University of Maryland Center on Aging

Medicare/Medicaid Integration Project

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Getting Feedback from Frail Elders and People with Disabilities:

Factors to Consider when Selecting a Method, an Instrument, a Vendor

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The Medicare/Medicaid Integration Program

The purpose of The Robert Wood Johnson Foundation (RWJF) Medicare/Medicaid Integration Program (MMIP) is to end the fragmentation of financing, case management, and service delivery that currently exists between Medicare and Medicaid. States are provided with grant support and technical assistance in their efforts to restructure the way in which they finance and deliver acute and long-term care. Technical assistance focuses on those states that have been awarded grants but is not limited to grantees. It is recognized that other states and initiatives can benefit from this help.

The Foundation staff responsible for the program are: Nancy Berrand, Senior Program Officer; Pam Dickson, Senior Program Officer; James Knickman, Ph.D., Vice President for Research and Evaluation; and Diane Montagne, Program Assistant. The National Program Office (NPO) for the program is based at the University of Maryland Center on Aging under the direction of Mark R. Meiners, Ph.D. The NPO provides technical assistance and direction for the initiative. Craig Lustig is the Deputy Director for the program.

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New England States Consortium (NESC)

In May 1995, representatives of the six New England Medicaid programs met with representatives of the Health Care Financing Administration (HCFA) to discuss common issues and concerns. A major focus of attention was on the needs of persons eligible for both Medicaid and Medicare. Dually eligible persons include primarily older persons and persons with disabilities who utilize a significant portion of the state Medicaid resources even though they have extensive federal coverage under Medicare. Indeed, the states' representatives believe that the lack of integration between these two major health programs increases costs for both programs without necessarily improving care.

This simple meeting sparked the establishment of the New England States Consortium as an organizational structure "to coordinate activities related to the design, implementation, operation and management of a program for the delivery of comprehensive, coordinated care to persons who are dually eligible for Medicaid and Medicare" (*New England States Consortium, Memorandum of Understanding, 12/26/96*). The Consortium has several work groups to focus discussions between the member states and HCFA on specific issues.

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I. Introduction

This document reports recent health services research regarding the benefits and limitations of methods for obtaining consumer feedback from frail elders. It is intended to guide state policy makers in choosing tools, methods, and vendors appropriate for their needs and for this population. Evaluating long term care and chronic care programs from the consumer's perspective is a critical step in developing effective quality improvement initiatives that can lead ultimately to reducing costs and improving patient satisfaction. Consumer feedback can identify consumer preferences that influence program design and utilization so that states can tailor strategies and programs accordingly.

Consumer surveys are one of many methods used to gain knowledge when designing or improving health care programs. Each state must determine its needs and consider other available qualitative and quantitative data sources, including service call backs, response cards, focus groups, chart reviews, claims and eligibility analyses and other focused studies.

This document is intended as a resource for state and federal policymakers as they assess their needs, develop requests for proposals (RFP) or create consumer surveys within their agency. Section II describes the challenges that surveyors may face when collecting feedback from frail, low income, older adults and the various approaches to overcome these challenges. Section III outlines the limitations and benefits of various survey methods. Section IV discusses the factors involved in choosing a tool, including questions of generalizability and administration method. Section V describes sample selection, informed consent procedures, and recruitment. Factors involved in selecting a vendor are outlined in Section VI and findings interpretation and application are included in Section VII. Conclusions are presented in Section VIII.

The suggestions and cautions included in this document evolved from nearly three years of survey method and instrument development work conducted under the auspices of the New England States Consortium. Funded by the Robert Wood Johnson Medicare/Medicaid Integration Program (MMIP), this project included a review of 21 established consumer feedback tools developed for health care including disability and home care arenas, examination of extensive consumer satisfaction and quality literature, input from MMIP state representatives in five states and from a national expert working group meeting. The work built on prior pilot studies that included mixed method surveys and focus groups in two states (for detail regarding these pilot studies and related MMIP initiatives, see: Gruman, Curry, & Porter, March 2000; Gruman, Porter, Curry, & Bowers, October 2000; New England States Consortium, August 2001; and New England States Consortium, Designing Effective Survey Methods for Frail Elders: Symposium Proceedings, 2001).

II. Making the Case

The following section presents a concise review of the scientific evidence that indicates gathering meaningful feedback from frail older health care consumers requires attention to a number of specific considerations. This information may be used by administrators to raise awareness among agency decisionmakers regarding the special needs of this population and to gain internal support in designing appropriate data collection programs.

Consumer assessments are essential
Federal and state policymakers increasingly recognize consumer assessment as essential to delivering high quality health care. Consumer input can inform: a) program planning and evaluation, b) contract oversight, c) provider performance reviews, and d) quality improvement initiatives.

Gathering data from frail, low income older adults is difficult
Collecting information from frail, older adults is challenging, especially among those with low income and education. Age-related sensory and cognitive impairments limit older consumers' ability to complete surveys. Obstacles may include hearing and/or vision loss, greater fatigue, and increased pain and discomfort. Cognitive impairments may affect memory and reasoning. Lower education, more common in older adults, relates to lower health literacy and the ability to understand many of the concepts that are being surveyed.

Social desirability response bias occurs when respondents provide answers consistent with prevailing social norms rather than candid personal responses (Forbes & Neufeld, 1997; Sudman et al., 1996). This bias is especially relevant for program evaluation and satisfaction research, where respondents are asked to offer their appraisal or critique of an issue. Older adults and those with a lower socioeconomic status are more likely to be influenced by social desirability (Campbell et al., 1976; Ross et al., 1995; Ross & Mirowsky, 1984). A related factor, medical paternalism, may result in hesitancy to criticize physicians or other health care professionals.

Acquiescent response bias describes the tendency to agree with statements of opinion regardless of their content (Ware, 1978). This poses problems in so-called "satisfaction" surveys, where agreement with positively worded items results in reportedly higher levels of satisfaction, and agreement with negatively worded items results in lower levels of satisfaction (Ross et al., 1995; Ware, 1978). This bias is significantly associated with increased age and lower socioeconomic status, including both lower education levels or less income (Ross et al., 1995; Ware, 1978; Ware et al., 1976).

Fear of reprisal (such as losing services) may lead the individual to underreport negative experiences or views. This bias is stronger if there is a perception that the interviewer is somehow connected with the organization being evaluated (Nehring & Geach, 1973; Forbes & Neufeld, 1997).

Conflicting evidence about best approaches
Although scientific evidence about the most appropriate way to collect data with this population is limited, experts suggest the simple, brief, in-person surveys are best. There is no consensus on various aspects of designing questions, including the use of personal referents (asking about the individual's personal experience, or about experiences in general), the format of response options (scales, categories, open-ended), specification of time periods, and use of skip patterns.

Traditional survey methods may not work
Both mail and telephone administration methods are problematic with this group. Strict adherence to standardized survey protocols may constrain collection of complete and/or accurate data. A purely "objective" interaction between the interviewer and respondent limits the development of trust and rapport that can minimize response biases mentioned above.

Methods must be tailored to the group
Very little is known about the most appropriate methods for gathering data from this population. However, there is growing evidence that standard types of surveys and questionnaires do not produce complete or accurate information (Forbes & Neufeld, 1997; Gruman et al., 2000; Jobe et al., 1996; Jobe & Mingay, 1989; Keller et al., 1993). There are a number of alternative approaches that can be used to improve data collection with this group.

A number of techniques can be used to appropriately tailor surveys to the needs of this group. Some of these strategies include: a) combining varied question formats (open ended probes and forced choice items), b) allowing interviewers flexibility and discretion (with tracking of deviations from the original question), c) conducting focus groups (for both survey development and independent data gathering on a targeted issue), and d) cognitive interviewing techniques to verify intended meaning of responses. It appears face-to-face interviews are the optimal method of administration, although perhaps cost-prohibitive. Particular attention must be paid to language and comprehension issues, as well as the complexity of the questions and concepts. Use of a 6th grade reading level is suggested.

Resource opportunities
In conducting consumer assessments, state policymakers may choose to carry out the activity using internal resources, or may contract with a vendor. Relying on internal resources may not necessarily be more cost effective or provide the most accurate results. Many of the steps are time and labor intensive: selecting an instrument (or developing a new one), determining a sampling frame, establishing administration guidelines, collecting, analyzing and interpreting data. Guidance on these points is provided in sections "choosing a method," "choosing a tool," and "other considerations." Should a state decide to contract with a vendor for some or all of these activities, these sections may be of assistance in selecting an appropriate vendor. Issues specific to vendor selection are summarized in the section titled, "choosing a vendor."

III. Factors to Consider in Choosing a Survey Method

There are four basic approaches to gathering consumer feedback: mailed questionnaires, telephone surveys, in-person interviews and focus groups. The benefits and limitations for each approach are briefly summarized below.

Mail methods

Benefits
Mailed questionnaires are frequently used in gathering consumer feedback. Major benefits include: a) comparatively low cost, b) ability to contact substantial numbers of individuals, c) potentially less burdensome for respondents, who are able to complete it at their convenience and can reread questions and responses, and d) inclusion of respondents who are hearing impaired.

Limitations
There are a number of barriers to mail administration with this population, with implications for overall response rates, completion of the entire survey, and collection of accurate data. One significant problem with mailed questionnaires in this population is the potential for high response by proxies (someone other than the program participant). Proxy information is frequently inconsistent with that provided by the intended respondent. In addition, it is difficult to assess response reliability with written tools (to determine whether respondents sufficiently understood the survey questions). Other potential obstacles include: a) potentially lower response rates, as mailed surveys are more easily ignored or thrown away, b) difficulties in completing the survey correctly, particularly following skip instructions, c) challenges for respondents with vision impairments, and d) obtaining current mailing addresses, due to frequent relocation.

Phone surveys

Benefits
Administering surveys by telephone offers several particular advantages. The ability to establish trust and rapport with the respondent and clarify any misunderstandings regarding the questions are two benefits which increase both response rate and response accuracy. Other benefits include: a) comparatively less time and resource intensive than in-person interviews, b) potential to collect data from a fairly substantial number of people, c) ability to minimize proxy respondents, and d) ability to include the vision impaired.

Limitations
Limitations of phone surveys are generally related to hearing impediments, physical frailty, and difficulty reaching respondents. Hearing or speech impairments can preclude effective communication, and physical frailty or disability can prevent the individual from holding the receiver. Other limitations can include: a) hesitancy to agree to participate among respondents fearing scams or sales pitches, b) guarded access to respondents by caregivers, c) difficulties obtaining current phone numbers due to relocation, out of service, non-published, or incorrect numbers, and d) limited ability to use visual aids to assist in responding.

In-person interviews

Benefits
Face-to-face interviews offer several advantages over other methods, particularly with frail older adults. In addition, the benefits of phone surveys are amplified with use of in-person surveys.

Benefits of in-person interviews include: a) greater ability to establish trust and rapport to minimize response biases, b) use of visual aids to clarify response options, c) use of lip reading or other gestures to facilitate communication with respondents who are hearing impaired.

Limitations
The primary limitations of this method are that it is time intensive and costly. Using smaller samples (subsampling) may aid in controlling costs. Competing demands (home health aide visits, doctor appointments, adult day programs) may also make it difficult to schedule interviews in the home. As with phone surveys, access to respondents may be guarded by caregivers, physical frailty can prevent an individual from participating, and there may be difficulty obtaining current phone numbers or addresses. Finally, respondents might hesitate to provide critical or negative feedback to a friendly interviewer.

Focus groups

Benefits
Focus groups are commonly used to discover more about a topic which has not been examined previously, such as older consumer's views of health care. This method is also helpful for gathering information that involves personal and social constructs, such as experiences with a particular service or program. The open, exploratory approach allows for in depth exploration of focused topics.

Limitations
Limitations with a focus group approach include: a) it is time and resource intensive, with more logistical details and possibly greater resources needed to recruit participants, b) it may not be suitable with potentially sensitive topics, c) it is difficult to include frail and/or homebound participants, and d) focus groups do not generate the type of data which may be needed (focus groups produce qualitative, not quantitative, data).

IV. Things to Consider in Choosing a Data Collection Tool

What is the purpose of the survey?
There are at least four distinct, yet related, purposes for conducting a consumer feedback survey. *Accountability* involves collection of information to assess whether a service delivery system is fulfilling its contract requirements. *Program evaluation* relies on consumer input to determine whether a particular mode of service delivery is effective in meeting objectives, and/or comparing different delivery modes. *Quality improvement* can be informed by consumer experience, and refers to the identification and tracking of areas for improvement. Finally, *consumer education* regarding service delivery options can also be enhanced by an understanding of consumer views.

Review available tools
For states interested in using an existing data collection tool, there are several important factors to consider.

1. How was the content developed? Most survey experts now agree that the input of potential respondents is critical in identifying important topic areas for the survey. This is usually accomplished using focus groups through a "grounded theory" approach. This means the major domains of the survey are consistent with the issues of importance identified by potential respondents.
2. What populations has the tool been used with? The question of "generalizability" is an important concern. This means the tool has been used successfully with populations similar to the one you are working with. Considerations when working with frail, older adults include literacy level (6^{th} grade), length of survey (20 minutes or less is best), and format (clear directions, simplified response options).
3. Is the administration method rigid or flexible? Some experts suggest that, for frail older adults, strict standardized approaches to survey administration may not be appropriate. Rather, interviewers should be allowed to exercise some discretion in rewording questions or probing further, provided these deviations are carefully recorded and independently monitored.
4. Has the tool been tested thoroughly? An established tool should be based upon sound pilot testing and thorough psychometric evaluation (a time and resource-intensive undertaking).
5. Does the tool ask for the information you need to know? Review each prospective tool with your specific purpose for the survey in mind.
6. Determine how the survey data will "fit" with other available data.

A consumer feedback mechanism should be part of a broader quality management system that may also include focus groups, service call-backs, service evaluation response cards, variation analyses and focused studies. Effort must be taken to avoid duplicating data available to states through other sources such as claims and eligibility files, assessment data, and charts. This will reduce unnecessary burden on program participants/clients/beneficiaries and may also reduce your survey cost.

V. Other Considerations: After the Tool is Chosen

Once the data collection tool has been developed or identified, the following issues must be addressed: sample selection, informed consent and confidentiality procedures, recruitment strategies, and techniques to minimize fear of reprisal.

Selecting the sample

There are four basic sample designs: simple random sample, systematic random sample, stratified sample and cluster sample. The choice of approach depends upon the nature of the information being gathered and methodology. Purposeful sampling may be used to target individuals according to geographic region, program, and specific characteristics such as ethnicity or chronic disease. Identifying potential respondents is challenging with this population, as frail elders may move frequently across settings of care and programs.

Developing informed consent and confidentiality procedures

A process to allow respondents to provide meaningful informed consent requires careful attention to the content, language and format of the communication with potential survey participants. With frail older adults, involving legal representatives in the consent process (guardians, power of attorney, or family members) may be appropriate. Credible assurance of the confidentiality of the data is important to collecting valid information. Data management, analysis and reporting protocols must protect the identity of each respondent.

Respondent recruitment

Experts advise utilizing multiple strategies with several attempts to reach each respondent. This involves contacting the respondent multiple times both in writing and by telephone. An initial letter is usually sent, which may be followed by either the written survey or telephone calls, inviting the person to complete the survey over the phone or in-person. For non-responders to the written survey, a reminder postcard is sent, which may be followed by a second written survey and/or a telephone call. Second letters may be necessary for phone and in-person surveys if the respondent, once reached by phone, does not remember or did not receive the initial letter of invitation to participate. For in-person and focus group participants, a reminder call and/or letter is usually given the day before the interview.

Efforts must be made to establish trust with potential participants. One successful method is to have a known and trusted person (for example, a local senior center director) first inform and encourage the potential respondents to participate, or to have this trusted person co-sign the initial letter of participation. Without such an intermediary, effort must be made to encourage the respondent to participate for other reasons, such as appealing to their altruism or inclination to be helpful, convincing respondents of the need for their individual feedback and opinions, or offering a monetary incentive.

Adopting strategies to minimize fear of reprisal

Asking program beneficiaries to provide information about potentially negative aspects of a service presents significant challenges. Those who fear losing benefits may underreport problems. Establishing the credibility of the interviewer is imperative to gaining trust and obtaining candid information. A number of strategies may assist in building rapport between the interviewer and respondent:

1. Emphasize confidentiality in advance of and during survey process as needed
2. Use in-person administration if at all feasible

3. Provide resources to facilitate interviewer rapport (such as building time into interviews to talk socially with respondents, budget for a small plant as an "ice breaker" or thank you)
4. Make advance contact
5. Use a thorough, understandable informed consent
6. Offer to respond to any questions, leave phone number for future questions from respondent or family

VI. Selecting a Vendor or Other Expert Advisor

An early and critical decision a state must make is whether to conduct consumer surveys internally or contract out some or all of the work. Perceived benefits and limitations of either approach are summarized in the following table.

IN-HOUSE	VENDOR
Benefits • Potential cost savings • Integration with existing functions	*Benefits* • Expertise and experience in surveys • Credibility/independent assessment • Limited disruption to existing functions
Limitations • General lack of survey expertise • Disruption to existing functions • Potential bias in data interpretation	*Limitations* • Cost • Maintaining control of intent/scope of project

The following section identifies special considerations that a state should take into account when selecting a vendor for a survey of frail elders or other vulnerable populations. More general criteria regarding vendor selection have been developed by the State Health Access Data Assistance Center (SHADAC) and are included in Appendix B.

Vendor qualifications and experience
Potential vendors should demonstrate knowledge and experience with respect to each of the following:

1. The special needs of the target population that affect survey design and administration
2. Existing survey tools and approaches specific to the needs of the target population
3. Design, testing and administration of new/modified survey tools for the target population
4. Analysis and interpretation of survey findings to meet the needs of state policymakers
5. Collaborations with state program administrators, consumers and service providers during survey design, testing, administration and interpretation.
6. Communication strategies for keeping state policymakers fully informed of progress and issues.

Specific methodologic considerations
Vendors should be asked to respond directly to each of the following major issues in their description of methodology, including sampling frames, survey design and administration, analysis and reporting.

1. Consumer, payor and provider perspectives are all relevant to developing a useful data collection tool. How would the vendor maximize consumer input yet ensure essential topics (from the state perspective) are included? Does the vendor have experience in translating policymaker objectives into reliable survey instruments?
2. Alternative approaches to standard questions are potentially useful. How would the vendor address the unique needs of this group? Specifically address:
   a) combining forced-choice and probe items
   b) allowing interviewer discretion
   c) tracking of deviations from tool
   d) focus groups (both in development of survey content and to gather data independently).
3. Early in the testing phase of surveys, researchers should solicit feedback from interviewers. During the testing and administration phases of the survey process, close communication should be maintained with interviewers. How does the vendor intend to brief interviewers on issues that arise during survey administration that may suggest a need to revise the instrument? How is the state kept informed during this process?
4. A survey interviewer is the intermediary for phone and face-to-face surveys and as such plays an important role in establishing effective communication with a respondent. Strong interpersonal skills and knowledge of the constraints under which frail elders labor in responding to surveys, as well as technical training on the substance of the survey are prerequisites. How does the vendor select, train and support interviewers?
5. See sections earlier in this document for other related concerns, “choosing a tool” and “choosing a method.”

VII. Interpretation and Application of Survey Findings

Interpretation

There are several key considerations in interpreting the data generated from the varied methodologies that may be employed. Expertise is required to interpret the findings, particularly in the case of quantitative data where issues of statistical significance may limit the conclusions that can be reached. In some cases, questions of interpretation are closely associated with the design of the data gathering activity. Therefore, it is wise to think ahead to the kinds of information ultimately of interest when initially designing the consumer feedback instrument.

A central concern is whether the data are sufficiently "representative," that is, do they accurately characterize the overall experience of the target population. This is most germane for quantitative approaches in which statistical calculations may be used, and is best achieved by drawing a randomized sample using the fewest exclusion criteria possible. This means no individual or group of individuals is systematically left out of the sample, and that as many types of individuals as possible are included. In qualitative data gathering, the equivalent concept is whether participants have been interviewed exhaustively in order to provide "saturation" of concepts. This means that, were additional people interviewed, no new themes or findings would emerge from content analysis of the narrative data.

A second consideration is the use of proxy respondents (someone other than the individual receiving the service). In some cases (for example, with individuals with mild or moderate dementia), important information can be obtained from a proxy that otherwise would be unavailable. Yet the potential bias must be recognized, and the use of proxies should be carefully assessed in terms of cost and benefit. If proxies are used, data analysis must be done separate from the general pool of respondents, as there is ample evidence that proxies provide different responses than the individual.

The nature of the data collected presents a third consideration, that is whether the data are longitudinal (collected more than once, over time) or cross-sectional (collected only once). Trends in care and outcomes can only be measured using a longitudinal design, preferably following the same individuals at each point. Whether the state is interested in tracking change over time is a critical question to be addressed early in the data collection planning.

A related question arises when determining whether the data are "stratified" by a characteristic of interest (such as geographic region or health plan). If the state is interested in this type of data output, sampling and analysis plans must take the relevant characteristic into account.

A final caution on data interpretation is to keep the analysis simple. Computer software statistics packages make it relatively easy (and tempting) to conduct complex statistical analyses that speak far beyond the data. In general, it is best to keep early analyses and interpretations as straightforward as possible. Also bear in mind the potential impact of selection bias (which occurs if the sample is not properly drawn) or measurement bias (which occurs when the data collection tool is not measuring precisely what it was intended to).

Application of Survey Findings

The focus of this document has been on the value of using survey information to inform the design and implementation of programs serving frail elders in the community. In this section, we caution against relying on surveys as a state's sole approach to assessing its programs or "over-reaching" when deciding how to act on survey results.

While the voice of the consumer is essential to understanding and assessing the merits of a program, states are encouraged to look at all available data sources to gain a full appreciation about the impact of a program on the daily lives and health outcomes of beneficiaries. Consumer surveys are part of a broader quality management system that includes provider surveys, complaint tracking, service call-backs, service evaluation response cards, performance measurement, variation analyses based on claims data, and focused quality of care studies. Any one or a combination of these activities may identify possible problems and the need for quality interventions or program re-design.

It is not always readily apparent how to take action on survey findings. Some findings may raise issues that are outside the scope of a particular program or contractor accountability. For example, if a program provides only Medicaid services, programs will have limited clout in improving timely access to Medicare-reimbursed physician services. This reinforces the need to focus survey questions on matters of direct relevance not only to consumers but to the program as well. Other survey results may suggest problems that require further investigation, for example to assess whether they are systemic issues or concentrated in particular practices or populations.

The application of survey findings depends on the purpose for which the surveys were conducted. Surveys used to assess provider performance will show variances in performance by practice type so that practitioners can direct their efforts at obvious weaknesses. To evaluate the effectiveness of programs in meeting predetermined objectives, the information gathered will identify consumer perspectives on those issues and how those perceptions correlate with related performance measurement data. Survey findings will often be used to identify areas for quality improvement. Finally, the data may be used to publicly report member perceptions in areas of interest to other beneficiaries in selecting among practitioners or service delivery options.

VIII. Conclusions

This paper highlights issues that were raised during work with the New England States Consortium to design viable and reliable methods to assess consumer perspectives of programs serving persons dually eligible for Medicaid and Medicare. Our goal was to develop a survey approach and tool that captures basic questions applicable to the various program models being developed in each of the New England states.

Our work began with testing the applicability of traditional survey tools among dually eligible clients receiving home and community-based care. Given the sensory, cognitive and functional limitations of the target population, we found that standard approaches to survey design and administration are not effective. The second phase of our work focused on selecting survey topics of relevance to policymakers and consumers and examining methods for administering a survey that are sensitive to unique circumstances and needs of the population.

Many policymakers confront similar challenges as they search for ways to obtain meaningful feedback from a frail, older population being served by state-sponsored health care programs. While significant work remains before standardized survey methods are adopted, there is widespread agreement on the challenges and cautions of surveying this population. We have tried to synthesize our experience in the hopes that others can benefit from and advance this working knowledge.

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State Survey Initiatives: Selecting Survey Vendors

More and more states are getting into the business of survey work. This document highlights key questions states should consider when setting up a contract, developing an RFP, or evaluating vendor bids for selection.

Experience

Does the vendor have experience conducting demographic and health policy research?

Your survey vendor should be able to give you descriptions of past health policy surveys they have completed. These descriptions should include the goals of the research, the scope of the project (e.g., number of interviews, budget), the methodology used, the success of the project (e.g., response rates < 70%, completed on schedule) and deliverables they produced (e.g., ASCII data file, survey methodology report, etc.). Some vendors specialize in market research. We recommend that you avoid using these vendors. Typically, market research does not require the same level of quality standards that policy research does.

What are the qualifications of their research staff?

The education and training of the research staff is an indicator of the vendor's capabilities. Good survey vendors have statisticians and survey researchers with graduate-level degrees (in statistics, economics, sociology, public policy, etc.) who appreciate the intricacies of collecting data that is valid and reliable.

Does the survey vendor have examples of publications produced from their research projects?

Your survey vendor should be able to provide you with examples of publications produced using data they have collected. These publications could be papers on survey methods, policy papers in academic journals, formal reports to government agencies, or newspaper articles.

Is the survey vendor a member of the American Association of Public Opinion Research (AAPOR)?

We encourage you to choose a vendor that is a member of the American Association of Public Opinion abide by a common code of ethics and have information on best practice guidelines that promote the collection of high quality data. The AAPOR web site is www.aapor.org.

Interviewing Capabilities

Do they use CATI?

CATI stands for Computer-Assisted Telephone Interviewing. Nearly all survey vendors use some form of CATI. CATI has a number of features that facilitate telephone data collection. Your vendor should be able to explain what these features are and how they use them. For example, if an interviewer reaches a respondent at an inconvenient time, they can schedule a callback in the CATI system. When the scheduled time arrives, a notification appears on an interviewer's screen and prompts them to make the call. This callback feature enhances response rates. CATI can produce sample dispositions at any time during the fielding of your study. This allows you to track the progress of your project. CATI reduces interviewer error because it has all the skip patterns programmed. Surveys done on paper require that the answers later be keypunched into a data set. CATI is more efficient. It does not require this step because it produces a computerized data set.

Do they have enough interviewers to conduct your project in a timely manner?

Your survey vendor should give you a description of their telephone survey operations. They should be able to tell you how many interviewers they can devote to your project and whether they can meet your time line requirements.

Do they have experienced interviewing staff?

Your survey vendor should tell you about the experience of their interviewers. It is not uncommon for there to be a high turnover rate for interviewing staff. Ask your vendor how many experienced interviewers they can commit to your project. A typical and very acceptable scenario is to have a combination of experienced interviewers (e.g., more than 2 years) and less experienced interviewers (e.g., less than 2 months) assigned to your project. An unacceptable scenario is to have the majority of interviewers assigned to your project be inexperienced interviewers.

How do they train their interviewers?

Your survey vendor should tell you their interviewer training procedures. What do they typically do to train their interviewers before putting a study on-line? Good survey vendors will use training manuals for each project that include a "Q-by-Q" (question-by-question) description of each item on the survey. They may also have "help sheets" for interviewers to use when they are on the phone. These sheets provide answers to frequently asked questions and/or suggest probes for difficult questions. It's a good idea to request to see examples of interviewer training materials they have used in the past.

Do they monitor interviews? If so, how much will they do for your project?

Monitoring interviews literally means "listening in" while an interviewer conducts a survey. Monitoring is particularly useful at the beginning of a survey. It allows you to check that interviewers are administering the survey correctly and it also allows you to identify items that are difficult for respondents. Your survey vendor should monitor at least 10% of your surveys.

How many times will they call a respondent for a first contact?

Your survey vendor should tell you how many times they will call a respondent to establish a first contact before they consider the sample "dead" or a "non-contact" case (meaning they will no longer attempt to call that respondent). This is something you can specify in your contract with the vendor. We recommend a minimum of 10 calls before considering a piece of sample dead or a non-contact case.

What is their sample-to-completes ratio?

The ratio of the number of respondents in the sample to the number of completes desired is an indicator of how much effort the survey vendor puts into working your sample. The less your sample is worked, the less representative your data will be. We recommend that your sample-to-completes ratio be five or less.

Data Cleaning

Do they have a coding staff?

Survey vendors often have coding departments who will code open-ended and "other (specify:)" questions. Your vendor should be able to tell you about their coding staff and the procedures they use. For example, the coding staff may read through the first one hundred actual responses to the open-end and develop a list of codes. You may ask your vendor if they will share the list of codes with you before using it to code the surveys.

What data cleaning do they typically do?

Your survey vendor should have computer programmers on staff who will check the data after it is collected to identify and correct errors. For instance, they should check that all of the responses are in the appropriate range, that there is consistency between responses (e.g., if a respondent indicated they had a child, there should be information in the child section of the survey) and that all of the skip patterns in a questionnaire were followed correctly.

What data management software do they use?

The computer software programs that a survey vendor's data cleaning department uses is an indicator of their level of expertise. A good vendor will use more sophisticated programs such as SAS, SPSS, Access, Paradox, Oracle, etc. A less experienced vendor may use some type of spreadsheet software such as Excel.

How do they handle data privacy?

Your survey vendor should be able to tell you their policy on data privacy. A good survey vendor will abide by a data privacy policy such as the one used by the Council of American Survey Research Organizations (CASRO) (www.casro.org). Your survey vendor should be able to tell you what they require of their staff and how they store the data at the completion of the study. Some vendors will remove all identifying information from the data set and will store it in a locked storage space for a specified number of years.

Deliverables

Will they provide you sample disposition information while the study is in the field and at the end of the study?

Your survey vendor should be able and willing to provide you with sample dispositions during the course of your survey and at the end of the study. The sample disposition reveals how many calls have been placed and the outcome of these calls (e.g., number of completed interviews, number of refusals, number of cases ineligible for interview because the number has been disconnected or the number is for a business, etc.). If a vendor is working your study's sample appropriately, they should be willing to share sample disposition information with you. If you vendor is not willing to provide sample dispositions, you should ask for an explanation. It may mean that they are not devoting enough interviewing time to your project.

How will they give you the data at the end of the study?

You should ask your survey vendor the format they will provide the data in at the end of the study. A good survey vendor should be able to provide a copy of the data on disk or via e-mail to you in a number of formats (e.g., ASCII, SAS, SPSS, etc.). Again, this is an indicator of their level of sophistication and expertise.

Will they provide you a survey methodology report?

Your survey vendor should be able to provide you with a survey methodology report at the end of the survey. A good vendor will be conscientious in tracking the procedure used and outcome of each phase of the data collection process. The report should include a description of the sampling frame, the survey instrument, interviewer training, coding procedures, cleaning procedures, response rates, and a sample disposition.