National Association of Community Health Centers, Inc.®

Monograph

Measuring Farmworker and Homeless Patients' Experiences In Community Health Centers

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What do patients experience when they receive care at community health centers? Is it possible to accurately describe — or measure — patients' experiences as they themselves report them? Over the last three years, the National Association of Community Health Centers, Inc.® (NACHC) has taken on the challenge of measuring the experiences of two special populations served by health centers: migrant and seasonal farmworkers and homeless persons.

Part of continuous quality improvement is determining patients' perceptions of their experiences in seeking and receiving care. Although medically underserved populations in general are challenging to survey because of cultural and linguistic barriers, special populations such as farmworkers[1] and homeless persons[2] potentially can be even more so.

Using its Patient Experience Evaluation Report System (PEERS), the National Association of Community Health Centers, Inc.® (NACHC) conducted national surveys of farmworker and homeless patients receiving primary health care services in community health centers.[3] The National Survey of Farmworker Patients' Experiences (1999-2000) and the National Survey of Homeless Patients' Experiences (2000-2001) each received financial support from the Bureau of Primary Health Care (BPHC), within the Health Resources and Services Administration of the U.S. Department of Health and Human Services.

These national surveys had three main purposes:

- To give farmworker and homeless patients a voice in the care that they receive at community health centers.
- To develop the first data bases of the experiences of farmworker and homeless patients nationwide.
- To have the surveys' results drive national, regional, and community-based programmatic activities to improve access, reduce health disparities, and establish sustainable systems to better serve farmworker and homeless patients. Sustainable systems are those that provide quality care in an efficient and cost-effective manner.

Overall, the results of the two surveys indicate that farmworker and homeless patient satisfaction for health center services is high; the quality of care provided by health centers is good; and that health centers successfully lower patients' barriers to accessing care.

1 The term "farmworker" as used in this paper is generic covering three groups of agricultural workers and their families: 1) those who move their places of abode for purposes of agricultural employments (migrant farmworkers); 2) those who have "settled out" of the migrant agricultural life within the past 24 months; and 3) those who do not move but receive the majority of their income from agricultural employment (seasonal farmworkers).

2 The term 'homeless person' as used in this paper is defined as a person who does not have a fixed, regular and adequate nighttime residence, or an individual who: 1) has a primary nighttime residence that is a supervised public or private facility such as a shelter or psychiatric hospital; 2) is living on the streets, in abandoned vehicles, missions, or non-permanent or survival mode situations; or 3) is "doubled up" with a friend or family member in temporary or transient situations.

3 The term "community health center" includes primary care providers who receive Federal funding under the Community Health Center, Migrant Health Center, Health Care for the Homeless, and Centers for the Residents of Public Housing programs.

This monograph summarizes:

- Background information on farmworker and homeless patients and programs and PEERS;
- How NACHC adapted the PEERS survey package for use in the national farmworker and homeless surveys;
- Selected findings from each of the two surveys;
- How community health centers can survey their own patients using NACHC's survey instruments;
- How community health centers can use their own patient survey results as well as the national results for quality improvement activities.

FARMWORKER AND HOMELESS PATIENTS IN HEALTH CENTERS

Migrant and Seasonal Farmworkers in Health Centers

The nation's four million farmworkers engage in the manual labor that brings food to our tables: sowing, weeding, thinning, reaping, and preparing a large variety of crops. Those who are migratory follow the seasons' crops, moving from place to place and living in camps and cabins near the fields they tend.

These farmworkers face multiple barriers to obtaining quality medical care: many areas where they work are already short of health professionals to serve their resident populations; farmworkers generally lack private health insurance and find it difficult to enroll in public programs like Medicaid; many speak other languages or come from cultures with different traditions in using medical care; they may be working in the fields during the hours that health facilities are usually open; and many are concerned with issues related to their immigration status and fear reprisal from the Immigration and Naturalization Service. Yet their need for preventive and primary health care is great, especially since many have conditions that require ongoing and comprehensive care, such as diabetes, hypertension, and pregnancy.

To address these health needs, 125 community and migrant health centers serve 600,000 farmworkers annually. The health centers lower the farmworkers' barriers to health care by being available in locations and at hours that the farmworkers can use them; by offering culturally competent services in the farmworkers' own languages; by providing affordable care; and by reaching out to the farmworkers through enabling services such as outreach, transportation, and translation.

Homeless Persons in Health Centers

Although homeless persons have many attributes in common with other underserved Americans — such as high poverty rates, low health insurance rates, and high incidence of chronic conditions — their problems are often more severe. They have disease rates more than double those of persons with stable housing, partly caused by multiple access barriers such as lack of financial resources to pay for care, lack of transportation, and inability to obtain care at the times that they need it. In addition to high rates of substance abuse and mental illness, homeless individuals understandably find it difficult to maintain adequate nutrition and healthy lifestyles.

To help address these concerns, 135 Health Care for the Homeless programs in both urban and rural areas provide primary care and substance abuse services at locations that are accessible to homeless individuals and families, while referring them to other needed services such as mental health and hospital care and housing assistance. The programs also offer extensive outreach and case management. Together, these programs reach about 500,000 homeless people.

The Migrant Health Program - became part of Federal law in 1962. The program is a national effort to provide medical and support services to migrant and seasonal farmworkers and their families who otherwise lack access to quality and appropriate health care.

Services provided with Migrant Health Program financial support include:

- Primary and preventive health care,
- Dental and pharmaceutical care in some cases,
- Transportation to clinic sites or mobile clinics that go to camp sites,
- Outreach to workers in the fields to inform them about the availability of services,
- Occupational health and safety education for workers.

The Health Care for the Homeless Program - became part of Federal law in 1987 as a multi-disciplinary, integrated approach to deliver care to homeless people. Emphasis is placed on coordinating efforts with other community health providers and social service agencies.

Services provided with Health Care for the Homeless Program financial support include:

- Primary care and substance abuse services at locations accessible to homeless people,
- Around-the-clock access to emergency health services,
- Referrals for necessary hospital services and mental health care not provided by the health center,
- Outreach to homeless individuals about the availability of services,
- Assistance to individuals in establishing eligibility for housing assistance and services under entitlement programs.

THE PEERS PROGRAM

PEERS is NACHC's comprehensive package of patient survey products and services. PEERS is used by health centers wishing to measure their patients' perceptions of and experiences in accessing and obtaining primary care. The development of and ongoing improvements to PEERS are based on several fundamental tenets: 1) patients are partners in care; 2) a systems-based approach to surveying is essential for results that are reliable, trusted, and usable; and 3) the direct application of survey results is needed to improve both service delivery and health outcomes.

PEERS products and services include:

Survey Instrument: The instrument was the first of the PEERS components to be created as an objective of a 1992 research project sponsored by the Commonwealth Fund. Using focus groups of culturally diverse community health center patients; an advisory group of health center providers, managers, and community board members; and extensive field-testing, NACHC developed a 45-minute survey instrument, which it used in 1993 for a national survey of health center patients.[4] Focus group patients clearly defined the issues that were important to them; and it is these issues that are asked about in the instrument. It is these issues, or *Domains of Care*, that are the foundation of the instrument and help guide interpretation of survey results. After its use in 1993, the instrument was shortened based on interviewer and patient feedback, careful data review and additional field-testing.

The instrument is designed for administration in a face-to-face or telephone interview lasting approximately 20 minutes. The style of the instrument is informal, and it flows very much like a conversation during which the patient has the opportunity to describe his or her experiences with many aspects of patient care and health center operations.

The instrument has been translated into several languages spoken by health center patients and extensively tested for cultural and linguistic appropriateness in each.

Interviewers: NACHC's *National Telephone Interviewer Bank* supplies PEERS Interviewers. Interviewers are carefully matched to each health center based on patient demographics, including language, culture, and age. Interviewers are thoroughly trained in patient and health center sensitivity; telephone-interviewing techniques; PEERS-specific data-collection methods and processes; and the intricacies of the PEERS survey instrument. Interviewers participate in ongoing performance evaluation and quality control activities.

Patient Sampling Protocols: To ensure that the sample of patients participating in the PEERS survey is representative, protocols are calculated to guide patient selection. Protocols reflect the types of services provided, service locations, and patient flow.

Data Entry and Processing: Interviewers enter all survey responses directly into a secure online web-based system, and data are regularly transferred to an independent data contractor.

Reports: Survey results are available usually within 30 days. Results are organized into ten sections with each section focusing on a distinct area of patient care or health center operation. Health center-specific reports are completely confidential; NACHC does not see any results.

Technical Assistance and Support: The PEERS Survey Support Center provides users with easy-to-access technical assistance and support throughout the implementation of PEERS and beyond.

4 Ann Zuvekas, Kathy McNamara, and Caryn Bernstein, "Measuring the Primary Care Experiences of Low-Income and Minority Patients," *The Journal of Ambulatory Care Management* 22:4 (October 1999): 53-78.

What Is Important From The Patient's Perspective?

THE DOMAINS OF CARE

Culturally diverse community health center patients identified the following needs and concerns when they seek primary care services:

1. Access to health care, services and information that is culturally and linguistically competent;
2. The need to be cared for, accepted, and treated without judgment and with respect for personal lifestyle, values, and beliefs;
3. The desire to be in a shared partnership with the health care provider so that both provider and patient are responsible for decisions about the patient's treatment and health;
4. The need for care at the health center to be well coordinated with other health and social service providers;
5. The need for a physical environment that is professional and respectful of patients;
6. Recognition of financial burdens and constraints.

ADAPTING THE PEERS SURVEY PACKAGE FOR TWO NATIONAL SURVEYS

Under the sponsorship and in collaboration with BPHC, NACHC, building upon accomplishments from other national surveys, committed to design and implement national surveys of two of the most vulnerable populations in the United States: homeless persons and farmworkers. NACHC and BPHC determined to use PEERS to conduct both surveys. Adoption of the basic PEERS methods meant that the surveys concentrated mostly on the programs' primary care clinic practices, rather than additional areas such as mental health, outreach, or related social services. Yet even with using the existing instrument and methods, some changes had to be made to fit programs' and patients' realities.

To guide these changes, NACHC convened an expert advisory group for each survey. The groups were comprised of population-specific experts, representatives from community-based service delivery sites, clinicians and researchers. The advisory groups ensured cultural competence and linguistic appropriateness for all the surveys' processes. The adaptations made to PEERS were:

PEERS Instrument

A major task of the advisory groups was to adapt the PEERS instrument to fit patient circumstances. For example, questions about experiences over the previous six months were changed to say, "Since you have been in this area" for migratory farmworkers. For homeless patients, wording was changed from "where you live or work" to "where you stay or work." Several questions about family composition and finances were added for farmworkers, and questions regarding utilization of dental care were added for homeless patients. Questions regarding telephone access were deleted for the homeless instrument. All new questions were extensively field-tested as was the new flow of each instrument.

The revised instruments were translated into English, Mexican Spanish, Puerto Rican Spanish, and Haitian Creole for the farmworker survey and English, Mexican Spanish and Puerto Rican Spanish for the homeless.

Interviewer Training

In addition to the standard PEERS training, interviewers received training on the revised instruments and, perhaps more importantly, in the daily realities

of the lifestyle of farmworkers and homeless persons. Such sensitivity training was essential for the interviewers to successfully build trusting relationships, no matter how temporary, with the staff at homeless and farmworker programs and with the patients themselves. NACHC partnered with national, state and community-based organizations to create and implement these enhanced portions of the interviewer training.

Methodology

The PEERS methodology had to be slightly modified to reflect the realities of fielding the survey in migrant health centers and health care for the homeless programs. For example, some of both farmworker and homeless programs use mobile units to reach migrants in their camps and homeless near where they stay or eat, a situation not present for many other PEERS users. To accommodate all unique service-delivery models and to be sensitive to patients' daily rhythms, NACHC remained as flexible as possible throughout the implementation phase while still maintaining rigorous methods to ensure complete data integrity. For example, to work with a homeless program that served their patients via mobile units only, NACHC recruited, hired, trained and supported a face-to-face interviewer who also was homeless.

"I think the most important thing I noticed while speaking to homeless people during the survey is that not one person ever complained about being homeless. They were very honored to participate and be heard."

– an interviewer who asked survey questions

Sampling

Since no national registry of farmworker and homeless patients exists, the samples for these two surveys were drawn through a two-step process: 1) a stratified, random sample of farmworker health centers and homeless health care programs; and 2) a stratified, random sample of patients within each center or program.

- ***Sampling of farmworker health centers and homeless health programs***: We randomly selected 25 farmworker centers (out of 125) and 25 homeless health programs (out of 135), using strata of the ten Federal geographic regions with the centers/programs arrayed by numbers of farmworker or homeless patients continuously. Because of the unique characteristics of the 25 migrant health programs that serve only farmworkers, we initially oversampled this group,[5] although in all analyses we subsequently reduced their numbers back to their actual proportion of migrant health centers nationwide. In the case when a farmworker or homeless center was unable to participate because of events at its center, we replaced it by selecting the next most similar center within the same Federal geographic region. Ultimately, there were 25 farmworker and 22 homeless centers.
- ***Sampling farmworker and homeless patients:*** At each farmworker health center we randomly selected 40 patients, with strata for site, day of week, time of day, and type of service. The patient-sampling methodology was adapted to each center or program's service-delivery model. The process was similar for homeless patients, though, because they can move daily and follow-up contacts can be difficult, we sampled 50 from each program. These methods resulted in 934 farmworker and 921 homeless patient surveys that were complete and usable.

For farmworker patients we implemented the survey at each health center during its own peak season from April 1999 through January 2000. The homeless survey was conducted from April 2000 to February 2001.

5 We discarded from the sample those farmworker-only grantees that did not directly provide health services, i.e., those that passed through funds to other providers.

SELECTED FINDINGS

The surveys' finding can be divided into nine categories: a) patient demographics; b) patients' overall impressions; c) care-seeking behavior; d) access; e) facilities and environment; f) waiting; g) patient-provider team; h) filling prescriptions; and I) specialty services.[6] These categories reflect components of health center operations that lend themselves to performance measurement and quality-improvement activities.

Patient Demographics

Both farmworker and homeless patients are medically underserved: only 4 percent of farmworker patients and 2 percent of homeless patients have private insurance, while many lack any health insurance at all (49 percent of farmworker patients and 65 percent of homeless patients). About half of farmworker patients and a third of homeless patients rely on public health insurance. Almost two-thirds of homeless patients reported that their previous month's income was less than $250.

Yet, aside from the obvious difference of occupation, there are major demographic differences between the two groups. Homeless patients are more likely to be non-Hispanic Whites (45 percent) or African-American (37 percent) and less likely to be Hispanic (9 percent) than farmworker patients (7, 2, and 89 percent respectively.) Moreover, farmworker patients are less likely to speak English (60 percent) than are homeless patients (97 percent). Only a fourth of homeless patients speak a language other than English.

Both farmworker and homeless patients report themselves to be in poorer health than the overall U.S. population. In part this poorer health status reflects a higher incidence of chronic diseases such as diabetes, hypertension, asthma, and depression.

EXHIBIT 1

HEALTH STATUS[7]

6 Although a tenth category, that of the patients' experiences with Health Maintenance Organizations, was a part of the instrument, too few farmworker or homeless patients were enrolled in HMOs to report the findings.

7 Source for U.S. Population: Centers for Disease Control and Prevention, National Health Interview Survey, 1996.

Patients' Overall Impressions

Overall, both farmworker and homeless patients are pleased with their experiences: almost all said that they were either very satisfied or satisfied with the quality of care, and an equal number would recommend the center/program to their family and friends. Some 82 percent of farmworkers and 96 percent of homeless patients rated staff teamwork as good. The great majority (85 percent of farmworker and 94 percent of homeless patients) trusted the staff to maintain confidentiality about patient information. The great majority believed that no one group of patients received better service, such as being seen more quickly, than the rest. Almost none had had a problem or complaint about the care or service in the past six months.

Care-Seeking Behavior

Most farmworker patients (63 percent) and homeless patients (61 percent) reported that they had a usual source of care, which usually was the center or program (95 percent for farmworkers and 71 percent for homeless patients). The most important reason for choosing the center/program was "It is convenient to where I stay or work/live" for both groups, who also were attracted by the free or low-cost service, "they treat me right here", and the quality of the provider staff. More than half of farmworker respondents also cited the centers' language capacities and presence of outreach workers as reasons to come. Homeless patients were more likely to have also sought care from a hospital emergency room (16 percent) than were farmworker patients (10 percent). About two-thirds of both groups reported that the center/program had told them where to seek care when the center was not open.

Almost four-fifths of both groups reported that the staff tried to make sure that the patients received regular care — such as check-ups and immunizations — and about three-fourths of homeless persons and three-fifths of farmworkers stated that they do receive such care. The most common reasons for not receiving preventive care were expense, perceived lack of importance, believing that they were healthy without it, and time.

"Even though I have a health problem, coming to the center is the highlight of my day."

– a homeless patient

Access

About half the farmworker patients and a third of the homeless patients were being seen for a regular check-up or prenatal care; the difference in rates for prenatal care (10 percent for farmworkers and 1 percent for homeless patients) accounts for much of the difference in the two groups. Almost all patients in both groups stated that the visit was at a convenient time.

About two-thirds of the farmworker patients but only 42 percent of homeless persons had scheduled appointments, reflecting the realities of homeless patients' lives and consequent design of the health programs serving them.

We explored several specific areas of access with the farmworker respondents: 1) telephone access; 2) overcoming language barriers; and 3) overcoming financial barriers.

- ***Telephone access:*** About 80 percent of farmworkers had access to a telephone on which to call the center. Of those who had tried calling (71 percent of those with telephone access), over 90 percent were able to reach the center on the first call and were able to access the help they needed in an acceptable time.
- ***Overcoming language barriers:*** Health centers help overcome their farmworker patients' language barriers in several ways.[8] Of the 57 percent of patients who reported that they had their own doctor at the center:
  - 40 percent have a doctor who speaks their language.
  - 13 percent reported that someone at the center translates for them.
  - 1 percent reported that a professional translator helps in the communication with the physician.
  - 1 percent rely on family or friends for the translation.

8 Language was not an issue for homeless patients, all of whom reported that their provider speaks the same language that they do.

"They give good service. What counts is whether someone is human, and not about the money."

– an interviewer who asked survey questions

It is of particular importance that so few must rely on friends or family to translate, because doing so would mean the loss of privacy and confidentiality. This is in contrast to the situation in many other health facilities, particularly for farmworkers in areas where they are linguistic and cultural minorities.

- ***Overcoming financial barriers:*** Health centers accept all patients regardless of their health insurance status or ability to pay. Care for those with incomes below the Federal poverty level is either free or at a nominal charge, while those with incomes above 200 percent of the Federal poverty level pay the cost of their care. Those between 100 and 200 percent of poverty pay according to a sliding-fee schedule. Of the 56 percent of farmworkers who indicated that they were asked to pay something for the visit: 16 percent paid $1-5, 15 percent paid $6-10, 16 percent paid $11-25, and 6 percent paid more than $25.

Although 29 percent reported that they had been unable to pay the requested fee within the past six months (for seasonal farmworkers) or since coming to the area (for migrant farmworkers), only 3 percent said that this inability had kept them from receiving care at the center — 2 percent because they had not sought care. Most of the remainder said either that they were seen even though they could not pay (11 percent) or that they worked out a payment plan (12 percent).

For homeless patients we asked about two other access issues: 1) use of dental care, and 2) whether someone at the center/program had helped them find and use other services, such as housing, a job, or schooling:

- ***Access to dental care:*** 42 percent of homeless patients reported that a health care provider had told them that they needed dental care; 61 percent had not received dental care in a year. The reasons they cited for not receiving dental care were expense (36 percent); lack of need (20%); it did not seem important (12 percent); and fear of dentists (9 percent). About a sixth of those not receiving dental care said they were planning to.

- ***Other services***: Since homeless persons clearly have needs other than primary health care, homeless health programs coordinate with housing and other social services. Some 24 percent of homeless respondents reported help from the center/program in finding and using other services, such as housing, a job, or schooling; 47 percent reported such help from the center in the past six months.

Facilities and Environment

Almost all homeless and farmworker patients gave positive answers to questions about facilities:

- 96 percent (homeless) and 93 percent (farmworkers) said that the place where they give medical information is private enough.
- 94 percent (homeless) and 87 percent (farmworkers) stated that the place where they give financial information is private enough.
- 95 percent (homeless) and 89 percent (farmworkers) reported that the center's surroundings helped them to feel comfortable and relaxed.
- 98 percent (homeless) and 97 percent (farmworkers) said that the waiting room is usually clean.
- 91 percent (homeless) and 87 percent (farmworkers) stated the waiting room noise level is just about right.
- 99 percent of both groups reported that they felt physically very or somewhat safe coming to the center during the day; 89 percent (homeless) and 94 percent (farmworkers) who came at night reported the same.

Waiting

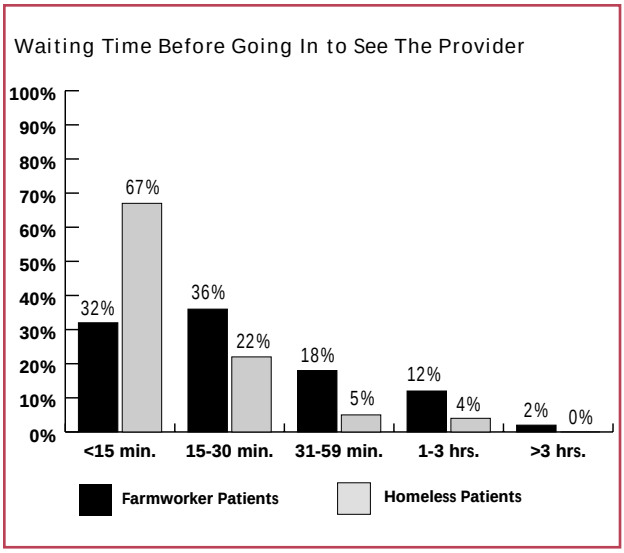
Waiting times can be important to patient satisfaction, as well as to provider productivity. Since both the farmworker and migrant programs see large numbers of walk-in patients, questions about waiting times are key.

Almost three-fourths of homeless patients but only 45 percent of farmworkers spent a total of less than an hour in the center; another 22 percent of homeless persons and 38 percent of farmworkers spent one-two hours; while 6 percent of homeless patients

and 18 percent of farmworkers were in the center/program for more than two hours.

Equally important is the wait before going in to see the provider. As Exhibit 2 shows, farmworker patients wait longer for care than do homeless persons.

EXHIBIT 2



Of those who waited more than 15 minutes, only 11 percent of homeless persons but 34 percent of farmworkers thought the wait too long. Unfortunately, only 48 percent of homeless and 24 percent of farmworker patients who waited more than 15 minutes said that a staff member let them know how long it would take.

Patient-Provider Team

From patient focus groups that preceded development of the PEERS instrument, we know that being treated with courtesy and respect is very important to medically underserved persons. Almost everyone in both the homeless and farmworker surveys reported that those staff members - both clinical and non-clinical — with whom they came in contact had treated them with courtesy and respect.

Homeless persons reported that it made no difference to them whether the provider was of the same race/ethnicity (92 percent) or sex (84 percent) as the patient. This contrasts with farmworker patients, who were more likely to prefer a provider of the same race/ethnicity (27 percent) and sex (38 percent).

When asked whether they had their own doctor, nurse practitioner, or physician assistant at the health center/program who is responsible for their health care, 54 percent of homeless patients and 57 percent of farmworkers said, "Yes." Of those who did not, about two-thirds of both the homeless and farmworker patients said that they would like to have their own provider.

"I like the health center because they treat me like a human being."

– a homeless patient

Since communication between provider and patient is key to a patient's well-being, we surveyed both groups about this aspect of their relationship with their providers. In some aspects of this communication, respondents reported success:

- 94 percent of both groups said that they received as much information as they wanted.
- 93 percent of farmworkers and 98 percent of homeless persons stated that they received answers they could understand in response to their questions.

In other aspects the farmworkers and homeless persons, like other patient populations whom we have studied, reported less successful communication:

- About three-fourths of both groups said that the provider asked what they thought about their health or sickness.
- 66 percent of farmworkers and 76 percent of homeless persons stated that the provider discussed the patients' fears.
- Of those requiring treatment for a condition, 64 percent of farmworker and 53 percent of homeless patients reported that the provider discussed different treatment options.
- 69 percent of farmworkers and 76 percent of homeless persons said that the provider asked them about life in general (e.g., job, family, housing).

Filling Prescriptions

Some 38 percent of homeless and 40 percent of farmworker patients received new prescriptions. Almost all these patients (98 percent of homeless and 98 percent of farmworkers) had the purpose of

the new medication explained to them. However, only 69 percent of homeless patients and 77 percent of farmworkers had possible side effects or reactions explained.

Of those who were prescribed either new or renewal medications, the homeless patients (64 percent) were much more likely than farmworkers (18 percent) to have the provider give it directly to them. About one-fourth of both groups picked up their prescriptions at the health centers' in-house pharmacies, usually in less than 30 minutes.

Specialty Services

More than a third of homeless and a fourth of farmworker patients had been referred by the health center to other physicians, nurse practitioners, or physician assistants. Both groups were as likely (82 percent of homeless and 83 percent of farmworkers) to have actually seen the referral provider. Both groups reported that the health center staffs had explained the results to them (84 percent of homeless patients who completed referrals, and 84 percent of farmworker patients).

HOW HEALTH CENTERS CAN SURVEY THEIR OWN FARMWORKER AND HOMELESS PATIENTS

NACHC has developed shorter versions of the farmworker and homeless patient satisfaction instruments for use by community and migrant health centers and other safety- net providers. We have included questions that permit health centers to look at a broad range of health center operations (please refer back to the nine sections listed in the Selected Findings portion of this monograph). We have also ensured that there is at least one question for each of the *Domains of Care* so that users can assess how they fare at meeting patients' expressed needs and concerns. We did not attempt in this monograph to link the surveys' results with domains of care. This is a very subjective exercise with some questions falling into more than one category and some matches not so obvious. We suspect that the results of this exercise will vary by health center and that there will be some disagreement within health centers about which question is linked with which domain. However, we think that linking survey results with domains can be very revealing about how a health center meets patients' needs and concerns and consider this an important data-analysis tool.

Health centers have a few options regarding how to survey their patients with the shorter instruments. We encourage health centers to apply the rigorous methods used for the national farmworker and homeless surveys, and the PEERS team at NACHC can provide guidance and support for this undertaking. Alternatively, the instruments can be used with small convenience samples; the instrument can either be self- or interviewer-administered (patient literacy is a consideration).

Next to each response option on the shorter tools we have indicated the results of the national surveys in parentheses. This will give users the option to compare their results with those of farmworkers and homeless patients nationwide. Additionally, comparisons can be made to results of national surveys of the general health center population (one conducted in 1993 and one currently coming to a close); please contact NACHC for more information. However, we caution that there are limitations to any type of comparison or benchmarking when the rigorous methods of the national surveys are not applied.

Both of the shorter instruments are included with this monograph and will also be available (with translations) on NACHC's website. (www.NACHC.com)

CONCLUSION

With technical care and cultural awareness, patient survey instruments and methods developed for use with the general medically underserved population can be adapted for special populations, such as farmworkers and homeless persons. The results establish a national database of homeless and farmworker patients' experiences and provide information that policymakers, program leaders, and health centers can use to manage the health care of these special populations. Furthermore, the value of giving patients a voice through the survey process is immeasurable. Time and again patients report how honored they are to simply be asked to share their experiences.

"Each one of the patients registers something for us to keep."

– an interviewer who asked survey questions.

Short Farmworker Tool

(Based on the Patient Experience Evaluation Report System (PEERS) developed by the National Association of Community Health Centers.)

1. Why do you choose to come here? (CHECK ALL THAT APPLY)

- ❑ It is convenient to where I live or work (62%)
- ❑ It is open when I need it (34%)
- ❑ I do not have to wait too long to see the doctor (20%)
- ❑ I do not have to wait too long for an appointment (24%)
- ❑ Everything is in one place (30%)
- ❑ They have medicine (30%)
- ❑ They provide transportation (14%)
- ❑ They have an outreach worker (52%)
- ❑ They speak my language here (52%)
- ❑ Services are free or low cost (47%)
- ❑ They only charge what I can afford (19%)
- ❑ They accept Medicaid or my insurance here (19%)
- ❑ They treat me right here (55%)
- ❑ The doctors, nurses, and physician assistants are good (36%)
- ❑ My doctor, nurse or physician assistant is here (29%)
- ❑ They know me/My chart is here (33%)
- ❑ My family comes here (38%)
- ❑ My friends, nurses or doctors referred me here (21%)
- ❑ They know where to send me for follow-up care (21%)
- ❑ It belongs to the community (22%)
- ❑ Other (Please explain _____)(4%)

2. At this visit, did the person at the front desk or registration desk treat you with courtesy and respect?

- ❑ Yes (99%)
- ❑ No (1%)

3. How long did you wait before going in to see the doctor or other person you came to see?

- ❑ Less than 15 minutes (32%) (go to Q4)
- ❑ 15-30 minutes (36%) → → →
- ❑ 31-59 minutes (18%) → → →
- ❑ 1-3 hours (12%) → → →
- ❑ More than 3 hours (2%) → → →

3a. Do you think this was too long?
- ❑ Yes (34%)
- ❑ No (66%)

3b. Did someone from the center let you know how long it would take?
- ❑ Yes (24%)
- ❑ No (69%)
- ❑ Only when I asked (7%)

4. Has anyone at the center ever told you where to go or what to do if you need health care when the center is closed?

- ❑ Yes (63%)
- ❑ No (37%)

5. At this visit, did a doctor or nurse prescribe medicine for you to take?

- ❑ Yes (57%) → → →
- ❑ No (43%) (go to Q6)

5a. Was this prescription for a new medicine or a renewal?
- ❑ New medicine (71%)
- ❑ Renewal (27%) (go to Q6)

5b. Did the doctor or nurse explain the purpose of the new medicine?
- ❑ Yes (100%)
- ❑ No (0%)

5c. Did the doctor or nurse explain any possible side effects or reactions of the new medicine?
- ❑ Yes (78%)
- ❑ No (22%)

6. On this visit, did you get as much information about your health and treatment as you wanted?

- ❑ Yes (94%)
- ❑ No (6%)

7. Do you get regular health care even when you are not sick?

- ❑ Yes (62%)
- ❑ No (38%)
- ❑ I am not sure (0%)

8. Do you think that the center staff keeps facts about you and other patients confidential (secret)?

- ❑ Yes (85%)
- ❑ No (2%)
- ❑ I am not sure (13%)

9. How about the quality of care? Are you very satisfied, satisfied, dissatisfied, or very dissatisfied with this?

- ❑ Very satisfied (37%)
- ❑ Satisfied (59%)
- ❑ Dissatisfied (3%)
- ❑ Very dissatisfied (1%)

10. When you come to this health center, is there a fee for the services?

- ❑ Yes (56%) → → →
- ❑ No (44%) (go to Q11)

10a. How much is that fee usually?

- ❑ 1-5 dollars (16%)
- ❑ 6-10 dollars (15%)
- ❑ 11-25 dollars (16%)
- ❑ More than 25 dollars (6%)
- ❑ I am not sure (2%)

10b. Have you ever NOT been able to pay that fee in the last six months?

- ❑ Yes (29%)
- ❑ No (71%) (go to Q11)

10c. What did you or the center do?

- ❑ Couldn't pay but was still seen (42%)
- ❑ Couldn't pay and worked out a payment plan (43%)
- ❑ Other (15%)
  (Please explain _____)

11. Would you like to say anything else about the program or center?

RELATING DOMAINS OF CARE TO FARMWORKER SURVEY QUESTIONS

Domains = Elements of a Health Care Visit Patients Identified as Important	Related Questions from the Farmworker Short Survey Tool
Access to cultural and linguistic sensitivity	1, 7, 8, 9, 11
Respect	1, 2, 3, 6, 8, 9, 11
Shared partnership	1, 5, 6, 9, 11
Coordination and integration	1, 4, 9, 11
Physical Environment	1, 2, 9, 11
Financial burdens and constraints	1, 3, 7, 9, 10, 11

Short Homeless Tool

Based on the Patient Experience Evaluation Report System (PEERS) developed by the National Association of Community Health Centers.

1. Why do you come here to see a doctor, nurse practitioner or physician assistant?
(CHECK ALL THAT APPLY)

- ❑ It is convenient to where I stay or work (53%)
- ❑ It is open when I need it (6%)
- ❑ I do not have to wait too long to see the doctor, nurse practitioner, or physician assistant (3%)
- ❑ Everything is in one place (8%)
- ❑ They have medicine (7%)
- ❑ Services are free or low cost (40%)
- ❑ They accept Medicaid or my insurance here (5%)
- ❑ They treat me right here (26%)
- ❑ The doctors, nurse practitioners, physician assistants, and nurses are good (16%)
- ❑ My friends, nurses or doctors referred me here (6%)
- ❑ They know where to send me for follow-up care (5%)
- ❑ Other (Please explain) _____ (0%)

2. At this visit, did the person at the front desk or registration desk treat you with courtesy and respect?

- ❑ Yes (98%)
- ❑ No (2%)

3. At this visit, did a doctor, nurse practitioner, physician assistant or nurse prescribe medicine for you to take?

- ❑ Yes (68%) → → →
- ❑ No (32%) (go to Q4)

3a. Was this prescription for a new medicine or a renewal?
- ❑ New medicine (56%)
- ❑ Renewal (44%) (go to Q4)

3b. Did the doctor, nurse practitioner, physician assistant or nurse explain the purpose of the new medicine?
- ❑ Yes (98%)
- ❑ No (2%)

3c. Did the doctor, nurse practitioner, physician assistant or nurse explain any possible side effects or reactions of the new medicine?
- ❑ Yes (69%)

4. On this visit, did you get as much information about your health and treatment as you wanted?

- ❑ Yes (94%)
- ❑ No (6%)

5. Do you have your own doctor, nurse practitioner, or physician assistant here who is responsible for your health care?

- ❑ Yes (54%) (go to Q6)
- ❑ No (46%) → → →

5a. Would you like to have one?
- ❑ Yes (68%)
- ❑ No (26%)
- ❑ I don't know (6%)

6. Do you get regular health care even when you are not sick?

- ❑ Yes (70%) (go to Q7)
- ❑ No (29%) → → →
- ❑ I am not sure (1%)

6a. What keeps you from getting regular health care even when you are not sick?
(CHECK ALL THAT APPLY)

- ❑ It doesn't seem important (28%)
- ❑ There is no need, I am healthy anyway (21%)
- ❑ It is too expensive (41%)
- ❑ It takes too long/I am too busy (8%)
- ❑ Other (please explain)
  _____ (23%)

7. Have you received dental care in the last year?

- ❑ Yes (39%) (go to Q8)
- ❑ No (61%) → → →

7a. Why not?
(CHECK ALL THAT APPLY)

- ❑ It doesn't seem important (12%)
- ❑ I have a fear of dentists (9%)
- ❑ There is no need, I am healthy anyway (20%)
- ❑ It is too expensive (36%)
- ❑ I am planning to (17%)
- ❑ Other (please explain)
  _____ (24%)

8. Has anyone here ever told you where to go or what to do if you need health care when this program or center is closed?

- ❑ Yes (66%)
- ❑ No (34%)

9. How about the quality of care? Are you very satisfied, satisfied, dissatisfied, or very dissatisfied with this?

- ❑ Very satisfied (66%)
- ❑ Satisfied (33%)
- ❑ Dissatisfied (1%)
- ❑ Very dissatisfied (0%)

10. Would you like to say anything else about the program or center?

RELATING DOMAINS OF CARE TO HOMELESS SURVEY QUESTIONS

Domains = Elements of a Health Care Visit Patients Identified as Important	Related Questions from the Homeless Short Survey Tool
Access to cultural and linguistic sensitivity	1, 6, 7, 9, 10
Respect	1, 2, 4, 7, 9, 10
Shared partnership	1, 3, 4, 5, 9, 10
Coordination and integration	1, 7, 8, 9, 10
Physical environment	1, 2, 9, 10
Financial burdens and constraints	1, 6, 7, 9, 10

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