. The recruiter must ensure that the collected information is accurate and up to date because the information is critical to the Patient Survey. The sampling staff will use that information to select the sites from participating grantees. For each program from which the grantee receives funding, staff will collect the following information:

- number of eligible sites serving each client type (i.e., migrants, homeless, public-housing, and general patients);
- 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); and
- percentage of patients in five oversampling subgroups, they are AIAN, Asian, NHPI, aged 65 and older, or veterans.

4.3 Evaluate Distances between Eligible Sites

In most cases, one FI will be hired to collect data for each participating grantee. Therefore, selected sites must be located within manageable distances for the FI(s). The grantees tend to operate sites in relatively localized areas. Our sampling staff will evaluate distances between the administrative office/central site and the associated sites. For a specific funding program, the site with largest number of patients could be used as the central site. Typically, sites will be excluded if they are located more than 100 miles from the central site. However, we will pay special attention to those sites located more than 100 miles from the administrative office/central site, consult with BPHC COR, and determine if any modifications are needed or if special data collection arrangements should be made.

Table 5. Grantee Information Sheet

Grantee Name:														
Grantee Address:														
Funding Type Received:														
Number of Eligible Health Center Sites Receiving Support from 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				% of Patients in Five Oversampling Subgroups				
						Migrant	Public Housing	Homeless	General Patient	AIAN	NHPI	Asians	Veterans	Aged 65 and Older
1-name1														
2-name2														
3-name3														
4-name4														
5-name5														
6-name6														
7-name7														
8-name8														
9-name9														
10-name10														
11-name11														
12-name12														
13-name13														
14-name14														
15-name15														
16-name16														
17-name17														
18-name18														
.														
.														
99-name99														
100-name100														

Note: AIAN=American Indian/Alaskan Natives; NHPI=Native Hawaiians/Pacific Islanders.

4.4 Select Sites

To achieve our target sample sizes of AIAN, Asian, and NHPI patients, we will not only oversample grantees with patients concentrated in these three race groups at the first stage of selection, we will also identify sites with patients concentrated in at least one of the three targeted race/ethnicity categories. In addition, sites with patients concentrated in age group 65 and older or patients who are veterans will also be identified. These sites will be selected with higher probabilities than sites without concentrated patients.

If there are three or fewer sites for a population type (i.e., migrant and seasonal farmworkers, homeless, public housing, and general community patients) and all sites are within a manageable distance for one FI, all of the sites will be included in the study. If one site is far from the other sites and the other sites are close to each other, we will select the two sites that are close to each other. However, if all three sites are far from one another, we will select the site with the largest patient volume. Similarly, when two sites for a specific funded program are far from each other, we will select the one with the largest number of patients. Again, we will review these special cases with the COR.

For grantees with more than three sites for a specific funding program, we will evaluate the distances between all sites and the grantee's central site, as discussed in **Section 4.3**. We will sample only from the sites that are within a manageable distance for one FI to cover, and we will use a PPS sampling method similar to the one described in **Section 3.4** to select three or more sites. The number of patients for the sites of a specific funding program will serve as the size measure in the PPS sampling. For the grantees that participate in multiple funding programs, we will conduct an independent PPS selection of sites for each funding program, if needed.

We will select three or more sites with the PPS selection method using PROC SURVEYSELECT in SAS for each funding program. Some grantees may have sites in both urban and rural areas. For those grantees, we will balance the selected site sample by urban/rural locations. We will sort the sites by urban/rural location before PPS selection. 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 we will conduct analyses to ensure that the selected health center sites are representative. As discussed in grantee selection (**Section 3.4**), we will follow all RTI standard operating procedures and technical operating procedures regarding sample selection.

5. Patient Sample Selection

In **Sections 3** and **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 to Grantee

To achieve the near self-weighting within each grantee stratum and, thus, reduce the UWE, we will interview the same number of patients from the grantees in each funding program. However, we may increase the number of patient interviews for grantees with patients concentrated in oversampling subgroups to meet the target sample sizes in those subgroups. Following the grantee sample selection example presented in **Table 6**, 1,206 CHC grantees, 57 MHC grantees, 61 HCH grantees, and 45 PHPC grantees will be recruited. To achieve 5,100 completed interviews for CHC, we will need to complete 25 patient interviews per CHC grantee. We will need 26 completed interviews per MHC grantee to achieve 1,480 interviews for MHC; 27–28 completed patient interviews per HCH grantee to yield a total of 1,660 interviews for HCH; and 16–17 completed interviews per PHPC grantee to yield a total of 760 completed interviews for PHPC.

Table 6. Expected Yield of the Grantee Funding Type and Patients of a Stratified Disproportionate Sampling

Funding Program	Expected Number of Grantees	Number of Patients per Grantee	Expected Number of Completed Interviews for Each Funding Program
CHC	206	24.8	5,100
MHC	57	26.0	1,480
HCH	61	27.2	1,660
PHPC	45	16.9	760
Total	369		9,000

NOTE: CHC = Community Health Center program; HCH = Healthcare for Homeless program; MHC = Migrant Health Center program; PHPC = Public Housing Primary Care program.

This sampling example achieves the design targets of recruiting 210 grantees and selecting enough patients to complete 9,000 total patient interviews: 5,100 for the CHC Patient Survey and 3,900 for Special Populations (1,480 for MHC, 1,660 for HCH, and 760 for PHPC).

When we select the real sample, we will use the 2017 UDS and adjust the sampling rates at grantee selection for each stratum described previously and the number of interviews per grantee for a specific funding program.

If more than one site is selected for a funding program within a grantee, the number of completed interviews will be divided among those sites. **Section 5.2** discusses patient interview allocation to sites in detail.

5.2 Patient Interview Allocation to Sites within Grantee

As discussed in **Deliverable 9–Statistical Design Plan**, we will apply two different methods to allocate patient interviews to multiple sites to reduce the UWE.

1. In grantees with more than three sites selected through PPS, the patient interviews will be divided equally among three or more sites.
2. In grantees with more than three sites *not* selected through PPS or grantees with three or fewer sites for which all sites are selected, the number of patient interviews within that grantee will be allocated proportionally to the patient size of the sites. That is,

$$n_{fij} = n_{fi} \frac{s_{fij}}{\sum_j s_{fij}},$$

where n_{fi} is the number of interviews from a grantee for funding program f .

5.3 Patient Sample Selection Procedure

Because some of the target populations of this study are mobile, a random sample of patients will be chosen for interviews as they enter the site and register with the receptionist for services. The patients will be selected for the study using on-site recruitment procedures designed to address Health Insurance Portability and Accountability Act (HIPAA) privacy concerns. No 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 informs the site receptionist that he/she is willing to participate in the survey or initiates contact with an FI.

FIs will work with the site to determine a specific schedule for patient sampling and data collection that is feasible for all involved. Data collection times do not need to be randomly selected, because type of illness and demographic characteristics are unlikely to be associated with the day and time that a patient arrives for services. When the site has been recruited and agrees to participate, RTI will arrange to train the site receptionist by telephone and also discuss the on-site patient recruitment procedures. Upon arrival at the facility, the FI will again review the procedures with the receptionist to ensure that she/he understands how to track the patients and systematically sends patients to the FI for screening.

When an FI is onsite, the receptionist will be instructed to administer the following four questions to every patient who arrives at the facility:

1. Have you received services from a health care professional such as a doctor, nurse, drug counselor, mental health counselor, or dentist at __ FILL GRANTEE/SITES__ in the last 12 months?
1=YES → [CONTINUE]
2=NO → [PATIENT NOT ELIGIBLE]
2. Are you 65 years of age or older?
1=YES
2=NO
3. What race or races {do you/does name} consider {yourself/himself/herself} to be? You may select one or more.
1=White
2=Black or African American
3=American Indian or Alaskan Native
4=Native Hawaiian or Pacific Islander
5=Asian
6=Some other race
4. Are you a veteran of the U.S. Military?
1=YES
2=NO

Patients in the three oversampling race categories, patients aged 65 and older, and patients who are veterans will be identified and oversampled; that is, they will have a higher probability of selection than patients who are not in the oversampling subgroups. The receptionist will refer the first eligible patients who are not in the oversampling subgroups to the FI when the FI indicates he/she is ready for the next interview. The receptionist will refer patients in the oversampling subgroups to the FI more frequently. We are considering developing a computer-based system for receptionists to screen and refer patients.

If the FI is available, the receptionist will send the **NEXT** patient that approaches the counter to check in, regardless of age, race and veteran status, as long as they received services in the past 12 months.

If the FI is unavailable or in the process of conducting an interview, the receptionist will select the **NEXT** patient who meets the following criteria:

1. Patient is 65 years of age or older (regardless of race/ethnicity)
2. Patient is an AI/AN, NH/PI, or ASIAN
3. Patient is a veteran.

If a patient is in any of these three subgroups, the receptionist will give the patient a yellow laminated card that reads:

You have been selected for an interview. The interviewer is currently unavailable but would like to ask you a few questions to determine if you are eligible. Please keep this card with you and be sure it is visible to the interviewer upon his/her return.

If you are not available to be interviewed today, please contact [Field Supervisor Name] at [XXX-XXX-XXXX] to schedule an appointment for a later time/day. Please return this card to the receptionist before you leave the clinic.

This process ensures that we oversample target populations while on-site.

The receptionist will be asked to keep track of the number of patients who enter the site, their age (65 and older), race, and veteran status. The receptionist will also be asked to track the number of patients he/she refers to the FI while the FI is at the site to conduct data collection. The receptionist will track patients as they enter using a Patient Arrival and Referral Tracking Form (**Table 7**). Whenever possible, FIs will compare the tracking form with the site patient sign-in sheet at the end of each working day. The FI will send the tracking form for each data collection visit to RTI for data entry, and counts will be used to calculate the analysis weights for survey. We are also considering developing a computer-based system for receptionists to screen and refer patients. This screening, tracking, and referring process will be replaced by a computer-based system if it is implemented.

If a grantee participates in more than one funding program, we will select an independent patient sample for each funding program. If a site is chosen for multiple funding programs, the receptionist at the site will be asked to select and count patients on the FI visiting dates. The FI will screen participating patients to determine patient population types (i.e., homeless, migrant and seasonal farmworkers, public housing, or general patients). If the quota for a specific population type has not been met, the FI will conduct patient interviews for that population.

Patient/Interviewer Contact: If the selected patient is interested in participating in the survey or has questions, he/she will approach the FI, who will wait 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 that it will be more difficult for them to arrange to meet at a later time or date. In general, all patients will be encouraged to begin the interview process immediately, but we anticipate that some may find it more convenient to schedule an appointment with the FI for a later time or date. The FI will ask the participant some initial screening questions to confirm the patient's eligibility for the study. Several screening questions ask whether the patient received services in the last 12 months; whether the patient meets the

Table 7. Patient Arrival and Referral Tracking Form

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

Please keep track of the number of patients who register for services, the number of patients eligible for the study, and the number of patients you refer to the field interviewer while the field interviewer is at the site to conduct data collection.

Patients Who Register for Services	Patient Eligible*?		Age		Race				Veteran Status		Referred Patient to Interviewer?	
	Yes	No	Under 65 Years Old	65 Years and Older	Asian	American Indian/Alaskan Native	Native Hawaiian/Pacific Islander	Race other than Asian, American Indian/Alaskan Native or Native Hawaiian/Pacific Islander	Veteran	Not a Veteran	Yes	No
Patient 1												
Patient 2												
Patient 3												
Patient 4												
Patient 5												
Patient 6												
Patient 7												

*A patient is eligible if 1) the patient has received services from a health care professional such as a doctor or nurse, drug counselor, mental health counselor, or dentist at the site in the last 12 months, and 2) the patient is not an unaccompanied minor 13 to 17 years old.

criteria for services under the CHC, MHC, HCH, or PHPC programs; what the patient's age is; whether a young patient has a parent or guardian present; etc. (see **Table 8** at the end of this section). If the patient is eligible, the FI will continue the data collection interview. When the interview is complete, the patient will receive a \$25 incentive.

At the end of each day, the FI will collect the Patient Arrival and Referral Tracking Form from the receptionist. Collected forms will be shipped to RTI's sampling department on a weekly basis. 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.

Table 8. Patient Screening Form

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 6 FOR **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

(continued)

Table 8. Patient Screening Form (continued)

[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_INT2_OTH. [IF S_INT2_OTH=15]

[SOFT CHECK]: Can you tell be what other race or races you consider yourself to be?

FI: IF RESPONDENT MENTIONS MULTIPLE RACES THAT INCLUDE ONE OF THE RACES LISTED ABOVE, SELECT THE RACE THAT IS PROVIDED.

(continued)

Table 8. Patient Screening Form (continued)

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, NONPROXY 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

S1a. Have you ever served on active duty in the U.S. Armed Forces, military Reserves, or the National Guard?

IF NEEDED: Active duty does not include training for the Reserves or National Guard, but does include activation, for example, for the Persian Gulf War.

1=YES

2=NO

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

(continued)

Table 8. Patient Screening Form (continued)

S3. IF S3=6 (65 years of age or older) OR IF S1a=1 (Veteran) OR IF S_INT2=3,4,5,6,7,8,9,10,11,12,13, OR 14 (Asian/American Indian-Alaskan Native, Native Hawaiian or Pacific Islander) CONTINUE, ELSE GO TO S4_Intro.

You have been selected for an interview. Would you be able to complete the interview at this time?

1=YES [GO TO S5]

2=NO—BREAKOFF AND SCHEDULE A TIME TO INTERVIEW IN CMS

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.

(continued)

Table 8. Patient Screening Form (continued)

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.";

(continued)

Table 8. Patient Screening Form (continued)

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 = 2 CONTINUE
 IF S3 = 1 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.

5.4 Special Considerations

Several situations may require special attention during patient sample selection. In this section, we discuss these situations and propose a solution for each.

Recruiting Patients from Mobile Van Grantee/Site: Grantees that operate mobile vans to serve patients are included in the grantee sample frame. If such a grantee is selected, some sampled sites could include mobile vans or outreach teams. These grantees provide services in shelter-based clinics and mobile clinics that transport health service providers to sites where homeless people congregate, including soup kitchens, streets, parks, under bridges, and other public places. Most mobile vans operate on scheduled routes (i.e., one or two locations on a designated day/night). Having scheduled routes allows clients to know in advance when and where they will be able to obtain services. The FI needs to call ahead to determine the route or meeting place for each day. The FI might select a specific route or place on certain days to conduct patient interviews. If the van will be moving to multiple sites within an FI's shift, the FI should follow the van in his/her own automobile. We may apply systematic sampling procedures from sign-in sheets. If systematic sampling procedures are not feasible, we will select time periods to interview everyone who presents himself/herself for services within that time period. We will consult with the BPHC COR to determine the best strategy for recruiting such patients into the survey.

Selecting Parent/Guardian-Child Patients: The parent/guardian and child/children can enter a site together as patients to receive service. If the parent/guardian is eligible, the receptionist will always select the parent/guardian and send him/her to the FI on site. If the parent/guardian is not eligible but the children are eligible, the oldest child will be selected for the survey.

Sites with More than One Receptionist Desk: Some sites with large numbers of patients may have more than one receptionist desk. In these cases, receptionists must coordinate extensively with each other for patient recruitment to go smoothly. When the FI is on site, one receptionist desk will be designated for patient recruitment. All receptionists, however, will need to track the patients entering the site regardless of whether they are chosen for patient recruitment.

Sites that Serve More than One Population Type: Our patient screening procedure will ensure that the site-specific interviewing quotas for each patient type are efficiently met. Three hypothetical examples illustrate how patient selection operates at sites that serve more than one population type:

1. If a site is selected for the MHC funding program, only patients who identify themselves as migrants/farmworkers will be interviewed. Patients can be classified as multiple population types, but they must be classified as migrants/farmworkers to be eligible to participate in the survey. Patients who are not migrants/farmworkers will not be interviewed.
2. If a site is selected for multiple funding programs—for example, MHC, PHPC, and HCH—general community patients who are not served by these programs will not be interviewed. If a patient is classified as being in an eligible population, he/she will be interviewed if the quota for his/her specific funding program has not been met. If a patient has multiple classifications, we will use the following priority ordering: PHPC, MHC, and HCH. If the quota for a funding program with a higher priority (e.g., PHPC) has been met and the quota for a lower priority funding program (e.g., MHC) has not been met, the patient will be interviewed for the lower priority funding program.
3. If a patient identifies himself/herself as a member of one of the special populations (i.e., either migrants/farmworkers, homeless, or living in public housing), the patient will not be selected as general community patient.

Multiple Interviewers at a Site: Usually, one FI will be assigned to a grantee to conduct patient interviews. In some cases, a site might receive funding from multiple programs and selected sites may be far from one another; in such cases, one FI would have difficulty handling all the patient interviews. Two FIs might be assigned to such a site. It is possible that two FIs will interview in the same site on the same day. In that case, if more than one receptionist is on site, a receptionist can be designated to each FI to coordinate the patient interviewing. If only one receptionist is on site, the receptionist can send patients to both FIs, alternating between the two. In this case, the two FIs will need to communicate frequently during the day to track the status of the quotas for each funding program.