

Hip Hop with HHCAHPS

**The Missouri Alliance for Home Care
Annual Conference
April, 2010**

Patricia W. Tulloch RN, BSN, MSN, HCS-D
RBC Limited Healthcare & Management Consultants
P: 845-889-8128 • E: rbc@netstep.net

www.rbclimited.com

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Objectives



- **Identify the current CAHPS tools;**
- **Clarify the implementation updates and protocols for Home Care;**
- **Detail the public reporting of Survey Outcomes;**
- **Discuss agency strategies to proactively prepare for this Survey Program.**
- **Take Aways: Sample Home Health CAHPS Tool
Sample Agency Letter**

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Why HH-CAHPS?

- **Proposed by HHS 11/2008 Transparency Initiative**
 - Report experiences of home health patients
 - Survey developed by AHRQ
 - Agency for Healthcare Research and Quality
- **Initiate Home Health Quality Data**
 - Part of CAHPS Surveys Family
 - Consumer Assessment of Healthcare Providers and Systems
 - Transparent to consumers (public; media; patients)
- **Link to 2012 Home Health Payment Updates**
 - Rather than 2011
 - Test Run: Summer 2010; Initiate October 1, 2010
- **Voluntary Participation current (Jan-Sept., 2010)**

CAHPS Goals

- **Provide insight into patient perception of care**
 - Standardized data collection and analysis
- **Useful for marketing and performance improvement**
 - Two Global Indicators Reported on Home Care Compare
 - Would you recommend this home health agency?
 - How would you rate this agency's care and services?
- **Providers can demonstrate value to broader system and affiliates**
 - Contract and referral impact
- **How Will You Compare to Your Peers?**
 - Risk Adjusted Data
 - National and Regional Comparisons

Timeline Considerations

- **September, 2006:**
 - Call for Home Health Measures
- **2007 & 2008**
 - Draft Home Health Survey Instrument Field Tested
- **March, 2009**
 - Survey approved by the National Quality Forum
- **July, 2009: OMB Approves HH-CAHPS Survey Tool**
- **October, 2009: Final Rule Changes Published**
- **November 11, 2009: Federal Register Published**
- **October 1, 2010**
 - Provider data collection on an ongoing basis

More on CAHPS Reporting

- **2012 Pay for Reporting**
 - 2% Market Basket Reduction for NOT Reporting
- **2012 Public Reporting Requires 4 Quarters**
 - **Composite Measures (17 Items)**
 - Patient Care (4 Components)
 - Communication (6 Components)
 - Specific Care Issues (7 Components)
 - **Global Measures (2 Items)**
 - Overall Satisfaction
 - Willingness to Recommend
- **Patient Satisfaction Regulations**
 - Incent providers to improve quality of care

Survey Considerations



- **Conducted by multiple independent vendors**
 - Contracted by Providers
 - List of approved vendors on www.homehealthcahps.org
- **Survey Vendors MUST Meet CMS Requirements**
 - Quality Plan & HIPPA Compliant
- **Sampling and data collection conducted monthly**
 - Cost ranges: \$5.00 per survey - \$9,000 annually
- **Three modes of data collection**
 - Mail
 - Phone
 - Mixed Mode
- ~~Mail with phone follow-up for non-respondents~~

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Survey Protocols



- **Only Medicare Certified Home Health Agencies**
 - Only Medicare & Medicaid to be reported to CMS
- **Patient Eligibility for CMS Purposes**
 - Medicare and Medicaid Patients only
 - At least 18 years of age at any time during treatment
 - At least two skilled visits during the past 60 days
 - Not currently receiving hospice
 - Did not have maternity as the primary reason for home care
 - Did not request “no publicity” status
 - Not surveyed for the previous 5 months
- **Survey Questionnaire: 34 Items**
 - ~~Providers may add additional items if desired~~

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Sample Selection

- Vendor will use protocols to determine sampling size
 - Require 300 completed surveys over a 12 month period
- First month of implementation will have larger sample size
- 6 month estimate sample frame size
 - Calculate sampling ratio based on full census of eligible patients
 - Monthly sampling should remain same for each month in a quarter
- Rate may be increased if needed
 - Vendors need to avoid abrupt sampling size changes

More on Sample Selection

- Test Sample Expected Response Rates
 - Require 300 completed surveys over a 12 month period

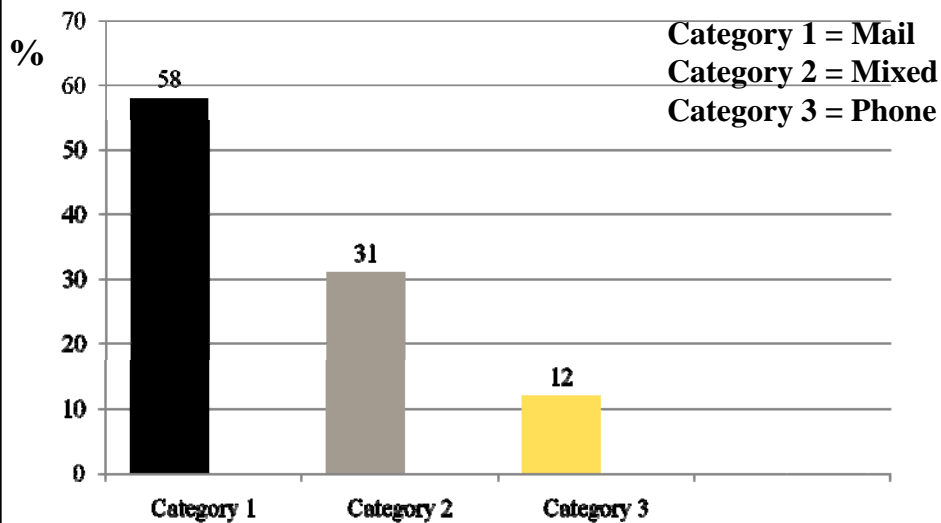
Mode	Response Rate	Sample Size for 25 responses/month
Mail Only	30.0%	84
Phone Only	28.0%	90
Mixed Mail with Phone Follow-Up	34.5%	73

- Sample Size = Number of responses needed/response rate = 25/(response rate)

Estimating Monthly Sample Size

- **Target is 300 responses in a 12 month timeframe**
 - An effective response rate of 25% requires an **annual** sample size of 1,200 surveys
 - Monthly sample size = 100 surveys per month
- **Preliminary test frames with agency data will establish monthly sampling size**
 - Vendor may adjust monthly sample size per agency response rates
- **Your approved vendor will conduct a “dry run”**
- **Sample size may be adjusted as indicated by response rates**

HHCAHPS Contract Data



Survey Mode Considerations

■ Mail

- Less expensive than phone surveys
- No interviewer bias
- Greater perceived anonymity
- Completed at respondent convenience
- Respondents visualize questions; review before completion

■ Phone

- High response rates (35% vs 30% for mailed per CMS)
- Interviewer bias
- Interviewer can clarify questions and issues
- Higher response rates
- Multi-lingual interviewers

HH PPS Updates

- **Home Health Providers will be required to do a “Dry Run” for at least one month in the third quarter 2010 (July, August or September, 2010)**
- **Providers will begin data collection and submission on an ongoing basis starting 10/1/10**
- **Providers may begin earlier survey implementation on a voluntary basis**
- **HHCAHPS will be required for agencies to receive their 2012 annual payment update**
- **300 returns needed for rolling 12 months**
 - Agencies must sample at 100% if they cannot achieve 300 returns within the year

CMS General Survey Guidelines

- **Providers can add other questions**
 - But HH-CAHPS questions are placed at the beginning
- **CAHPS questions must remain in the specified order**
- **No question or response can be altered in any way**
- **CMS will provide questions in other languages**
 - English; Spanish; Russian; Vietnamese; Mandarin (mail)
 - Additional translations provided over time
- **Cover letter must be included with survey**
- **Providers must use an approved vendor**
 - Approved vendors listed on Web Site
 - www.homehealthcahps.org

Sampling Requirements

- **Monthly random sample of patients**
- **Eligible to receive a survey every six months**
- **300 returns needed for rolling 12 months**
 - Must sample at 100% if they cannot achieve 300 returns within the year
 - No penalty for poor response rates, if data submitted
- **Medicare Certified Providers will**
 - Provide vendors with eligible patients (either current or discharged) every month
- **Vendors will**
 - Survey each monthly sample within 3 weeks after the end of each month
 - Complete data collection within 6 weeks after each start

CMS Exempts

- **Providers that have served fewer than 60 patients (unduplicated) annually**
 - Annual Period is: October 1 – September 30
- **Providers certified on or after April 1, 2011**
 - Excluded from 2012 reporting
 - Adequate data not available
- **No penalty for providers with poor response rates**
 - If data submitted per protocols



Apply for Exemption

- **Agencies eligible for an exemption can apply on line**
 - On line Form: www.homehealthcahps.org
 - Submit on line before June 16, 2010
- **Providers seeking an exemption must count the number of unduplicated patients they served between April 1, 2009, and March 31, 2010**
 - **Reminder: Include all Medicare & Medicaid patients**
 - **Includes: Medicare Advantage HP and Medicaid Managed Care**
- **Exclude: Criteria**
 - Slide 8
 - **All other payers; single visits; maternity; Hospice; other**

Survey Items

- Questionnaire contains 34 items
 - Questions 1-25 always asked first
- Optional supplementary questions available
 - May be customized to provider needs
- Standardized process for comparison
 - Sampling Protocols
 - Survey Administration
 - Data collection and analysis
 - Public reporting
- Provider selects data collection mode
 - Mail; Phone; Mixed (Mail with phone follow-up)

Measures for Public Reporting

- Two Global Measures
 - Overall rating of home health (1-10)
 - Would you recommend the HHA (Yes/No)
- Three Composite Measures
 - Care of Patients (4 questions)
 - Questions: 9,16,19,24
 - Communication between provider and patients (6 questions)
 - Questions 2, 15, 17, 22, 23
 - Specific care issues: Medicines; Pain; Safety (7 questions)
 - Questions 3, 4, 5, 10, 12, 13, 14

Survey Questions

- **Overall Rating of Home Health Care (#20)**
- **Using a number from 0 to 10**
 - 0 is the worst home health care possible
 - 10 is the best home health care possible
- **Would you recommend this agency to family/friends in need of home health care? (#25)**
 - Definitely no
 - Probably no
 - Probably yes
 - Definitely yes

More Survey Questions

- **Care of Patient Composite**
 - Seem informed and up to date about care and treatment received
 - Treat you as gently as possible
 - Treat you with courtesy and respect



Specific Care Questions

- **#9 In the last 2 months of care, how often did home health providers from this agency seem informed and up-to-date about all the care or treatment you got at home?**
 - Never
 - Sometimes
 - Usually
 - Always
 - I only had one provider in the last 2 months of care
- **#16 In the last 2 months of care, how often did home health providers from this agency treat you as gently as possible?**
 - Never
 - Sometimes
 - Usually
 - Always

Specific Care Questions

- **#19 In the last 2 months of care, how often did home health providers from this agency treat you with courtesy and respect?**
 - Never
 - Sometimes
 - Usually
 - Always
- **#24 In the last 2 months of care, did you have any problems with the care you got through this agency?**
 - Yes
 - No

More Survey Questions

- **Communication Provider/Patient Composite**
 - Apprise you of care and services
 - Keep you informed of arrival plans
 - Explain things in an understandable way
 - Listen carefully
 - Give needed help and advice
 - Respond to your requests for help on the same day



Specific Communication Questions

- **#2 When you first started getting home health care from this agency, did someone from the agency tell you what care and services you would get?**
 - Yes
 - No
 - Do not remember
- **#15 In the last 2 months of care, how often did home health providers from this agency keep you informed about when they would arrive at your home?**
 - Never
 - Sometimes
 - Usually
 - Always

Specific Communication Questions

- **#17 In the last 2 months of care, how often did home health providers from this agency explain things in a way that was easy to understand?**
 - Never
 - Sometimes
 - Usually
 - Always
- **#18 In the last 2 months of care, how often did home health providers from this agency listen carefully to you?**
 - Never
 - Sometimes
 - Usually
 - Always

Specific Communication Questions

- **#22 In the last 2 months of care, when you contacted this agency's office did you get the help or advice you needed?**
 - Yes
 - No ➔ If No, Go to Question 24
 - I did not contact this agency
- **#24 In the last 2 months of care, did you have any problems with the care you got through this agency?**
 - Yes
 - No

More Survey Questions

- **Specific Care issues Composite**
 - Talk with you about home set up
 - Ask to see all medications
 - Talk about pain
 - Talk about new or changed prescriptions
 - Talk about when to take medications
 - Talk about side effects of medications



Specific Care Issues Questions

- **#3 When you first started getting home health care from this agency, did someone from the agency talk with you about how to set up your home so you can move around safely?**
 - Yes
 - No
 - Do not remember
- **#4 When you started getting home health care from this agency, did someone from the agency ask to see all the prescription and over-the-counter medicines you were taking?**
 - Yes
 - No
 - Do not remember

Specific Care Issues Questions

- **#5 When you first started getting home health care from this agency, did someone from the agency ask to see all the prescription and over-the-counter medicines you were taking?**
 - Yes
 - No
 - Do not remember

- **#10 In the last 2 months of care, did you and a health care provider from this agency talk about pain?**
 - Yes
 - No

Specific Care Issues Questions

- **#12 In the last 2 months of care, did home health providers from this agency talk with you about the purpose for taking your new or changed prescription medicines?**
 - Yes
 - No
 - I did not take any new prescription medicines or change any medicines
- **#13 In the last 2 months of care, did home health providers from this agency talk with you about when to take these medicines?**
 - Yes
 - No
 - I did not take any new prescription medicines or change any medicines

Specific Care Issues Survey Questions

- #14 In the last 2 months of care, did home health providers from this agency talk with you about the side effects of these medicines?
 - Yes
 - No
 - I did not take any new prescription medicines or change any medicines



Patient Characteristics: About You

- Health Status
- Age
- Sex
- Living Situation
- Education
- Race
- Language
- Help completing survey



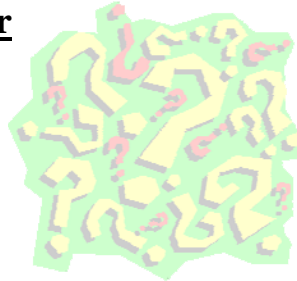
Questions 26-34

Sample Patient Characteristics Questions

- #26 In general, how would you rate your overall health?
 - Excellent
 - Very good
 - Good
 - Fair
 - Poor
- #28 Do you live alone?
 - Yes
 - No
- #29 What is the highest grade or level of school that you have completed?
 - 8th grade or less
 - Some high school, but did not graduate
 - High school graduate or GED
 - Some college or 2-year degree
 - 4-year college graduate
 - More than 4-year college degree

What's It Means for Home Health?

- Data submitted monthly to vendor
- Vendors will
 - Work with you to customize data
 - Survey patients per protocols
 - Collect & analyze data
 - Provide Patient mix adjustment
 - Provide Mode Adjustment
 - Provide Provider Reports
- Outcomes to be reported on Home Care Compare
 - Updated quarterly to reflect rolling 12 months
- How Will You Compare to Other Providers?



We Can't Be Compared to Others

- Our patients are older than most other agencies
- We have many more dually eligible patients (Medicare & Medicaid)
- We have a higher number of the chronically ill, and we know these patients have poorer outcomes
- We receive most of our referrals from a critical level 3 triage teaching hospital; our patients are much sicker than most other local agencies
- Most of our patients live alone and depend on public assistance
- We are a rural provider

What is Risk Adjustment?

- A complex mathematical methodology that allows comparisons between home health agencies with different patient populations
 - Levels the playing field for providers with higher risk or more frail patients
- A prediction model to factor in patient characteristics that may effect a certain outcome
- Variables from specific items are factored to account for patient and agency differences
 - Patient characteristics (clinical & non clinical)
 - Other health variables & events
 - Agency characteristics (age; diagnoses; ADL's; living situation)
 - Survey Mode (Mail; Phone; Mail and phone follow-up)

Risk Adjustment Variables

- **Randomized mode experiment conducted to test effects of using three different data collection modes**
 - Adjustments will be made for type of survey administration (mail; phone; mail and phone follow-up)
 - Patient characteristics (age; diagnoses; ADLs' other)
 - Non response items
- **Reliability of most composites = 80% or higher**
- **Provider & setting specific**
- **Long term care adjustments**
 - Every six months
- **Trade-Offs**

Patient File Data Elements

- **Specified by CMS Protocols**
 - Patient name and contact info
 - Date of birth
 - Medical record number
 - Number of skilled visits in sample month
 - Number of skilled visits in previous month (if applicable)
 - Source of payment
 - Primary Diagnosis
 - An other diagnoses
 - Activities of daily living (ADL's: number not independent)
- **Survey Format by CMS per Vendor**



Proactive Agency Consider

- **Effective Patient Satisfaction P.I. Team**
 - Clinical staff
 - Office staff
 - Performance Improvement staff
 - Education Staff
 - Leadership
 - Administration
 - IT member
- **Goals**
 - Assess current patient satisfaction indicators
 - Identify current strengths & opportunities
 - ~~Items not currently included on satisfaction survey?~~

Patient Satisfaction Team Initiatives

- **Update staff education on Satisfaction Initiatives**
 - Current outcome trends
 - HH-CAHPS Standards
 - Agency specific implementation plan
 - Clinical considerations
 - Policies and Protocols
 - Agency considerations
- **Identify Agency Opportunities**
 - Standards of Care & Best Practice Tools
 - Scheduling issues: late and missed visits; consistent visit staff
 - Office practices
 - Phone coverage; return call issues; Caller wait time

Leadership Focus

- How will you continue to support clinician efforts to standardize practices and utilize best practice tools?
 - Pain Tool Kits
- What monitoring will occur to support consistent caregiver visit practices?
 - Scheduling options
 - Missed or late visit reporting
- How will you update staff on Patient Satisfaction Initiatives on a regular basis?
 - Agency & Team Specific Data?
- How will you support ongoing education to refine care practices?

What Are Your Agency's Potential Risks?

- Patient Satisfaction does not meet agency expectations
- Home Care Compare Patient Satisfaction Scores do not reflect agency standards
- Clinicians do NOT consistently practice agency Best Practice Standards
 - Scheduled visits; Education & Information on Safety and Pain; Timely, reliable professional services; Responsive respectful care
- Current, proactive clinician feedback does not occur in a timely manner
 - Verbal and written



Best Practice Tools

- **Access QualityNet.org for Sample Outcome Tools**

- Outcome Toolkits
- Sample Protocols
- Sample Patient Education Tools
- Teaching Strategies
- Care Planning Tools
- Compliance Aids & More

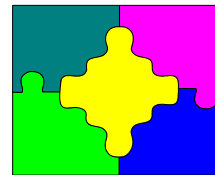


- **Ensure field staff participate with Quality Teams**

- Pilot Best Practices
- Agency Champions
- Monitor Revised Patient Satisfaction Indicators
- **Ongoing Staff Feedback**

Ensure Success Now

- Leadership review and selection of vendor
- Implement or update Patient Satisfaction Team(s)
- Commit to QUALITY
- Be Proactive and Creative
- Involve and educate field staff
 - Quality Team Initiatives
- Refine and re-define Patient Satisfaction strategies
 - Responsiveness
 - Continuity
 - Best Practice Culture of Care
- Provide Specific Feedback to Staff
- Dedicate agency resources & expertise



Resource Web Sites

www.homehealthcahps.org

Home Health Care CAPS Survey Informational Web Site

www.qualityforum.org/news/releases/04022009.asp

NQF Endorsement of New Quality and Patient Experience in Home Health Care

www.cahps.ahrq.gov/default.asp

Agency for Healthcare Research Quality

www.cms.hhs.gov/manuals/Downloads/bp102c07.pdf

Medicare Home Health Benefit Policy Manual

www.QualityNet.org

QIO Shared Web Site

www.frwebgate5.access.gpo.gov/cgi-bin/waisgate.cgi?WAISdocID=57917025475+0+3+0&WAISaction=retrieve

Federal Register OMB Submission Notification



Available Education Programs as Webcasts and DVDs

- **FREE Program - Home Health Audit Priorities in 2010**
- **FREE Program - ICD-10-CM: Coming to Home Health in 2013**
- **FREE Program - H1N1 Update on the Second Wave**
- **OASIS-C & ICD-9-CM Code Updates**
- **Infection Control Back to Basics Series**
- **CAHPS: Prepare Now for Success**
- **OASIS-C and the Risk Adjustment Model**
- **2011 ICD-9-CM Code Updates**
- **OASIS-C and Risk Management**

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HOME HEALTH CARE CAHPS[®] SURVEY

JULY 18, 2009

SURVEY INSTRUCTIONS

- Answer all the questions by checking the box to the left of your answer.
- You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

- Yes → **If Yes, go to Q1 on Page 1.**
 No

YOUR HOME HEALTH CARE

1. According to our records, you got care from the home health agency, [AGENCY NAME]. Is that right?

As you answer the questions in this survey, think only about your experience with this agency.

¹ Yes

² No → **If No, please stop and return the survey in the envelope provided.**

2. When you first started getting home health care from this agency, did someone from the agency tell you what care and services you would get?

¹ Yes

² No

³ Do not remember

3. When you first started getting home health care from this agency, did someone from the agency **talk with you** about how to set up your home so you can move around safely?

¹ Yes

² No

³ Do not remember

4. When you started getting home health care from this agency, did someone from the agency talk with you about all the **prescription and over-the-counter medicines** you were taking?

¹ Yes

² No

³ Do not remember

5. When you started getting home health care from this agency, did someone from the agency ask to **see** all the prescription and over-the-counter medicines you were taking?

¹ Yes

² No

³ Do not remember

YOUR CARE FROM HOME HEALTH PROVIDERS IN THE LAST 2 MONTHS

These next questions are about all the different staff from [AGENCY NAME] who gave you care in the last 2 months. Do not include care you got from staff from another home health care agency. Do not include care you got from family or friends.

6. In the last 2 months of care, was one of your home health providers from this agency a nurse?

¹ Yes

² No

7. In the last 2 months of care, was one of your home health providers from this agency a physical, occupational, or speech therapist?

¹ Yes

² No

8. In the last 2 months of care, was one of your home health providers from this agency a home health or personal care aide?

¹ Yes

² No

9. In the last 2 months of care, how often did home health providers from this agency seem informed and up-to-date about all the care or treatment you got at home?

¹ Never

² Sometimes

³ Usually

⁴ Always

⁵ I only had one provider in the last 2 months of care

10. In the last 2 months of care, did you and a home health provider from this agency talk about pain?

¹ Yes

² No

11. In the last 2 months of care, did you take any new prescription medicine or change any of the medicines you were taking?

¹ Yes

² No → If No, go to Q15.

12. In the last 2 months of care, did home health providers from this agency talk with you about the **purpose** for taking your new or changed prescription medicines?

¹ Yes

² No

³ I did **not** take any new prescription medicines or change any medicines

- 13.** In the last 2 months of care, did home health providers from this agency talk with you about **when** to take these medicines?
- ¹ Yes
- ² No
- ³ I did **not** take any new prescription medicines or change any medicines
- 14.** In the last 2 months of care, did home health providers from this agency talk with you about the **side effects** of these medicines?
- ¹ Yes
- ² No
- ³ I did **not** take any new prescription medicines or change any medicines
- 15.** In the last 2 months of care, how often did home health providers from this agency keep you informed about when they would arrive at your home?
- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

- 16.** In the last 2 months of care, how often did home health providers from this agency treat you as gently as possible?
- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always
- 17.** In the last 2 months of care, how often did home health providers from this agency explain things in a way that was easy to understand?
- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always
- 18.** In the last 2 months of care, how often did home health providers from this agency listen carefully to you?
- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always
- 19.** In the last 2 months of care, how often did home health providers from this agency treat you with courtesy and respect?
- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

20. We want to know your rating of your care from this agency's home health providers.

Using any number from 0 to 10, where 0 is the worst home health care possible and 10 is the best home health care possible, what number would you use to rate your care from this agency's home health providers?

- 0 Worst home health care possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best home health care possible

YOUR HOME HEALTH AGENCY

The next questions are about the office of [AGENCY NAME].

21. In the last 2 months of care, did you contact this agency's **office** to get help or advice?

- ¹ Yes
- ² No → If No, go to Q24.

22. In the last 2 months of care, when you contacted this agency's office did you get the help or advice you needed?

- ¹ Yes
- ² No → If No, go to Q24.
- ³ I did **not** contact this agency

23. When you contacted this agency's office, how long did it take for you to get the help or advice you needed?

- ¹ Same day
- ² 1 to 5 days
- ³ 6 to 14 days
- ⁴ More than 14 days
- ⁵ I did **not** contact this agency

24. In the last 2 months of care, did you have any problems with the care you got through this agency?

- ¹ Yes
- ² No

25. Would you recommend this agency to your family or friends if they needed home health care?

- ¹ Definitely no
- ² Probably no
- ³ Probably yes
- ⁴ Definitely yes

ABOUT YOU

26. In general, how would you rate your overall health?

- ¹ Excellent
² Very good
³ Good
⁴ Fair
⁵ Poor

27. In general, how would you rate your overall mental or emotional health?

- ¹ Excellent
² Very good
³ Good
⁴ Fair
⁵ Poor

28. Do you live alone?

- ¹ Yes
² No

29. What is the highest grade or level of school that you have completed?

- ¹ 8th grade or less
² Some high school, but did not graduate
³ High school graduate or GED
⁴ Some college or 2-year degree
⁵ 4-year college graduate
⁶ More than 4-year college degree

30. Are you Hispanic or Latino/Latina?

- ¹ Yes
² No

31. What is your race? Please select one or more.

- ¹ White
² Black or African-American
³ Asian
⁴ Native Hawaiian or other Pacific Islander
⁵ American Indian or Alaska Native

32. What language do you mainly speak at home?

- ¹ English
² Spanish
³ Some other language:

(Please print.)

33. Did someone help you complete this survey?

- ¹ Yes
² No → **If No, please return the completed survey in the postage-paid envelope.**

34. How did that person help you? Check all that apply.

- ¹ Read the questions to me
- ² Wrote down the answers I gave
- ³ Answered the questions for me
- ⁴ Translated the questions into my language
- ⁵ Helped in some other way:

(Please print.)

- ⁶ No one helped me complete this survey

Thank you!

**Please return the completed survey
in the postage-paid envelope.**