## Introduction

The 2009 Survey of Federally Qualified Health Centers was conducted by Harris Interactive Inc. on behalf of The Commonwealth Fund. Respondents were invited by mail to participate in the survey. A total of 795 respondents completed the survey. Fieldwork was conducted from March 2 - May 27, 2009. The 8-page questionnaire (four double-sided pages) took approximately 20-25 minutes to complete.

The aim of the survey was to identify the challenges health centers face in providing high quality health care and medical homes for the underserved, and to foster the development of targeted funded initiatives to improve performance. In particular, the survey explored the following topics:

- Quality improvement and financial incentives
- Patient information systems
- Access to care and care coordination
- Language services


## Acknowledgments

The Harris team responsible for this project includes Jordon Peugh, M.A., Vice President, Sandra Applebaum, M.S., Research Manager, and Karen Choueiri, M.S., Research Associate. Harris Interactive maintains responsibility for collection of the data and data processing. Special thanks go to Anne Beal, Michelle Doty, and Susan Hernandez of the Commonwealth Fund for their guidance and leadership in survey design and project implementation.

We would also like to thank our project advisory group who helped shape the methodology, design the questionnaire, and encourage participation in the study.

Our advisory group included:
Neil Calman, M.D.
The Institute for Urban Family Health
Marshall Chin, M.D.
University of Chicago
Kaytura L Felix, M.D.
Bureau of Primary Health Care
Deborah Gurewich, Ph.D.
Schneider Institutes for Health Policy
Paul Kaye, M.D.
Hudson River Health Care

Arthur Martinez, M.D.
El Rio Health Center

Peter Shin, Ph.D, M.P.H
George Washington University
Sarah Scholle, Dr.P.H., M.P.H.
NCQA
Donald Shepard, Ph.D.
Schneider Institutes for Health Policy
David Stevens, M.D.
NACHC \& George Washington University

## Public Release of Survey Findings

All Harris Interactive surveys are designed to adhere to the code of standards of the Council of American Survey Research Organizations (CASRO) and the code of the National Council of Public Polls (NCPP). Because data from the survey may be released to the public, any release must stipulate that the complete report is also available. As with all Harris surveys which are publicly released, Harris Interactive takes responsibility for insuring that the survey is fair and balanced, and that it will not mislead the public and policy makers.

## IRB Exemption

On February 13, 2009, using the Department of Health and Human Services regulations found at 45 CFR 46, Chesapeake IRB (Chesapeake Research Review, Inc.) determined that this research project did not constitute human subjects' research and, therefore, did not require IRB oversight.

## Pretest

The survey instrument was pretested with six FQHC Executive Directors and two CEOs at Primary Care Associations. Prior to the pre-test interview, respondents were faxed the self-administered paper survey and asked to complete it. During the pretests, which were conducted by telephone and lasted up to $11 / 2$ half hours, the instrument was reviewed for clarity, comprehension, flow, and timing. During the call, the respondent's answers to the survey questions were reviewed and discussed, with specific probes around areas of concern and potential confusion. The first 6 interviews resulted in modifications to the instrument. The last 2 interviews tested those modifications.

## Methodology

## Overview

The 2009 Survey of Federally Qualified Health Centers was conducted by Harris Interactive Inc. on behalf of The Commonwealth Fund. Fieldwork was conducted from March 2, 2009 through May 27, 2009 among a sample of 1,007 Federally Qualified Heath Centers. The survey was completed by respondents either on paper, online or by phone. The primary target respondent at each FQHC was the Executive Director. We encouraged respondents to take a team approach when answering the questions or to share the survey with a delegate who could respond on their behalf. The 8-page survey took approximately 20-25 minutes to complete.

In an effort to maximize participation, up to 7 contacts (snail, mail or email) with each potential respondent were made. Respondents were provided three different options for
completing the questionnaire -- on paper, returning it in a stamped pre-addressed envelope, online or by telephone. In addition, respondents were offered $\$ 100$ in the form of a check made out to the health center. As a second incentive, if requested, respondents will receive selected data by state or region. A total of 795 respondents completed the survey -- 603 by mail, 189 online and 3 by telephone -- for a response rate of 79\%.

## Alert Letter

Pre-notice or "alert" letters were sent to potential respondents requesting their participation. The letters described the importance of the study, the incentives involved, and informed them they would be receiving a questionnaire packet in the mail within a few weeks. The letter, signed by the Commonwealth Fund and Harris Interactive, mentioned that the study was a partnership with the National Association of Community Health Centers (NACHC) and the Bureau of Primary Health Care (BPHC). It also contained contact information for Harris staff if the respondent wanted additional information.

## Initial Packet Mailing

The initial packet mailing, sent via USPS priority mail, contained the following:

- Cover letter, including a link, ID \# and password to take the survey online and toll free number, should they prefer to take the survey by telephone.
- Paper questionnaire
- Postage-paid reply envelope to return the questionnaire
- Check for $\$ 100.00$ made out to the health center


## Follow-up Packet Contacts

The second and third packet mailings did not include a $\$ 100$ check, but rather a contact number to call to obtain a replacement check in the event that the original was misplaced. Each packet contained a:

- Personalized reminder letter
- Paper questionnaire
- Postage-paid reply envelope to return the questionnaire


## Email reminders to non-responders

Each of the email reminders to non-responders included:

- Information about the importance of the study
- A link to the online version of the survey
- A toll free number, should respondents prefer to take the survey by telephone.
- Contact information for Harris staff should questions arise

The table below summarizes the timing and components of the contacts.

| Pre-notice/Alert letter mailing | $1 / 15 / 09$ |
| :--- | :--- |
| $1^{\text {st }}$ Packet mailing | $3 / 2 / 09$ |
| $1^{\text {st }}$ Email reminder | $3 / 16 / 09$ |
| $2^{\text {nd }}$ Replacement packet mailing | $3 / 23 / 09$ |
| $2^{\text {nd }}$ Email reminder | $4 / 8 / 09$ |
| $3^{\text {rd }}$ Replacement packet mailing | $5 / 6 / 09$ |
| $33^{\text {rd }}$ Email reminder | $5 / 21 / 09$ |

## Sample

The sample list, provided by the Bureau of Primary Health Care (BPHC), consisted of FQHC grantees who have at least one site that is a community based primary care clinic. The sample included the name of the center, address, telephone number, name of the Executive Director and his or her contact information as well as the name of the Clinical Director and his or her contact information. The final sample contained 1007 records.

## Linking data to the UDS

Survey data were linked to the UDS data at the center level. The publicly available UDS for 2007 data was acquired from the Bureau of Primary Health Care (BPHC).

## Weighting the Data

In order to more accurately reflect the universe of Primary Care Community Health Centers, the data were weighted by key variables to reflect the distribution of the entire universe of these centers. Variables used for weighting included number of patients, number of sites, region, and urbanicity. Data from the subset of the sample file of Community Health Centers offering primary care were used to generate target percentages for weighting purposes.

## Comparison of Weighted and Unweighted Data

|  | Weighted | Unweighted |
| :--- | :---: | :---: |
| Base | 795 | 795 |
| Number of Patients | $\%$ | $\%$ |
| $<5,000$ | 24 | 22 |
| $5,000-9,999$ | 25 | 25 |
| $10,000-19,999$ | 26 | 28 |
| 20,000 or more | 24 | 26 |
| Number of Sites |  |  |
| 1 | 19 | 16 |
| $2-3$ | 30 | 33 |
| $4-5$ | 19 | 20 |
| $6-9$ | 18 | 17 |
| 10 or more | 15 | 14 |
| Region | 17 | 18 |
| East | 35 | 34 |
| South | 19 | 20 |
| Midwest | 25 | 26 |
| West | 4 | 2 |
| Outside US | 48 | 48 |
| Urban/Rural | 52 | 52 |
| Urban |  |  |
| Rural |  |  |
|  |  |  |

## Reliability of Survey Percentages

The results from any survey are subject to sampling variation. The magnitude of this variation is measurable and is affected both by the number of interviews involved and by the level of the percentages expressed in the results. The tables below show the variation taking the Finite Population Correction into account.

Table A-1 shows the range of sampling variation that applies to percentage results for this survey. The chances are 95 in 100 that the survey results do not vary, plus or minus, by more than the indicated number of percentage points from the results that would have been obtained had interviews been conducted with all persons in the universe represented by the sample.

For example, if the response for a sample size of 200 were $30 \%$, then in 95 out of 100 cases the response of the total population would be between $27.3 \%$ and $32.7 \%$. Note that survey results based on subgroups of a small size can be subject to large sampling error.

Sampling tolerances are also involved in the comparison of results from different surveys or from different parts of a sample (subgroup analysis). Table A-2 shows the percentage difference that must be obtained before a difference can be considered statistically significant. These figures, too, represent the $95 \%$ confidence level.

For example, suppose one group of 100 has a response of $34 \%$ "yes" to a question, and an independent group of 50 has a response of $28 \%$ "yes" to the same question, for an observed difference of 6 percentage points. According to the table, this difference is subject to a potential sampling error of 7 percentage points. Since the observed difference is smaller than the sampling error, the observed difference is not significant.

Sampling error is only one type of error encountered in survey research. Survey research is also susceptible to other types of error, such as data handling error and interviewer recording error. The procedures followed by Harris Interactive, however, keep errors of these kinds to a minimum.

Table A-1
Approximate Sampling Tolerances (at 95\% Confidence) to Use in Evaluating Percentage Results Appearing in This Report

| Number of <br> People Asked <br> Question on <br> Which Survey <br> Result is Based | Survey <br> Percentage <br> Result at <br> $10 \%$ or <br> $90 \%$ | Survey <br> Percentage <br> Result at <br> $20 \%$ or <br> $80 \%$ | Survey <br> Percentage <br> Result at <br> $30 \%$ or <br> $70 \%$ | Survey <br> Percentage <br> Result at <br> $40 \%$ or <br> $60 \%$ | Survey <br> Percentage <br> Result at <br> $50 \%$ |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 500 | 1.4 | 1.8 | 1.8 | 1.8 | 1.8 |
| 400 | 1.4 | 1.8 | 1.8 | 2.3 | 2.3 |
| 300 | 1.4 | 2.3 | 2.3 | 2.7 | 2.7 |
| 200 | 1.8 | 2.7 | 2.7 | 3.2 | 3.2 |
| 100 | 2.7 | 3.7 | 4.1 | 4.6 | 4.6 |
| 50 | 3.7 | 5.0 | 5.9 | 6.4 | 6.4 |

Table A-2
Approximate Sampling Tolerances (At 95\% Confidence) To Use in Evaluating Differences between Two Percentage Results Appearing in This Report

| Approximate Sample Size of Two Groups Asked Question on Which Survey Result is Based | Survey Percentage Result at $10 \%$ or 90\% | Survey Percentage Result at $20 \%$ or 80\% | Survey Percentage Result at $30 \%$ or 70\% | Survey Percentage Result at $40 \%$ or 60\% | Survey Percentage Result at 50\% |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 500 vs. 500 | 2 | 2 | 3 | 3 | 3 |
| 200 | 2 | 3 | 4 | 4 | 4 |
| 100 | 3 | 4 | 5 | 5 | 5 |
| 50 | 4 | 5 | 6 | 6 | 7 |
| 200 vs. 200 | 3 | 4 | 4 | 5 | 5 |
| 100 | 3 | 5 | 5 | 5 | 5 |
| 50 | 4 | 5 | 6 | 7 | 7 |
| 100 vs. 100 | 4 | 5 | 6 | 6 | 6 |
| 50 | 5 | 6 | 7 | 8 | 8 |
| 50 vs. 50 | 5 | 7 | 8 | 9 | 9 |

