



Consequences of the Health Disparities Collaborative

We appreciate your taking the time to complete this survey.

Your experience continues to be vital to improving care for patients nationally and for guiding the Bureau of Primary Health Care (BPHC).

Your participation in this research study is completely voluntary. There is no penalty for you or your community health center if you choose not to participate in this survey.

All responses are confidential and the information you provide will be presented in the aggregate form only.

If you have any questions about this survey or would like to complete the survey by telephone, you may call our toll-free number at (866) XXX-XXXX. For more information about this study, or to speak with the project manager, please call XXXX at (XXX) XXX-XXXX.

Instructions for completing the survey:

Throughout this survey:

- “Health center” is used to refer to the **initial site** at which the Collaborative was started.
- “The Collaborative” is used to refer to the entire Health Disparities Collaborative effort at that initial health center site.

Please circle answers based on **your best estimate** of the Collaborative at your health center. We understand that answers will vary with respect to people’s experience with the Collaborative.

As a result of the Collaborative, **the quality of care** provided by my health center for patients with:

	Greatly decreased	Somewhat decreased	Has not changed	Somewhat increased	Greatly increased
1. Chronic condition(s) emphasized by the Collaborative effort	1	2	3	4	5
2. Chronic conditions not emphasized by the Collaborative effort	1	2	3	4	5
3. Routine screening needs (e.g. pap smears, colonoscopy, mammogram)	1	2	3	4	5
4. Acute, potentially life-threatening conditions (e.g. suspected heart attack, severe bacterial infections)	1	2	3	4	5
5. Acute, likely benign conditions (e.g. sore throat)	1	2	3	4	5

As a result of the Collaborative, my health center’s **ability to manage:**

	Greatly decreased	Somewhat decreased	Has not changed	Somewhat increased	Greatly increased
6. Patients with multiple chronic conditions during a <u>routine office visit</u>	1	2	3	4	5
7. Patients with chronic conditions during an <u>acute care visit</u>	1	2	3	4	5
8. Patients who only use the clinic on a walk-in basis	1	2	3	4	5

As a result of the Collaborative, the **amount of time providers** spend on:

	Greatly decreased	Somewhat decreased	Has not changed	Somewhat increased	Greatly increased
9. Non-Collaborative issues with Collaborative patients	1	2	3	4	5
10. Non-Collaborative patients in general	1	2	3	4	5

Please indicate the degree to which the Collaborative effort has:

	Not at all	A little	A moderate amount	Quite a bit	A great deal
11. Drawn time, energy and resources away from other health center activities	1	2	3	4	5

Community health centers are usually engaged in many programs, with different funding sources, service goals and reporting requirements.

We are interested in how the Collaborative has affected those programs that are considered **separate** and **distinct** from the official Collaborative program at your center.

As a result of the Collaborative, my **health center's ability** to:

	Greatly decreased	Somewhat decreased	Has not changed	Somewhat increased	Greatly increased
12. Manage its non-Collaborative programs	1	2	3	4	5
13. Take on new non-Collaborative programs	1	2	3	4	5

For this question, consider your providers as a group.

As a result of the Collaborative, our **providers' ability** to:

	Greatly decreased	Somewhat decreased	Has not changed	Somewhat increased	Greatly increased
14. See the required number of patients on an average day	1	2	3	4	5
15. Expand the size of their patient panels	1	2	3	4	5

As a result of the Collaborative, my center's use of **rapid Plan-Do-Study-Act cycles** for:

	Greatly decreased	Somewhat decreased	Has not changed	Somewhat increased	Greatly increased
16. Non-Collaborative conditions	1	2	3	4	5
17. Non-clinical health center activities	1	2	3	4	5

As a result of the Collaborative, my **health center's ability** to:

	Greatly decreased	Somewhat decreased	Has not changed	Somewhat increased	Greatly increased
18. Work as a team	1	2	3	4	5
19. Move patients through the health center	1	2	3	4	5
20. Improve "no show" rates for appointments	1	2	3	4	5
21. Improve its quality improvement plan as a whole	1	2	3	4	5
22. Maintain ongoing relationships with our patient population	1	2	3	4	5

As a result of the Collaborative, my health center's use of:

	Greatly decreased	Somewhat decreased	Has not changed	Somewhat increased	Greatly increased
23. Process or outcome measures to gauge performance for non-Collaborative conditions	1	2	3	4	5
24. Patient registries to track clinical care for non-Collaborative conditions	1	2	3	4	5
25. Systems or personnel to link patients with non-Collaborative conditions to outside resources	1	2	3	4	5

As a result of the Collaborative at my health center, the **satisfaction**:

	Greatly decreased	Somewhat decreased	Has not changed	Somewhat increased	Greatly increased
26. I personally get from my job	1	2	3	4	5

As a result of the Collaborative, my health center's **ability** to:

	Greatly decreased	Somewhat decreased	Has not changed	Somewhat increased	Greatly increased
27. Retain high-caliber employees	1	2	3	4	5
28. Attract new high-caliber employees	1	2	3	4	5

29. How long have you been at your community health center?

Years

Months

30. Choose the category that best describes your **current position at your health center**.

Only cross one box

- Administrator. Please specify: _____
- Certified Medical Assistant (CMA)
- Certified Nurse Specialist (CNS)
- Dentist (DDS)
- Diabetes Educator
- Dietician
- Family Nurse Practitioner (FNP)
- Health Educator
- Licensed Practical Nurse (LPN)
- Medical Records staff
- Nurse Practitioner (NP)
- Physician
- Physician Assistant (PA)
- Registered Nurse (RN)
- Registered Nurse Clinician (RNC)
- Social Worker
- Other. Please specify: _____

31. How long have you been in your **current position** at your health center?

Years

Months

32. How many total hours per week do you work at your health center?

hours per week

33. Choose the category that best describes your **current role in the Collaborative** at your health center.

Only cross one box

Team Leader

Team Member

Non-Team Member

34. How long have you been in your **current role in the Collaborative**? Years Months

35. How many hours per week are you **exclusively engaged in Collaborative work** at your health center? hours per week

36. What is your gender? Female

Male

37. Do you consider yourself to be Hispanic or Latino? Yes

No

38. What race do you consider yourself to be?

White

Black/African American

Asian

American Indian or Alaska Native

Pacific Islander

Other: _____

39. In what year were you born? _____