



HCHS/SOL Recruiter's Manual Tracking of Revisions

Version, Date	Date(s) of Revisions	Approval Date	Revisions	Page #s changed etc.	Distribution Date
VERSION 1.0 (January 10, 2008)	10/01/08	9/18/08	Addendum 1: Age Sub-Sampling Plan	Supplement	10/03/08
	10/01/08		Footnote added about age sub-sampling plan	Page 15	10/08/08
			Phrase added "or in the younger cluster", 2nd paragraph 4 th line,	Page 16	10/08/08
			Update on recruitment manager at each site	Page 17	10/08/08
			Footnote added about age sub-sampling plan	Page 19	10/08/08
			Insert revised Drop Point Selection Form, Appendix II	Page 37	10/08/08
			Insert revised Screening Form, III	Page 39	10/08/08
			Insert revised Screen Call Tracking, Appendix V	Page 43	10/08/08
			Update to Appendix XIV, FAQs Qx 24	Page 70 & Page 75	10/08/08
			Insert revised Individual Eligibility Checklist, Appendix XIX	Page 93	10/08/08
VERSION 1.1 (October 10, 2008)	04/06/09		Removed sentence "Also collects social security number of participant for mortality follow-up" from Table 1.	page 6	04/06/09



**HCHS/SOL
RECRUITER'S MANUAL
VERSION 1.1 (October 08, 2008)**

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1 INTRODUCTION TO THE HCHS/SOL

1.1 OBJECTIVES OF AND RATIONALE FOR THE MANUAL

This manual is intended to prepare recruitment staff for field activities conducted for the Hispanic Community Health Study/Study of Latinos (HCHS/SOL). A brief overview of the HCHS/SOL is provided, with descriptions of each of the four field centers and the coordinating center. The selection of subjects for study participation is then described, followed by a detailed description of the primary responsibilities of the recruitment staff. Because the HCHS/SOL is a population based, multi-site study, the consistent use of appropriate procedures for participant selection and recruitment across the four field centers is essential for the success of the study. All recruitment staff members are expected to become familiar with the contents of this manual, including the screening forms, scripts, study brochures, and frequently asked questions (FAQs) contained in the appendices, prior to beginning field work. Some of these materials have been tailored for use at each Field Center, while others are common across Field Centers. Welcome to the HCHS/SOL—we are counting on you to make this landmark study a success!

1.2 BACKGROUND

1.2.1 Study Overview: Who, What, When, and Why Sponsors, Coordinating Center and Field Centers

The HCHS/SOL is the largest study conducted to date of Hispanics/Latinos living in the US. A total of 16,000 Hispanics/Latinos are being recruited and followed over a number of years in order to collect vital information about the health of this important minority population. HCHS/SOL is sponsored by the National Heart, Lung, and Blood Institute (NHLBI), a branch of the government's National Institutes of Health. Funding is provided by the NHLBI in conjunction with the National Institute on Deafness and Other Communication Disorders (NIDCD), National Institute of Dental and Craniofacial Research (NIDCR), National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), National Institute of Neurological Disorders and Stroke (NINDS), the National Center on Minority Health and Health Disparities (NCMHD), and the NIH Office of Dietary Supplements (ODS).

The HCHS/SOL is being conducted through four Field Centers (FC) located in areas of high Hispanic concentration, and each center is to provide study participants in one or more of the four target ethnicities, Mexican, Cuban, Puerto-Rican, and Central/South American. The Albert Einstein College of Medicine in Bronx, New York brings a majority Puerto Rican population to the study. Northwestern University in Chicago, Illinois provides both the Mexican and Central/South American population in the Chicago area. San Diego State University brings a predominantly Mexican population to the study, and the University of Miami is studying both Cubans and Central/South Americans living in Miami, Florida. The four FCs are responsible for engaging the local communities in the study and recruiting 4,000 participants each during the three-year recruitment period. The FCs have established HCHS/SOL clinical centers for purposes of conducting the comprehensive baseline examinations and interviews, and will maintain contact with study participants for several years following the baseline exam in order to complete annual follow-up interviews. The FC project teams include investigators experienced in the study of Hispanic/Latino health, clinic personnel, and recruitment staff.

The Collaborative Studies Coordinating Center of the University of North Carolina in Chapel Hill serves as the Coordinating Center (CC) for HCHS/SOL. The CC provides statistical expertise for study design, sample selection, and data analysis; coordinates study activities; and implements and maintains a central HCHS/SOL study data management system for data collection and tracking at each of the FCs, ensuring the accuracy, completeness, and security of all study data. The CC also conducts central training; coordinates quality control activities; conducts site monitoring visits; tracks and reports study progress,

prepares manuscripts and presentations of study findings, and prepares and distributes limited access study datasets to other investigators. A central laboratory and five central reading centers are managed by the CC, including the audiometry, dietary, ECG, pulmonary, and sleep centers.

Study Timeline

HCHS/SOL participants will be recruited in each FC over a period of three years. Follow-up interviews will take place annually thereafter. The initial study period is 6.5 years, allowing for 2-4 follow-up interviews per participant. However, the study may be extended to include additional follow-up interviews and repeat clinic exams in later years.

1.2.2 HCHS/SOL Website

The CC maintains a study website that provides useful information about the study (<http://www.csc.unc.edu/hchs>). The website provides basic information about HCHS/SOL for the general public and password-secured study information for project teams at the CC and FCs. Documents such as questionnaires and manuals can be downloaded from the website for printing. Questions about or updates to materials posted on the website should be routed through the study administrator at the CC (hchsadministration@mail.csc.unc.edu). As the study progresses, the external website will include lay summaries of publications for general reading and other information to inform the community of HCHS/SOL progress and findings.

1.2.3 Data to be collected

Study data are collected at the baseline clinic visit and during annual follow-up interviews. Baseline data are collected during a 6-hour clinic examination conducted at each field center's clinical facilities, while the annual follow-up interview is conducted via telephone. Details of the data to be collected follow.

Clinical Examination

The baseline clinic exam lasts approximately six hours and consists of a variety of physical measurements, clinical procedures, and laboratory tests. All visits begin in the morning, and participants are asked to arrive in a fasting state. Fasting blood samples are drawn and a two-hour glucose tolerance test is given. Additional blood samples and a urine sample are taken during the day, and specimens are transferred to the central laboratory for testing and storage for later use. The following laboratory assessments are made from the blood samples: total cholesterol, HDL cholesterol, triglycerides, glucose (pre- and post-OGTT), insulin, glycosylated hemoglobin, iron, creatinine, ALT, AST, UIBC, CBC with differential, platelets, serology for Hepatitis A, B, and C, and HCV RNA (on the subset hepatitis C positive). Albumin and creatinine are measured from the urine specimens. DNA analyses are planned for a future date.

Clinical procedures administered at the baseline exam include measuring blood pressure, pulse, height, and weight; ECG testing; pulmonary function testing with a spirometer; assessing physical activity with at-home use of an accelerometer; a hearing exam; a dental and periodontal exam; and an assessment of quality of sleep through overnight use of a sleep monitor.

Questionnaires

In addition to these clinical procedures, participants are given questionnaires to gather information concerning their background and medical history, access and barriers to health care, dietary intake, physical activity, cognitive function, acculturation, and a variety of other social and psychological assessments. Table 1 outlines questionnaires and describes their content.

Questionnaire	Description
Alcohol Use	Usual intake and drinking patterns.
Dietary Behavior	Dietary habits.
Dietary Recall	Specific dietary habits over past 24 hours, plus a food propensity questionnaire (FPQ) developed

Economic	to include Hispanic/Latino foods. The 24 hour recall is obtained during initial examination and again within 1 month of examination. Includes information on dietary supplements and botanicals, both standard and alternative. The FPQ is administered in the one year follow-up telephone call.
Health Care Use	Income and economic status.
Hearing	Health insurance, use of health care facilities, barriers to health care and utilization access.
Medical History	Hearing ability, hearing aid use, tinnitus, noise exposure, hearing protector use, pressure equalization tube use, recent cold/sinus/earache, recent loud noise/music exposure and self-assessment of hearing symmetry.
Medication Use	General health status, cardiovascular and lung illnesses, asthma, diabetes and kidney diseases, cancer, sleep disorders, and hearing loss or tinnitus in the past. Data is also collected on family members.
Occupation	Prescription and non-prescription use, vitamin/dietary supplements and alternative medications taken in past month. Participants will be instructed to bring all these medications to the examination site for direct recording.
Oral/Dental Health	Specific occupation(s) and aspects of occupation potentially related to lung and cardiovascular diseases, cancer, and hearing loss.
Personal Identifiers	Access and barriers to care, oral cancer, oral health-related quality of life.
Personal Information	List contact information for participant and contact information for 3 other persons who would know participant's contact information.
Physical Activity	Basic demographics on participant, for example: age, background origin, marital status, and education.
Respiratory	Current physical activity including work, household, leisure, and sport related activity.
SF-12	History of respiratory problems and current respiratory conditions, including asthma, COPD, and allergies.
Sleep	Disability.
Social Network Index	Sleep disordered breathing, apnea, restless leg syndrome, number of hours slept, sleeping during the day.
Sociocultural	Family structure.
Tobacco Use	Acculturation, family, community engagement, affiliation and association with other social structures such as church and social organizations, and perceived discrimination.
Weight History	Past and current cigarette use, ever use of cigars and pipes, cessation attempts including use of medications to assist without quitting, and use of modified harm-reduction tobacco products, exposure to second hand smoke.
Well-Being	History of weight gain or loss.
	Psychological well-being. Includes CESD-10 and Trait Anxiety Scale.

Table 1: Questionnaires and Content

Follow up interviews

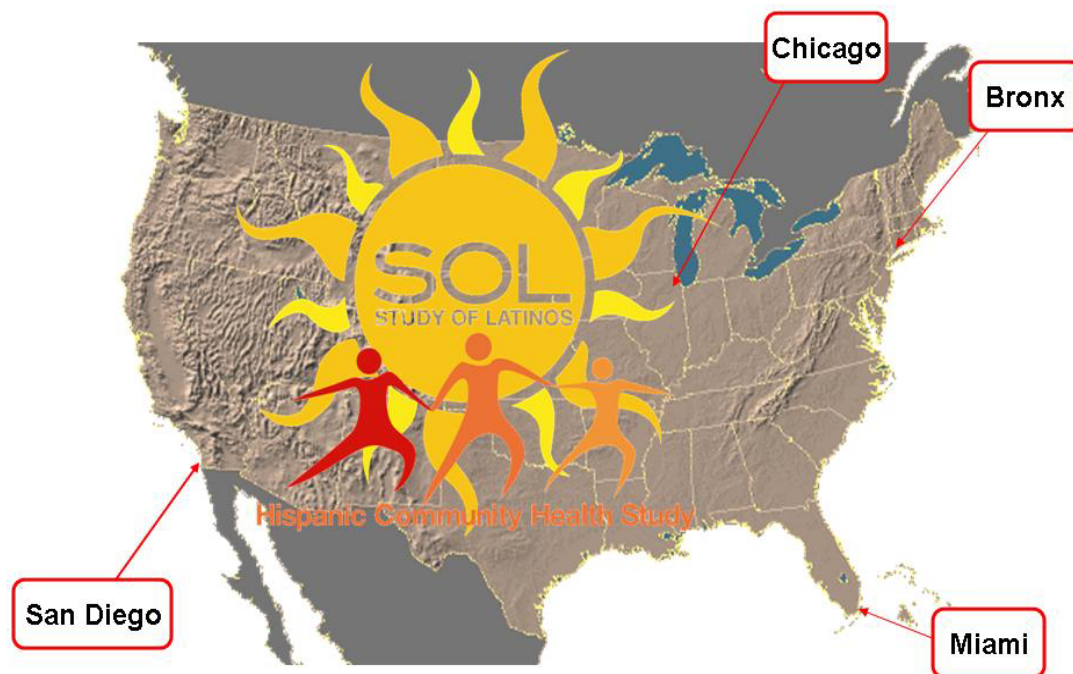
Each year following the baseline clinic exam, participants are contacted either by telephone or in person and administered a brief questionnaire. The questionnaire obtains an update on health status and contact information and asks about any doctor or hospital visits occurring since the last contact was made. The primary goal of this interview is to determine if any of the study's clinical endpoints occurred since the last contact (either the baseline clinic exam or the last annual follow-up phone call). The study's clinical endpoints are cardiovascular and pulmonary events requiring emergency room visits or hospitalizations, and deaths. Cardiovascular events include myocardial infarction, stroke and heart failure. Lung events include exacerbations due to chronic obstructive pulmonary disease (COPD) and asthma.

For each clinical event ascertained during the follow-up interview, participants complete a questionnaire describing the hospitalization or ER visit and the (self-reported) reason for the visit. Additional information is then obtained from the hospital or medical facility, abstracted, and entered into the study database for review and validation by clinicians. Deaths are identified through a review of the vital

statistics lists and obituaries from the state in which the community is located and through periodic matches made to the National Death Index. The cause of death is obtained, reviewed, and validated. An adjudication committee is charged with finalizing the clinical events that occur in HCHS/SOL prior to statistical analyses.

1.3 HCHS/SOL FIELD CENTERS

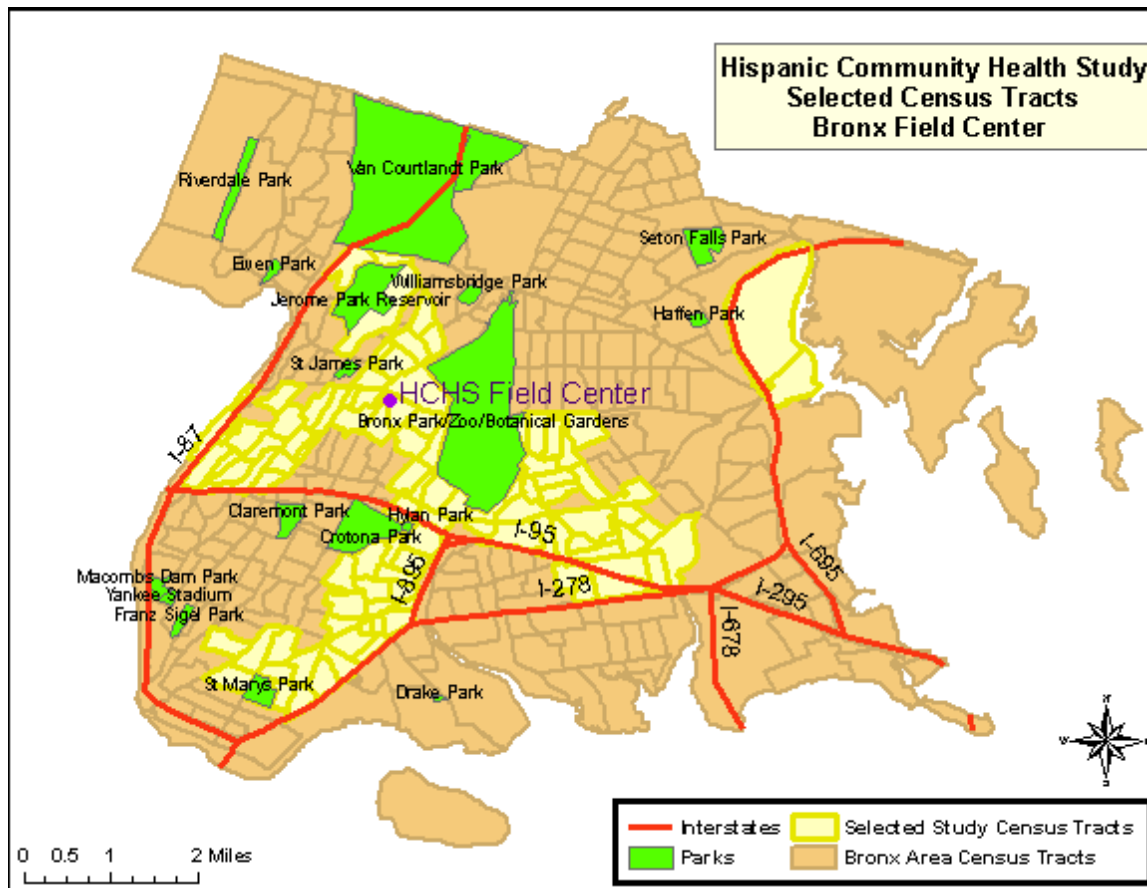
Study participants are recruited from four field centers located across in areas of Hispanic/Latino immigrant neighborhoods across the United States. These centers are located in Bronx, New York; Chicago, Illinois; Miami, Florida; and San Diego, California.



1.3.1 Bronx, New York

Albert Einstein College of Medicine/Montefiore Medical Center (AECOM) is the major provider of primary, secondary, and tertiary health care services in Bronx, NY. The primary research clinic for the Bronx Field Center is located at 1 Fordham Plaza. This facility, located in an area convenient to multiple bus lines, subway and Metro-North railway, is in a large building which houses a Montefiore Medical Center Family Health Clinic and administrative offices, as well as other tenants unrelated to AECOM or Montefiore. The site was selected with the advice of Community Board members. The clinical site is dedicated to the HCHS/SOL and is constructed specifically for this study. It includes a waiting area, a play area for children, a reception area, six staff/interview offices, work area for phone interviewers, four examining rooms, a hearing examination room, a dental examination room, a conference room, a laboratory, a locker room, and a changing area.

For recruiting, areas of the Bronx that have the highest Hispanic/Latino concentration and that are in closest proximity to the Bronx Field Center location(s) in the South and East Bronx are targeted. A portion of Coop City is included in the target area to provide diversity of socioeconomic status in the study sample. Map 1 highlights the specific recruiting areas for the Bronx. Areas in yellow represent the selected census tracts.



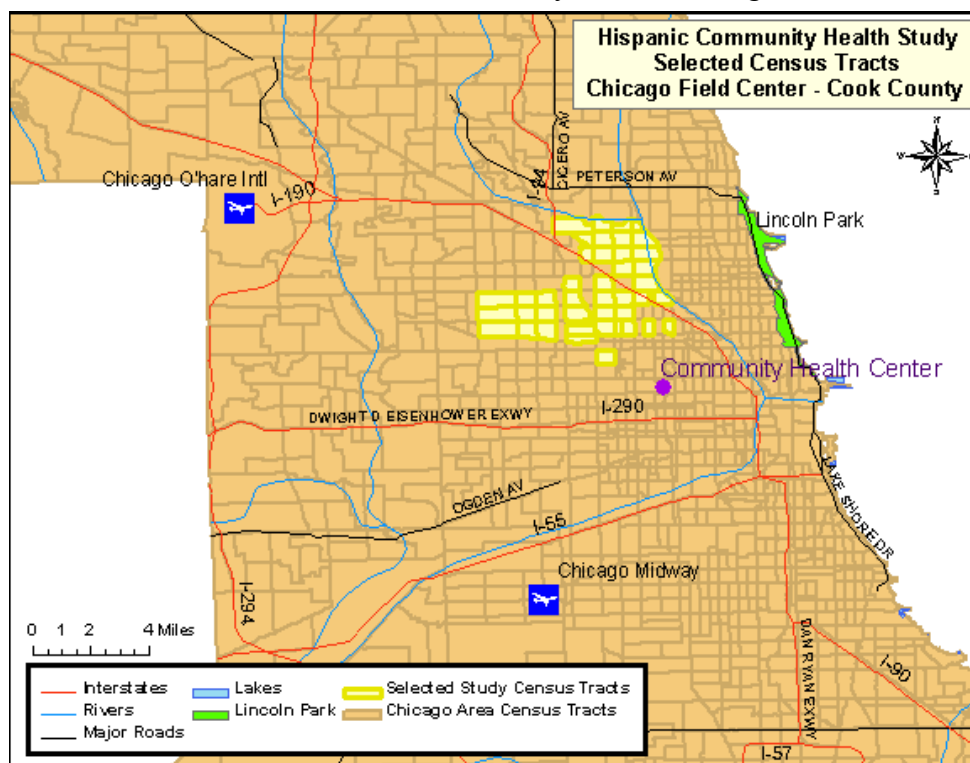
Map 1: HCHS/SOL Selected Census Tracts, Bronx

1.3.2 Chicago, Illinois

The Department of Preventive Medicine at Northwestern University (NU), Feinberg School of Medicine in collaboration with the Midwest Latino Health Research Training & Policy Center at the University of Illinois at Chicago (UIC) established The Chicago Hispanic Community Health Study Field Center (CFC). The CFC utilizes collaborative resources of Hispanic/Latino and other investigators at Northwestern University, University of Illinois at Chicago, Roosevelt University, Kennedy King College, and participating community based organizations/media to identify, recruit, and screen possible participants and to retain participants for annual follow-up studies.

The clinical examinations for the HCHS/SOL are performed at two locations. The primary site is a community clinic known locally as the Community Health Clinic or simply, CommunityHealth, which is a volunteer-based organization dedicated to enhancing the health and wellness of the underserved Chicago community by providing free services to uninsured individuals (approximately 65% of Hispanic/Latino origin) without sufficient financial means. The clinic is affiliated with both NU and UIC through the medical training program. The secondary site is the Department of Preventive Medicine's Research Clinic (DPMRC). The DPMRC is located in rented space on the 8th floor of the building which houses the department offices adjacent to Northwestern's downtown campus. The DPMRC is utilized by several ongoing studies including CARDIA, MESA, the Chicago Healthy Aging Study, and WHI.

While recent years have seen a trend of urban gentrification in some traditionally Latino neighborhoods in the city and a corresponding trend of Hispanic/Latino out-migration to the suburbs, there remain numerous neighborhoods with substantial concentrations of Hispanics/Latinos. The targeted area for the Chicago site is composed of such ethnically diverse neighborhoods with several that have been majority Hispanic/Latino for decades as well as others that were traditionally White/European-immigrant which have experienced Hispanic/Latino in-migration only recently. The highlighted areas in Map 2 represent the selected census tracts in the Cook County, where Chicago is located.



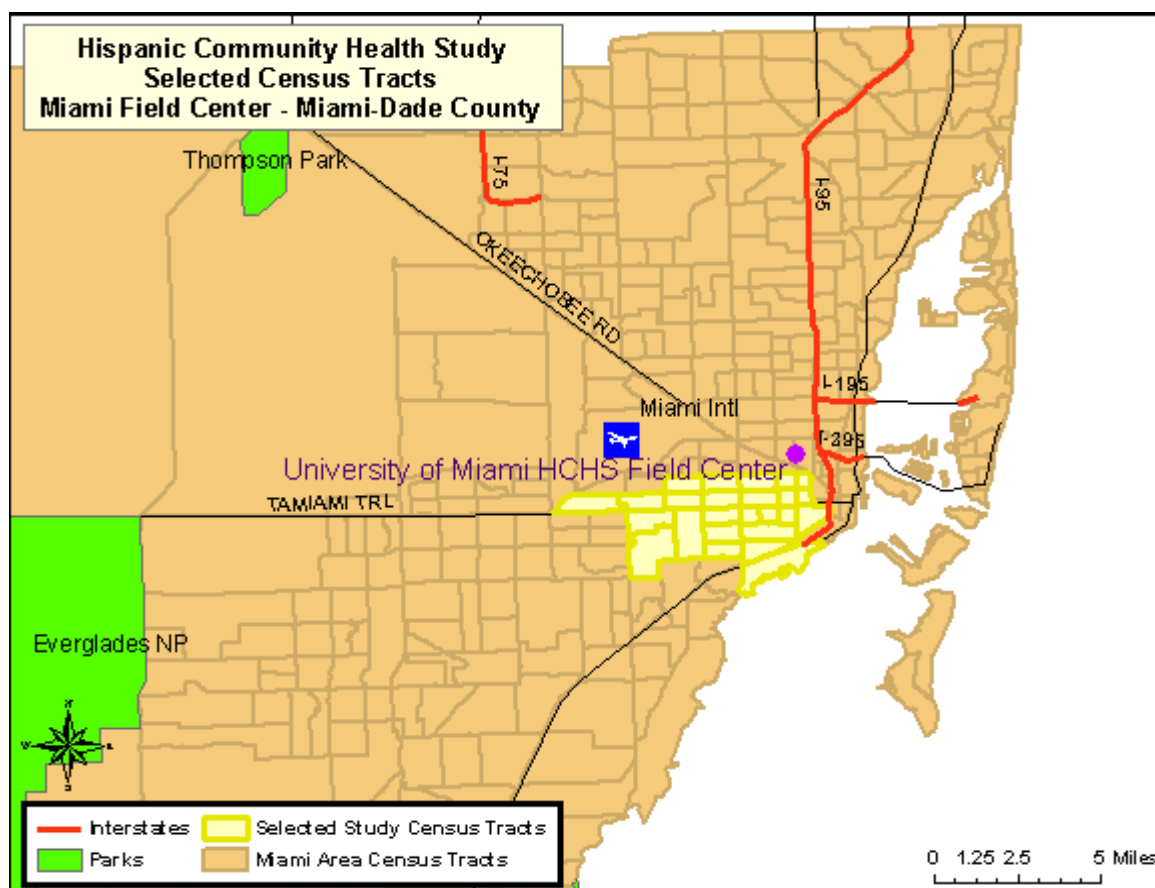
Map 2: HCHS/SOL Selected Census Tracts, Cook County

1.3.3 Miami, Florida

The Miami Field Center represents a university-wide collaboration involving the College of Arts and Sciences and the Miller School of Medicine of the University of Miami together with multiple community partners including community-based primary care practices affiliated with Jackson Memorial Hospital/University of Miami, community-services agencies, the Miami-Dade County Health Department, and a Community Advisory Board.

Administration of questionnaires, interviews, and most examination procedures are conducted in the Clinical Research Building (CRB) of the University of Miami/Jackson Memorial Medical Center in the city of Miami. More than 600,000 Hispanics/Latinos live within 7 miles of the CRB. Adequate parking is available on site and the CRB is in close proximity to public transportation including an elevated train, buses, and taxis. The fifteen story building is dedicated to research 7 days a week with 24-hour security. During regular working hours the service/reception area is staffed by the University to greet, orient, and direct participants within the strict guidelines of privacy prescribed for clinical research protocols. At other times, as necessary, the service/reception area for the HCHS/SOL is staffed by the Miami Field Center.

The primary focus of recruitment for the HCHS/SOL is in the southwest section of Miami-Dade County. This area consists of approximately 20 contiguous census tracts beginning just south of the Miami Field Center and extending further south and west to the city of Coral Gables. Most of the targeted census tracts are located in the city of Miami. The target areas were selected to provide Central and South Americans to the study sample, in addition to Cubans. The highlighted areas of Map 3 represent the selected census tracts in Miami-Dade County.



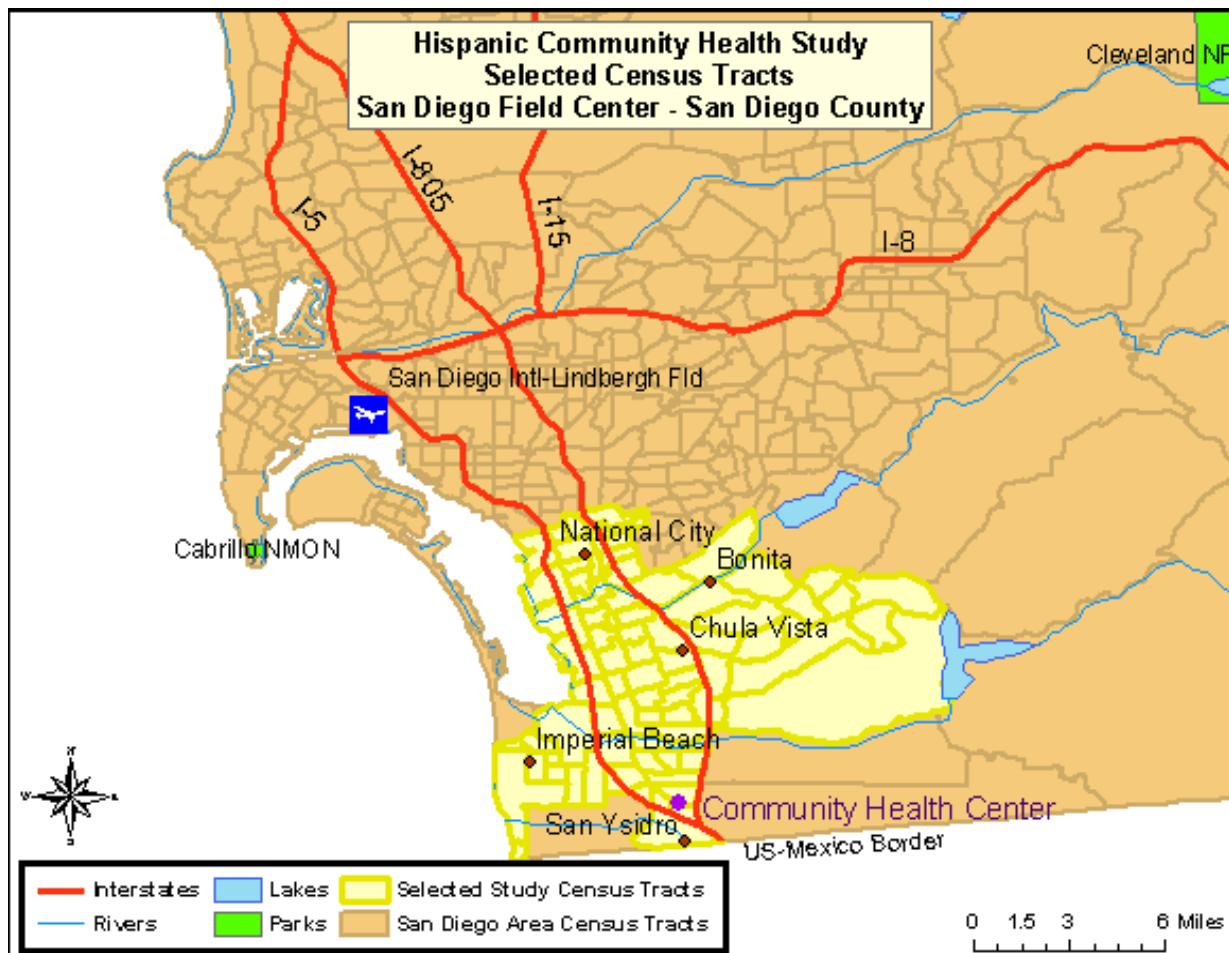
Map 3: HCHS/SOL Selected Census Tracts, Miami-Dade County

1.3.4 San Diego, California

The San Diego field site is a partnership between San Diego State University Graduate School of Public Health (SDSU), University of California at San Diego School of Medicine (Preventive Cardiology) (UCSD), and the San Ysidro Health Center Inc. (SYHC). Primary functions and responsibilities play on the expertise of each partner. SDSU staff's primary functions include recruitment and retention of the study population, psychosocial and behavioral theory development and measurement, training core activities, the hearing exams, the cognitive status assessments, physical activity assessment, and formative research and community consultation. UCSD staff's primary functions include the CVD risk factors, subclinical disease and CVD events ascertainment, sleep studies, medical records adjudication, and oversight for pulmonary function test.

SYHC, as a partner, provides expertise regarding health promotion and research in the Hispanic/Latino community, and ambulatory and hospital services for the Hispanic/Latino community. The primary service area of SYHC is South Suburban and Central San Diego County, or the "South Bay". SYHC has 4 medical clinics extending along the corridor from the border to National City.

The combined region of South Suburban and South-Central San Diego County, commonly referred to as the "South Bay", is the target community. This area includes the communities of San Ysidro, Chula Vista, Imperial Beach, National City, and Bonita and was selected to provide diversity in terms of the concentration of Hispanics/Latinos living in the various neighborhoods as well as diversity in socioeconomic status. As a result, the San Diego area is the largest of the four target areas. The highlighted areas in Map 4 represent the selected census tracts in the San Diego County.



Map 4: HCHS/SOL Selected Census Tracts, San Diego County

2 SAMPLING

2.1 OVERVIEW

The target population for the HCHS/SOL consists of Hispanics/Latinos aged 18-74 years living in the communities surrounding the four FCs. HCHS/SOL is a population based study, and as such, participants are selected from the community at large. This is in contrast to a clinical study in which treatment-seeking patients are identified for recruitment through health care clinics. Inference from population-based studies is made to the larger community, therefore the way in which persons are identified and recruited are carefully defined in order to minimize selection bias or other forms of bias that might enter into the process. The Sampling and Recruitment Plan for the study defines the methods used to identify, select, and recruit study participants. There are two analysis objectives for the HCHS/SOL, and the Sampling and Recruitment Plan chosen for the study satisfies both of these. The first objective is to describe the population of Hispanics/Latinos living in the four target communities with respect to background and demographic variables as well as the prevalence of various baseline risk factors. Cross-sectional analyses of the measurements obtained at the baseline clinic exam are carried out to meet this first study objective. Estimates such as the average number of years living in the US or the rate of obesity will be compared by country of origin and other demographic subgroups in these analyses. The second study objective is to evaluate the relationship between baseline risk factors measured at the clinic exam and outcomes occurring in the years following the baseline exam, identified through the follow-up interviews. This objective is accomplished through longitudinal data analyses relating risk factors and disease outcomes. For example, the relationship between baseline blood pressure and subsequent cardiovascular events or between baseline pulmonary lung function and subsequent respiratory exacerbations are assessed. To ensure that both the cross-sectional and longitudinal analyses are supported and the study meets its objectives, methods of sample selection, recruitment, and retention are designed to maximize participation rates, minimize non-response, and minimize attrition during the follow-up period. Details of the Sampling and Recruitment Plan are described in the following sections.

2.2 SAMPLE SELECTION

The HCHS/SOL sampling plan is designed to support statistical inference about the health and experiences of the Hispanic/Latino population in the US by:

- Capturing Hispanic diversity in the sample,
- Controlling the sample composition by ethnicity (Cuban, Central/South American, Mexican, and Puerto Rican), age, and SES, and
- Maximizing the proportion of households in the sample that are Hispanic/Latino in order to control screening costs.

The simple formula for success in achieving the study objectives is given by:

- A sampling plan based on probability sampling to ensure that the findings are not limited to those most accessible, most interested, most willing, or most available,
- Consistent implementation of the sampling plan across the four FCs to ensure that comparisons by region, ethnicity, or other demographic subgroup are not influenced by differences in sample selection or recruitment at the FCs, and
- A disciplined approach to recruitment combined with effective community engagement in order to ensure the highest participation rate possible in a study of this kind.

The sample size required to support the planned statistical analyses is 16,000 participants, with 10,000 aged 45-74 years (62.5%) and 6,000 aged 18-44 years (38.5%). The large proportion of older adults in the sample is required to ensure that a sufficient number of cardiovascular events are observed to support the risk analyses described above. The sample design for the HCHS/SOL was chosen to provide

a representative sample of participants in the target areas at each field center, and this is achieved through the use of probability sampling. Probability sampling is the random selection of subjects from a target population in which every subject has a known, non-zero chance of being selected. The use of probability sampling in conjunction with a well-executed recruitment protocol serves to ensure that the study sample represents the population of interest, in this case, Hispanics/Latinos living in the four FC communities.

2.2.1 First-Stage Sampling

It is not feasible to list every community member living in the target area prior to sample selection, therefore a two-stage area household probability sample design is used for the HCHS/SOL. With this type of sampling, geographic areas representing clusters of households are first selected at random, followed by enumeration and selection of households within the selected clusters. The number of clusters selected is determined by weighing the cost efficiencies (in field work) associated with a highly clustered sample (selecting a small number of large clusters) versus the statistical efficiencies (greater precision of estimates) associated with less clustering (selecting a large number of small clusters).

In the HCHS/SOL, Census block groups provide the clusters of households in the target areas at each FC. At the first stage of sampling, a stratified sample of Census block groups is selected at random. That is, all of the block groups in the target areas are categorized into strata, and a random sample is selected within each stratum. Stratification factors common across the four field centers are (1) low versus high SES (as measured by the proportion of persons with at least a high school education) and (2) low vs. high concentration of Hispanic/Latino households, resulting in four strata created in each field center:

- Stratum 1: Low Hispanic Concentration and Low SES
- Stratum 2: Low Hispanic Concentration and High SES
- Stratum 3: High Hispanic Concentration and Low SES
- Stratum 4: High Hispanic Concentration and High SES

The number of block groups selected in each stratum is chosen such that the sample is proportional to the population in terms of SES categories. However, a larger number of block groups in the highly concentrated Hispanic/Latino areas are selected than in the areas of low concentration. This over-sampling of high concentration areas is used to make the sample design more efficient, i.e., fewer households need to be screened in order to identify households that are Hispanic/Latino.

Two additional strata are used to select specific population subgroups in two FCs. Block groups in the Coop City area of the Bronx are categorized into a 5th stratum, and a random sample of block groups is selected within that stratum to ensure that the study sample includes households with higher income levels (i.e., homeowners). Similarly, block groups in an area in which a large number of Central and South Americans are living in Miami are categorized into a 5th stratum for the Miami FC, and a random sample of block groups is selected within that stratum to ensure that the study sample includes sufficient numbers of persons from those countries of origin.

The CC constructed the first-stage sampling frame of block groups and created the strata using US Census data on SES and ethnic concentration. The total number of block groups in the HCHS/SOL target area is 824, ranging from 111 in Miami to 322 in the Bronx. A sample of 525 block groups was selected; 100 in Miami, 125 in Chicago, 160 in San Diego, 200 in the Bronx.

2.2.2 Second-Stage Sampling

Once the random sample of block groups is selected in each stratum of each FC area, a second stage of sampling occurs in which households are randomly selected from the sampled block groups. For this stage of sample selection, a list frame of all postal addresses in the selected block groups is created, and a random sample of addresses is chosen for screening. The postal addresses are first matched to

commercial lists to obtain names and phone numbers for as many addresses as possible. Approximately 50% of the postal addresses are able to be matched successfully. The names obtained for the subset of addresses that are able to be matched are then compared to a list of Hispanic surnames to identify households at which it is likely that Hispanics/Latinos are living. The sample of households are selected at random from the postal list, but addresses that have a Hispanic surname are selected at a higher rate than addresses with a non-Hispanic surname or addresses that did not match to the commercial list. This over-sampling with respect to Hispanic surnames is to further increase the likelihood that a household selected for screening will be a Hispanic/Latino household, thereby reducing the number of households that need to be contacted to meet the recruitment goals for the FC.

A private company specializing in sample selection for research studies, Genesys, created the list of postal addresses and carried out the matching of addresses to commercial lists of names and telephone numbers and to Hispanic surname lists. Out of a total of 443,223 addresses in the target areas, 312,568 addresses were included on the second-stage sampling frame representing the 525 block groups selected at the first stage of sampling, and 39% were associated with a Hispanic surname. The number of households needed to yield the target sample size of 16,000 participants was estimated based on assumptions about the proportion of households that would respond to initial contacts, the proportion that would be eligible for the study, and the proportion that would participate in the clinic exam. Genesys selected the final sample of 95,780 households. The CC then randomly divided the sample into the three years of recruitment. Lists of sampled households containing the complete addresses as well as any other contact information available from the commercial list matches are prepared by the CC and sent to the FCs for management of field activities. An example list is provided in Appendix I.

2.2.3 Special Cases: DROP POINTS

Postal codes are included on the list of sampled addresses that identify special handling of mail at a particular address. The column labeled 'DROP_IND' contains one such code ('Y' = Yes) indicating that mail for more than one household is dropped at a central location for this address. For Drop Point addresses, the column labeled 'DROP_UNITS' gives the total number of separate housing units that receive mail from the Drop Point. An example would be a gated community that does not allow the post office to deliver mail to each unit but rather requires the post office to drop all mail at the front desk for confidential delivery within the community. Another example is a house that includes a separate basement apartment with a different addressee receiving mail at the same address as the main household. That apartment's mail is dropped at the main household, and the primary resident delivers the mail to the apartment, rather than having the post office deliver the mail directly to the apartment.

Drop Points require an additional step in the sampling of households. If a Drop Point address is selected for HCHS/SOL, then the following steps are carried out prior to screening:

- The recruiter creates a roster of all units at a Drop Point address, listing the units in ascending order (e.g., Apt. A, B, C or Apt. 100, 101, 102), if they are lettered or numbered, and in some logical order if they are not (e.g., main house, apartment in basement, garage apartment in back).
- The roster entries are numbered from 1 to n, so that the total number of units at the Drop Point address = n.
- The number of units to be selected in the sample is a function of the total number of units at the Drop Point address:
 - If $n = 2$, then 1 unit is selected for the sample;
 - If $3 \leq n \leq 10$, then 2 units are selected for the sample; and
 - If $n > 10$, then a systematic sample will be selected by the coordinating center.
- For Drop Point addresses with fewer than 10 units, the selection of units is accomplished with the use of a Kish table. The last digit of the household ID number and the total number of units at the Drop Point address are used to determine the unit(s) to be selected.

Because the last digit of the household ID number can be considered a random number, use of the Kish table enables the random selection of one or two units at the Drop Point address. Detailed recruitment steps for Drop Point addresses are provided in Section 3.2.4, and examples of the Drop Point Selection Form and the Kish selection table are provided in Appendix II.

Because the actual number of units found at the address may differ from the number expected based on the sampled address list, the total number of units and identification of the unit(s) selected are recorded and entered into the study Data Management System (DMS) after screening as the DPSA form. This information is needed to compute sampling weights for Drop Point units. Of the four HCHS/SOL FCs, Drop Points are most prevalent in Chicago (27.2% of addresses in the target regions), followed by the Bronx (5.8%), Miami (5.6%), and San Diego (0.4%).

2.2.4 Over-sampling older adults¹

As mentioned above, approximately 62.5% of the HCHS/SOL sample is required to be in the 45-74 year age range in order to support the risk analyses. The US Hispanic/Latino population is a relatively young population, and the proportion aged 45-74 years living in the four FCs communities ranges from only 25% to 50% (2005 US Census). As a result, a final stage of sample selection is required to yield the desired age distribution in the HCHS/SOL sample. Households selected through the two-stage design described above are contacted and screened for eligibility, where household eligibility is defined as having at least one household member who is Hispanic/Latino and aged 18-74 years. Eligible households are then categorized into two groups:

- Group 1: Households in which **all** Hispanics/Latinos in the target age range (18-74 years) are at least 45 years of age.
- Group 2: Households in which one or more Hispanics/Latinos in the target age range (18-74 years) are 44 years or younger, i.e., all households not in Group 1.

All households in Group 1 are selected into the sample (probability of selection = 1), while households in Group 2 are randomly selected based on the expected household composition for the area. A selection probability is generated during the screening interview for Group 2 households to determine whether the household is in the sample or not. Once a household is selected according to the rule for its Group, all members of the household are invited to participate in the study, and the scheduling of clinic exams begins.

The household grouping and selection process is designed to both provide the target age distribution for the HCHS/SOL study (62.5% of participants aged 45-74 years and 38.5% aged 18-44 years) and to minimize the amount of information that is required to be collected during screening from households that may not be selected for participation due to the age of the household members. This particular selection algorithm corresponds to an over-sampling of older Hispanic/Latino adults, which is necessary given the age distribution of Hispanic/Latinos currently living in the US.

The HCHS/SOL sample design is used to provide a representative sample of Hispanics/Latinos living in the four FC communities. However, the representative nature of the sample will not be maintained unless considerable effort is expended to ensure adequate participation rates among sample members, once they are selected and identified as eligible. The recruitment protocol, described in the next section, is designed to do just that.

Just remember...

Sample household = all persons (related or unrelated) residing at the selected postal address

¹ An alternate age sub-sampling plan was approved by the Steering Committee on September 18, 2008. For detailed information on the alternate plan, see “Addendum 1: Alternate Age Sub-Sampling Plan”.

HCHS/SOL eligible household = at least one person of Hispanic/Latino origin aged 18-74 years

2.3 MONITORING AND MID-COURSE CORRECTIONS

The HCHS/SOL recruitment period is three years in duration. The sample of households selected for screening is randomly split into three subsamples, and each subsample is assigned to one of the three recruitment years. By fielding the sample in three waves in this manner, we are able to minimize the bias that may occur as a result of clustering interviews with one segment of the population early in the study and another segment later in the study. Differences in profiles of these two segments may result from changes over time but could be incorrectly attributed to differences in the population segments instead, if the sample were not randomly allocated to the calendar.

Continued monitoring of field activities takes place in order to compare the results of the sampling and recruitment process with the assumptions made in developing the sample design. Modifications to certain aspects of the sampling process can be made as a result of this monitoring and are referred to as mid—course corrections. For example, the probabilities used to select households in Group 2 or in the younger cluster are based on estimated age distributions of Hispanic/Latino households from US Census data. Experience from the field tells us if the desired age distribution in the study sample is being achieved, and if not, these probabilities are changed accordingly. Similarly, the number of households selected for screening is based on anticipated rates of eligibility and response. If fewer households are eligible than planned, or if the response rate for the study is lower than anticipated, then additional households need to be selected for screening in order to achieve the target sample size of 4,000 participants in each FC. At the end of the first six months of field work during the first year of recruitment, and annually thereafter, screening, eligibility, and response rates are analyzed for the study sample, and mid-course corrections made to the sampling and recruitment process as needed.

2.4 RESPONSE RATES AND SAMPLING WEIGHTS

Population-based studies are characterized by their response rates. A well-conceived sample design has little value if a large proportion of the individuals selected for the study fail to participate (non-respondents). Differences between the study participants and the non-respondents can seriously bias the study findings (selection bias). The response rate for the HCHS/SOL is defined as the proportion of eligible persons in the sample who participate in the study, where participation is defined as attending the baseline clinic exam and completing a key subset of clinical procedures and assessments. Data from the field activities conducted by the recruitment staff are essential in being able to compute the response rate for the HCHS/SOL. Screening forms are used to collect outcomes of the screening process, which enable the disposition of each sampled household in the study to be tracked (i.e., ineligible, eligible and responding; eligible and not responding; eligibility unknown). These data are then used to compute response rates for the study.

Through the use of probability sampling, every household selected into the study sample can be viewed as a representative of some larger number of households in the target area. The inverse of the probability of selection provides a sampling weight that can be used to inflate sample estimates in an unbiased manner in order to make estimates about the population as a whole. For example, if a random sample were selected in which 1 out of 10 households were selected, then each household's sampling weight would be equal to 10.

3 RECRUITMENT

3.1 OVERVIEW

The Sampling and Recruitment Plan not only specifies the steps required at each stage of probability sampling, it also specifies the recruitment activities required to screen sampled households for

eligibility, implement the final stage of sampling to ensure sufficient numbers of older adults, and encourage participation among those identified as eligible and selected for participation. The recruitment protocol and related training materials were prepared by the Recruitment Subcommittee. Following are the primary recruitment contacts at each FC:

- Bronx FC: Emelinda Blanco
- Chicago FC: Catalina Ramos
- Miami FC: Brendaly Rodriguez
- San Diego FC: Rosalinda Rodriguez

The recruitment plan consists of three basic steps:

- Initial mailings to sampled households describing the study and inviting the household to be screened
- Optional telephone contacts to households with telephone numbers available from the sampling frame
- In person contacts for households without telephone numbers or households unable to be reached through telephone contacts

Additional mailings, including informed consent forms sent out prior to the scheduling of clinic exams, may occur at some Field Centers. Once contact is established either via telephone or in person, household screening is conducted, with the end result of scheduling clinic visits for selected households.

As discussed earlier, realizing the benefits of probability sampling to support inference in a population-based study requires a disciplined approach to recruiting that is implemented consistently across all FCs. The goal of the recruitment protocol is to achieve a response rate in the range of 60%-70% among eligible households. Response rates of 40% or lower bring into question the validity of the sample and do not provide much advantage in terms of selection bias and coverage of the target population over the recruitment of volunteers or other self-selected groups.

The number of contacts attempted at each step of recruiting and the outcome of those contacts is monitored locally by the FC through the use of an automated tracking system. This information is used to schedule field activities and manage work loads of recruitment staff at each FC. The outcomes of the screening and recruitment process are monitored by the CC throughout recruitment using study forms entered into the central HCHS/SOL study data management system (DMS). These data are collected on the Household Screening and Tracking forms (Appendix III and V) and are to be entered into the DMS employed for the HCHS/SOL as soon after the screening interview is completed for each household as possible. These data are used to make mid-course corrections to the sample design at periodic intervals and form the basis for study progress reports prepared for the Steering Committee (SC) and Observational Study Monitoring Board (OSMB). In addition, these data are used to compute non-response rates and construct sampling weights at the end of each year of recruitment. Timely data entry of the Household Screening, Tracking, and Drop Point Selection forms is essential to successful execution of the sampling and recruitment plans.

3.2 RECRUITMENT STEPS

The sequence of steps involved in screening households and recruiting participants are illustrated in the recruitment flow chart provided in Appendix VI. Separate flow charts are provided for each FC and correspond to the 'realistic case' assumptions. Note that FCs may choose to skip the telephone screening step and go directly from initial mailing to in-person screening interviews.

3.2.1 Initial Mailing

An initial mailing is sent to each address on the list of sampled households approximately two weeks prior to the time that either telephone or in person contact is planned. This advance mailing includes a letter inviting the household to be screened and describing the study and may also include a study brochure and a return form letter. The generic template for the invitation letter is provided in Appendix VII. This template is adapted to the specifics of each FC and may contain a toll-free telephone number that potential participants can call to find out more about the study. Toll-free numbers are managed at the individual FCs. The front page of the study brochure that may be included in the advance mailing is provided in Appendix VIII. This brochure was developed by the HCHS/SOL Community Relations Committee and is consistent with the key messages provided to the FC communities.

A return letter and self addressed stamped envelope may be included in the mailing in order for households to identify their willingness to be screened. Space is provided on the letter for the household to give updated contact information (name and phone number; time of day to call). A generic template is provided in Appendix IX. An important objective of the recruitment plan is that either telephone or in person contact be made to every sampled household, if possible, prior to the household's decision to participate in the study.

3.2.2 Telephone contact

Incoming Calls

For the FCs that are incorporating telephone screening in their recruitment process, telephone contacts are made through both incoming and outgoing calls. FCs that include a toll-free number in the invitation letter receive incoming calls from a subset of selected households seeking additional information about the study. This subset is estimated to be less than 5% of sampled households. Pending staff availability, incoming calls are converted to screening interviews and should be recorded on the Screening Call Worksheet and Tracking form (Appendix V). FC staff first verifies that the caller has received the letter of invitation and obtains their contact information. This information is used to match to the list of sampled households in order to obtain the household identification number for tracking. The FC staff then proceeds with the screening interview over the telephone.

Outgoing Calls

These contacts are usually attempted approximately one to two weeks after the initial mailing is sent. The first task is to determine if the telephone number provided on the list is a working number. Calling during the daytime, when there is least likely to be someone at home, is used to determine whether a working number has been provided. Approximately 50% of the addresses on the sampling list have a telephone number attached, and we expect that 70% of the listed numbers are working numbers. Therefore, at most, 35% of the sampled households are able to be telephone screened.

Screening attempts are made at varying times of the day, night, and during the weekend, however, evening and weekend calls are usually most successful in finding someone at home. If the answer machine is reached or no one answers the call, then repeated attempts are made. It is recommended that sites leave a voice message when an answer machine is reached. Only one message should be left at a household using the following script:

Hi, my name is _____. I am calling to talk to you about the Hispanic Community Health Study/Study of Latinos. I will call back at a later date. Please feel free to call me back at 1-800-XXX-XXXX. Thank you and have a nice day.

Hola, mi nombre es _____. Estoy llamando para hablar con usted acerca del Estudio de la salud de la comunidad hispana/Estudio de los latinos. Voy a llamarle más tarde. Si prefiere, me llama a 1-800-XXX-XXXX. Gracias y tenga un buen día.

Up to 10-12 attempts should be made before declaring the household as unable to complete phone contact. Note that the household is not considered a non-respondent at this point, since we do not know if the household is eligible. Each call attempt, including the date, time of day, and outcome of the call, is recorded on the tracking form.

It is easier for a household to refuse to be screened over the telephone than in person. When possible, try to differentiate a refusal from hesitation or uncertainty about participating in the study. In such cases, it may be possible to convert the household to a successful screening outcome through a home visit.

Telephone Screening Interview

When the telephone is answered, ask to speak to someone 18 years of age or older (Appendix X). Once contact is made with an adult, the telephone screening proceeds in three steps, following the Household Screening Form and Scripts (Appendix III and IV), as follows.

Step 1: Introduction

- Introduce yourself, your FC, and the HCHS/SOL study
- Refer to the letter of invitation that the household should have received
- Check that you are speaking to someone at the sampled address

If you confirm that the phone call is with someone at a different address, then the screening interview is stopped. The household contacted is not in the sample of addresses and therefore was not selected for the study. Thank the person on the telephone for their time and explain that you are trying to contact someone at a different address. The outcome of the call should be recorded on the tracking form, and an in-person screening visit should be scheduled for the address.

Step 2: Determine eligibility of the household

- The household contains at least one member who is Hispanic/Latino aged 18-74 years
- The household does not have definite plans to move out of the area (at least 250 miles away for the Bronx FC; at least 100 miles away for the Chicago and San Diego FCs, and out of Miami-Dade county for the Miami FC) in the next six months

Record the eligibility of the household on the screening form and if eligible, proceed with the next step.

Step 3: Determine if the household is selected for participation²

- Categorize the household into one of two groups:
 - Group 1: All eligible members (Hispanic/Latino aged 18-74 years) are aged 45-74 years
 - Group 2: At least one eligible member is 18-44 years (that is, all households that are not in Group 1)
- If the household is in Group 1, then the household is selected for participation
- If the household is in Group 2, then the selection probability (p) generated for the household is compared to the cut-point (c) for the FC (The numbers p and c are provided by the Coordinating Center on either pre-printed forms or via hand-held devices, as explained below).
 - If the selection probability is less than or equal to the cut-point ($p \leq c$), the household is selected for participation
 - If the selection probability is greater than or equal to the cut-point ($p \geq c$), the household is not selected and the screening interview concludes

² An alternate age sub-sampling plan was approved by the Steering Committee on September 18, 2008. For detailed information on the alternate plan, see “Addendum 1: Alternate Age Sub-Sampling Plan”.

- If the household is selected for participation, then all members of the household (all persons living at the address, related or unrelated) are invited to participate
- The household roster is completed, with the name, age, gender, and relationship to the respondent (person with whom you are speaking) included on the roster
- Screen individual household members for eligibility based criteria established by the Steering Committee. Any household member that fits into the following situations is deemed ineligible to participate and should not be recruited:
 1. Household member is in active military duty
 2. Household member plans to relocate the following distances with in the next 6 months
 - Bronx, New York – more than 250 miles away
 - Chicago, Illinois and San Diego, California – more than 100 miles away
 - Miami, Florida – out of Miami-Dade County
 3. Household member does not speak English or Spanish. (Please note: this does NOT include hearing impaired. For more information on hearing impaired participants, see Section 6.2.1).

Note: A household member who is a college student that is absent for part of the year, but can complete the clinic visit next year or before the end of the baseline examination, is deemed to be eligible.

The determination of household category (Group1 vs. Group 2) according to the age distribution of eligible Hispanic/Latino household members is critical to the successful execution of the HCHS/SOL sampling plan. Recall from Section 2.2.4 that Hispanics/Latinos living in the US tend to be a young population, while the HCHS/SOL sample requirements are for 62.5% of the sample to be 45-74 years of age. To accomplish this goal, all households in which every Hispanic/Latino adult (above 18 years of age) *is also at least 45 years of age* (Group 1) are selected into the study, while only a subset of those households with both younger (18-44 years of age) and older (45-74 years of age) Hispanic/Latino persons (Group 2) are selected for the study. Note that when determining whether a household is in Group 1 or Group 2, only those persons who are Hispanic/Latino and aged 18-74 years are considered. So, for example, a household consisting of Hispanic/Latino persons aged 17, 45 and 46 years of age is in Group 1, while a household with Hispanic/Latino persons aged 18, 45, and 46 years of age is in Group 2. A household with Hispanic/Latino persons aged 45 and 46 and a non-Hispanic/Latino person aged 18 would be in Group 1.

A probability of selection (p) is used to subsample households in Group 2 (eligible persons both under and over 45 years of age) for screening in order to ensure that the target ratio of older adults to younger adults for the study is achieved. For the first three months of recruiting, this probability of selection (p) will be generated at the CC and pre-printed on the Household Screening Form (Appendix III). In later months, a hand-held device will be used for household screening, and the probability will be computed from a random number generator programmed in the handheld device. The determination of whether a Group 2 household is selected for screening is made by comparing this probability of selection (p) to the cut-point value (c) for the FC. Households for which p is less than the cut-point ($p < c$) are selected for the study, and households for which p is equal to or larger than the cut-point ($p \geq c$) are not. The value of the cut-point for each FC is based on the age distribution in the FC's target area. Areas with older Hispanic/Latino populations have larger cut-point values than areas with younger Hispanic/Latino populations, and therefore a greater proportion of Group 2 households are selected for screening in those areas. Initial values for the cut-points (c) were based on Census data. As the study progresses, the cut-point values will be revised at periodic intervals based on the actual ages of the study participants at each FC to ensure that the target age distribution is met for the final HCHS/SOL sample.

After the household group is determined and the probability of selection is applied for households in Group 2, all eligible (Hispanic/Latino aged 18-74 years) persons living in a selected household are invited to participate. There is no sub-sampling of persons within a selected household.

The household level screening is concluded with the completion of the roster. Disclosure of the full name is neither necessary nor required at this stage. After household members have been rostered, the next step is to verify individual eligibility (using ELE form with a Participant level ID; see Appendix XIX and Manual 2) and schedule clinic visits with each person in the household (and on the roster). These baseline exam visits may be able to be scheduled during the screening visit, but if not, call backs should be arranged to schedule the visits before ending the screening interview (see Section 3.3). A study information sheet that provides detailed information about the clinic visit can be left at the household at this time (Appendix XVII).

3.2.3 In-person contact

If telephone screening is not successful, no telephone number is available for a selected household, or the FC is not using telephone screening for their recruitment, then in-person contacts are attempted. A minimum of four attempts are made at different times of the day, evening, and weekend before declaring the household as unable to complete an in-person contact. When no response is obtained, a note informing household members that a recruiter was there should be left at the door (Appendix XVIII). If no response is obtained after four attempts, the household disposition is recorded as incomplete with eligibility unknown. If the in-person contact is made, the above steps for screening are followed using the in-person script and making sure that current phone numbers are recorded on the roster in case a call back is needed for scheduling the clinic visit (Appendix XI).

3.2.4 Special Cases: Drop Points

Drop Points (defined in Section 2.2.3) are identified on the list of sampled addresses with an indicator field (DROP IND = 'Y'). If a Drop Point address is selected for HCHS/SOL, then the recruiter must try to identify how many units are occupied at the address and randomly select one or more units for the study. There is another field on the list of sampled addresses labeled 'DROP UNITS' which gives the number of units expected at the sampled address. The number of units to be selected for screening at a Drop Point address depends on the number of units expected at the address. If there are exactly 2 units expected at the address, then only 1 unit will be randomly selected for screening. If there are at least 3 units but no more than 10 units at the address, then 2 units will be selected for screening. The vast majority of Drop Point addresses are expected to have no more than 3 units, so 1 to 2 units will be selected for screening most of the time. A few Drop Point addresses will have more than 10 units expected at the address. Special instructions for selecting a random sample of units are described below for those cases.

Upon arrival at the Drop Point address, the recruiter should attempt to verify that the number of units listed on the address list is correct, and if not, determine how many units there are. The recruiter then lists the units in a reasonable order on the Drop Point Selection Form (Appendix II), including sufficient descriptions of each unit such that another field staff member could reproduce the listing. For example,

- Unit 1 = Main household
- Unit 2 = Basement apartment with entrance on right side of main house
- Unit 3 = Garage apartment with separate entrance behind main house

Once this list is created, a Kish table is used to select the unit to be screened for HCHS/SOL (see Appendix II). The last digit of the household ID number is used to select the column in the Kish table, and the number of units at the address is used to select the row. If 1 unit is to be selected for screening, then the number at the intersection of this row and column identifies the unit number to be screened. If 2 units are to be selected for screening, then the number at the intersection of the row and column and

the number immediately to the right (in the same row) identify the unit numbers to be screened. If the last column in the row is selected, then treat the row as circular and move to the first column in the same row to identify the 2nd unit to be screened. So, for example, a Drop Point with 3 units at that address and a Household ID ending in 7 would result in units #1 and #2 being selected for screening (3rd row and 7th column of table identifies unit #1; the number immediately to the right identifies unit #2). Three fields from the worksheet are then entered into the DMS corresponding to (1) the total number of units identified by the recruiter at the address and (2) the two unit numbers selected for the sample. This information enables response rates and sampling weights to be computed correctly at the end of the study.

Sites will receive pre-printed HSR forms during the first quarter for the number of units to be selected for the sample at each drop point address. For example if there are three units, and two are to be selected for the sample, the site will receive only two pre-printed forms for that drop point address. The drop point selection form is critical in documenting which units are actually selected from the multiple ones present at an address.

There are a few Drop Point addresses with more than 10 units in the HCHS/SOL sample. In this event, the recruiter should contact Franklyn Gonzalez at the CC (919-843-6053) for instructions on how to select the unit(s) to be screened. The recruiter should attempt to verify the number of units that are located at the Drop Point address and determine how best to list them in some sort of reasonable order prior to contacting the CC.

Note that some addresses with DROP IND = Y on the sample list of addresses have a value of '0' or a missing value under DROP UNITS. The same steps should be followed for those addresses as above. If only one residence is detected by the recruiter at any address indicated as a Drop Point, then screening should proceed with that residence. The worksheet should also be completed, with only the single residence listed as the single unit at that address. There is no need to use the Kish table in those cases.

Of the four HCHS/SOL FCs, Drop Points are most prevalent in Chicago (27.2% of addresses in the target regions), followed by the Bronx (5.8%), Miami (5.6%), and San Diego (0.4%).

3.3 POST-SCREENING ACTIVITIES

3.3.1 Reporting Screening Outcomes

- Recruitment staff are responsible for keeping the following forms
 - Screening Call Tracking (SCT)
 - Household Screening Roster (HSR)
 - Drop Point Selection (DPS)
- Timeliness of data entry for these forms is important for producing the study monitoring progress reports that are distributed to Steering Committee & OSMB and other NIH sponsors.
- Data collected during recruitment are for purposes of computing response rates for the study and facilitating the scheduling of clinical exams only.
- Goal: Key all screening forms no later than 9am Monday (local time) to reflect the prior week's work. Note that some FCs are using a separate individual tracking system that requires additional data entry. Local tracking systems and databases are not part of the HCHS/SOL study data management system. In order for each FC's recruitment progress to be accurately reflected in the official study management reports, all screening forms should be entered into the central HCHS/SOL study data management system according to this timeline. The HCHS/SOL Data Management System (DMS) users guide can be found on the Study Members > Manuals page of the web site.
- Official recruitment reports are distributed using these data sources

- Pre-printed tracking and screening forms (Household Screen & Roster) unique to each household in the local sample are distributed in advance. Each form contains the HCHS/SOL Household ID and contact information provided by the Coordinating Center to each field center from the sample frame of addresses.
- Disposition of sampled cases must be recorded on a routine basis (e.g., after each contact attempt) on the screening log. We anticipate that recruiters will need to make multiple attempts during the screening process and a record of when those contacts are made is important for use in documenting that process. The log also permits the local site supervisor to review the contact patterns (time of day, day of week) for a household and decide if alternate contact strategies should be employed.
- Once a household is screened or all contact attempts have failed, forms should be data entered into the web-based system as soon as possible. The Screening Call Tracking form (SCT) has a final result code that documents the outcome for that household.
- Coordinating Center monitors screening outcomes centrally; while local tracking systems are also used for directing and evaluating the progress of recruitment field work. The central HCHS/SOL study data management system has a download utility program available so that individual sites can export household screening records from the central database into a file that can be used as input to local tracking and management programs at the field center.
- Assessment of progress at periodic intervals triggers release of next wave of the sample. Using the information that has been keyed into the central study database (SCT and HSR), the Coordinating Center is able to monitor progress in screening and recruitment. Eligibility, enrollment, and refusal rates are all computed and distributed study wide using these results.
- Retention of screening materials will need to adhere to local institutional guidelines for disposition of confidential research materials. At a minimum the coordinating center recommends retention of paper documents in a secure, confidential, storage area until the conclusion of study recruitment. Any information keyed into the central HCHS/SOL study data management systems is stored in compliance with federal information technology security guidelines.

3.3.2 Individual Eligibility and Scheduling the Remaining Clinic Visit

At time of contact, recruiters are responsible for verifying that all individuals meet the eligibility criteria for inclusion in the study and scheduling clinic visits with participants. The Individual Eligibility Checklist (ELE form; Appendix XIX) captures the primary inclusion criteria (age, Hispanic/Latino self-identification) and exclusion criteria (Spanish or English communication skills, plans for moving, ability and willingness to participate in the study). Copy the household ID and record the line number of the person being screened for eligibility on the ELE checklist. The participant ID number used on the ELE form will be taken from a list of unused person level ID numbers provided to each field center by the coordinating center. Use the next available number from the list and record it in the upper left hand corner of the form. That participant ID number will be used on the ELE and all subsequent clinic visit related forms for the entire duration of the study. If the person meets all inclusion and is not excluded then schedule the clinic visit at this time and record the date and time on the eligibility checklist. Should it not be possible to schedule the visit at this time, then follow the local field center protocol in place for contacting those individuals who do not schedule a clinic visit at the time of initial contact.

3.3.3 Mailings prior to clinic visit

After a clinic visit is scheduled, a clinic packet is sent to the participant. The clinic packet includes, but is not limited to: card with date and time of clinic visit, directions to the clinic, contact information for clinic staff, bag for medications to be brought to the clinic, and any instructions that a participant might need to follow prior to the clinic visit (e.g. fasting instructions). This packet should be sent in a timely manner to participant.

In addition to the packet, a reminder card should be sent to participant 4 days before the scheduled clinic visit. If possible, a confirmation phone call should take place a day or two days before the scheduled clinic visit. During that reminder phone call for the baseline visit, clinic staff who either have clinical training or who have access to medical assistance will administer a brief safety screening questionnaire. Any participant safety screening concerns for the exam will be noted on the participant safety screening form (PSE form, see Manual 2- Field Center Operations for more details).

4 TRAINING

Training in July of 2007 was conducted in North Carolina by the CC. The goal of the training was to prepare FC supervisors to return to their sites and train their field staff, a train the trainers approach. The objectives of the training were to:

- Explain the sample design and selection used for the study
- Outline the recruitment protocol to be followed
- Develop training modules and materials to use in training FC recruitment staff at each site
- Prepare for certification of recruitment staff

Powerpoint presentations used for the July training session are available on the study website (www.csc.unc.edu/hchs/) under study members area/training materials/sampling & recruitment (password protected). FC trainers should use these presentations for recruitment staff training.

4.1 CERTIFICATION

Attendees of the training were then certified as recruiters for HCHS/SOL. Through the use of this manual and training sessions at each field center, recruitment staff who did not attend the training can be certified.

Staff is required to attend a training session at their site that is conducted by the certified recruitment trainer. Anyone that did not attend the training is expected to be familiar with study materials. They are required to read the study protocol (Manual I) that is available on the HCHS/SOL website. They also need to read the recruiter's manual and review all pertinent recruitment materials and other study documents specified by their trainer. Pertinent materials include but are not limited to the letter of invitation, brochure, return mailing postcard for households, posters and advertisements and the FAQs for recruitment.

Staff is expected to be familiar with the sample design of the study. They need to understand the importance of screening just the selected households and the advantages of obtaining as high a response rate as possible. Staff needs to review and understand the recruitment flow chart (Appendix VI) and understand the reasons for ineligibility. A checklist and quiz are provided to aid FC supervisors in training and certifying their staff (Appendix XII).

In addition, staff is expected to be familiar with the tracking and data entry forms (Appendix III and V). Each staff member should receive training on how to complete Tracking Form and Household Screening Forms and to know the procedures and protocols for entering data from forms into the central HCHS/SOL study data management system.

Remember, all new staff need training and certification prior to field work. In addition, refresher training may be needed at regular intervals for continuing staff.

4.2 RETRAINING

Retraining can be a good opportunity to share what is working and what is not in the field. The need for retraining of recruitment staff is assessed throughout the project. This assessment is based on CC's monitoring of recruitment efforts, mid-course changes in recruitment protocol or when conversion from

paper forms to hand held devices occurs. If it is deemed necessary to have a refresher training, recruitment staff is expected to attend with the goal of re-certification

In addition, bi-weekly recruitment calls for questions/issues/success stories are scheduled by the CC.

5 RECRUITERS

5.1 CHARACTERISTICS OF A GOOD RECRUITER

A good recruiter is outgoing, well organized, confident, and knowledgeable about the study. He or she, in most instances, is the first contact the respondent will have with HCHS/SOL, thus setting the tone for the study. The recruiter must have the ability to develop and maintain a positive rapport with the respondent should be non-judgmental and should be able to establish trust with the respondent. It is important that the recruiter always maintain a professional and friendly manner, though persistent. A recruiter must remember that he or she has only 30 seconds to make a good impression!

When going door to door the recruiter should be able to assess the safety of a situation and be able to react to that situation without making the respondent uncomfortable. He or she should wear comfortable work shoes, remembering that he or she will be going up and down a lot of stairs. A recruiter, prior to knocking on any door, must have packets ready, identification out and wear a smile. The recruiter is the face of the HCHS/SOL.

A recruiter is expected to dress in a professional manner – **business casual** is recommended. The following is **not** considered acceptable clothing: shorts; jeans with tears, bleaching, fraying at seams or designs on them; t-shirts; deep cleavage; micro minis; mid-drift showing blouses; baggy clothing; showing of undergarments; and gang colors.

5.2 READINESS

It is very important that each recruiter is prepared with all the necessary supplies and documents before contacting possible participants. In this study, contact is made either by phone or in-person by going to homes.

Office materials

Whether going into the field or staying in the office, each recruiter needs to have a “set” of supplies that can be used specifically when contacting possible participants. Office supplies should include, but are not limited to: pencils, erasers, clipboard, paper, and calendar.

Project materials

Each recruiter is expected to have all necessary project materials ready before contacting possible participants. Each site has specific guidelines for recruiters. However, each recruiter is expected to have access to the following items listed when contacting possible participants.

- | | |
|---|------------------------------|
| 1. Locator Maps | 6. Copy of FAQs |
| 2. ID card | 7. “Sorry I missed you” note |
| 3. Introduction letter and other mailings | 8. Scripts |
| 4. Brochure | 9. Household Screening Form |
| 5. Fact sheet | 10. Clinic Scheduling Form |

5.3 PERFORMANCE EXPECTATIONS

Although each field center has in place specific guidelines for performance expectations and review, the following are general guidelines for recruiters.

A recruiter is expected to be proficient in the Spanish and English languages, including reading, writing and speaking. The recruiter should be culturally sensitive and aware of non-verbal communication, as well as verbal communication. The field recruiter is expected to be prepared prior to going to the work assignment. Proper preparation includes knowing which segment to work in, and having all necessary materials together and organized. The field recruiter needs to prepare at least 4-6 hours worth of work to take into the field. He or she is expected to work a **minimum of 20 hours a week** and recruit a **minimum of 4-5 households each week**.

When at the respondent's door the recruiter must read the script verbatim – deviation/ improvisation is not allowed. A recruiter should be knowledgeable about the study. If a respondent asks a question, he or she should be able to answer it or know where to find the answer and be able to get back to the respondent promptly. Most questions can be answered using the materials provided by your site or by providing a number that the respondent can call to have their questions answered. And remember the Boy Scout's motto "**Always be prepared.**"

5.4 IMPORTANCE OF STANDARDIZATION ACROSS FIELD CENTERS

Although HCHS/SOL is a multi-center study with site selections based on both geographic and cultural differences in the study populations the goal is for each field center to follow and apply the same recruitment guidelines. The methods employed by recruiters of potential HCHS/SOL participants must follow the same standard guidelines detailed in the Recruiter's Manual. Since one of the primary goals of the study is to examine potential differences in patterns of health and disease in the four geographically separate and culturally diverse communities, one source of potential variability needing control are recruitment activities. The composition of our participant sample should reflect the local communities and not be a byproduct of how individuals were screened into the study. For instance, if the average age of female participants in one center is significantly lower than another the level of confidence that the estimated mean ages are a true reflection of the local population is affected by how consistently the recruitment staff followed standard procedures—not just the natural variability in demographics between locations.

Proper standardization of methods can help reduce the amount of bias as one source of variability in increasing the total measurement error. When research data are collected to estimate characteristics of a sample population, the variability for those measurements is subject to both the random variability found in nature, and any unintentional additional sources of error introduced by the researcher. For example, suppose recruiters at one center are less persistent about approaching some of the older (70+ year old) residents in their area, and spend less time explaining how perceived barriers to traveling to the field center for an exam could be accomplished. If that was done often enough, a subtle shift in the age distribution at that center could occur due to *systematic bias*. It is important that each center follow the procedures in the recruitment protocol as described in this manual. By reducing any sources of bias introduced through the recruitment process, we can help improve the validity of the study in its estimation of the baseline characteristics we see in the sample of participants from the different study locales.

6 WORKING WITH POTENTIAL PARTICIPANTS

6.1 PROFESSIONAL ETHICS AND PARTICIPANT'S RIGHTS

As a recruiter, there is a professional responsibility to adhere to the highest possible standards of ethical practices and to protect the rights of the participant. Each recruiter is responsible for taking and passing the required Human Subjects Protection course through their institution.

As a professional it is important for you to make sure that individuals understand what is involved when participating and are able to ask questions before and during their voluntary participation in the research study. Any study participant has the right to autonomy, privacy, and the freedom of action.

The National Research Act resulted in the formation of the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research. This commission was responsible for creating a report that identified and summarized the basic ethical principles that guide the conduct of human research, called the Belmont Report. The three principles identified in the report are **Respect for Persons**, **Beneficence** (do no harm) and **Justice**.

6.1.1 Privacy and confidentiality

Confidentiality in research means keeping the information that the participant provides during the study private. Recruiters ask participants for information on individuals living in households. Some participants may see this as very personal information. It is very important that recruiters maintain this information as confidential and protect the privacy of the participant.

Because of the risks involved with a breach of confidentiality, it is very important to implement appropriate confidentiality procedures to protect information collected from participants in research studies. Adherence to general protocol guidelines helps to protect the confidentiality of information provided by participants during a research study. These include:

- Carefully store research materials in locked filing cabinets and do not leave them unattended on desktops or in unlocked filing cabinets.
- Use password protection, log off, and shut down your computer if you leave your workstation for any length of time.
- When referring to participants, use their study ID number
- If you are responsible for transporting study materials (completed forms), remove the materials from your car as soon as possible to avoid loss, theft or damage.
- If you are working with participants from your community, do not discuss their participation in the study with your family and friends or other members of your community.
- A participant may not want family or friends to know of his/her involvement in a study. If the study involves home contact, ask the participant how to respect their wishes.
- Remove any information that will identify the participant when study materials are stored for future analysis.

6.1.2 Certificate of Confidentiality

Certificates of Confidentiality are issued by the National Institutes of Health (NIH) to protect the information a participant has supplied to the project from forced disclosure. The certificate allows the investigative team to refuse to disclose identifying information on participants in any civil, criminal, administrative, legislative, or other proceeding, whether at the federal, state, or local level.

Certificates of Confidentiality are great for studies collecting information that, if disclosed, could have adverse consequences for subjects or damage their financial standing, employability, insurability, or reputation. The certificate attempts to protect researchers and institutions from being compelled to disclose information that would identify research subjects, which helps to promote participation by assuring confidentiality and privacy to participants.

6.2 IMPORTANCE OF CULTURAL AND LINGUISTIC COMPETENCE

All study participants in HCHS/SOL self-identify as Hispanic/Latino. Individuals are from many countries and diverse cultural, religious and sociopolitical backgrounds. Understanding cultural norms and variance in language, perspectives on health, disease risk, disease prevention, health maintenance, the role of family and religion on health and treatment of disease, among others, helps the recruiter to

obtain participation by community members. All recruiters should be fully bilingual in Spanish and English and culturally competent.

6.2.1 Language of contact with participants

Recruiters will need to assess the language of preference of possible participants when contact is initiated. Recruiters should not assume a respondent speaks a certain language. Recruiters should ask the possible participant what is his/her language of preference when contact has been initialized. The preferred language should be documented so that others that contact the person can speak in that language.

Although most individuals will speak either Spanish or English, possible participants may speak another language. Those who speak languages other than Spanish and English are not eligible to participate in the study. However, if a recruiter encounters a possible participant who is hearing impaired and needs a sign language interpreter, a decision to include the person will be made on a case by case basis depending on the availability of a proxy to accompany the possible participant throughout the examination and assist during subsequent telephone interviews. The recruiter should notify the recruitment manager.

In order to contract interpreter services, centers need to obtain authorization in advance from NHLBI Contracting Office to receive payment for services rendered. The use of family members or friends as interpreters is discouraged unless very special circumstances (i.e., difficulty to locate an interpreter for the participant's language) arise.

6.2.2 Hispanic/Latino cultural norms

In addition to using the potential participant's language of preference, recruiters are encouraged to use culturally acceptable manners to address Hispanics/Latinos. Respect (*respeto*) to strangers and the elderly, the unspoken gender roles, the influence of the family on medical decisions and decisions in general (*familismo*) have been emphasized. Awareness on sensitive topics to some Hispanics/Latinos (i.e., migration and naturalization, level of education, use of traditional medicine, health beliefs, among others) has also been discussed.

A curriculum on cultural proficiency and how to integrate knowledge regarding common and diverse cultural values among different Hispanic/Latino groups has been created and discussed at every Field Center. Interactive discussion of potential clinical scenarios and how to address and solve difference during a variety of potential situations has been discussed. In addition, ongoing discussion of new issues will continue between the Project Office and every Field Center.

6.2.3 Sensitivity to visa/immigration status issues

Although not a topic about which data are collected, there is a possibility that individuals who are contacted are not residing in the US legally. Please be respectful of this issue. Do not ask participant of his/her legal status or the status of others living in the home. If a participant expresses a concern, assure him/her that all information given is strictly confidential and will not be disclosed to any party outside of the research team. Repeat this statement several times during the interviews and reassure participants constantly that their information will be kept confidential.

6.3 PREPARING: PRE-CONTACT ASSESSMENTS AND ACTIVITIES

Prior to making participant contacts in a particular neighborhood, it is important that the recruitment team work together toward assessing the targeted community areas. Community assessments help familiarize the recruiters with the areas and assist them in identifying any possible challenges during the recruitment process. The following activities are essential for assessing the community and its resources.

6.3.1 Designated Area Assessment

It is important for each site to prepare maps of the area for each phase of recruitment. The maps should include clear BOUNDARIES of the area and include features, such as rivers and railroad tracks, public agencies (e.g. police departments, fire departments, post offices, or libraries), community-based organizations, businesses, parks, churches and schools. Google Maps, GIS, other mapping programs/software or photocopies of available community maps are used to assist in mapping the recruitment area. Mapping programs are also useful tools for displaying a visual tracking system of household addresses and their study status.

A contact database of different public agencies (e.g. police departments, fire departments, post offices, or libraries), key leaders (e.g. aldermen) businesses and community-based organizations, schools, parks and churches is prepared for each study community area. In addition to creating a contact database, an events database is prepared. By creating a calendar with different community events (e.g. school PTA's, chamber of commerce meetings, community policing meetings, library events, and events at religious institutions), recruiters plan to present information about the study at these scheduled events throughout the study period. A letter is sent, followed up with a phone call, asking organization to schedule a HCHS/SOL representative (recruiter) in the agenda for their next meeting.

Prior to entering each specific community for recruitment purposes, letters introducing the study are sent out to key agencies/businesses and if possible meetings/forums are scheduled to obtain support and permission for promoting the study and posting informational material (e.g. posters, brochures, fact sheets) at various locations in the community. These contacts and relationships are important and assist during the recruitment phase of the study by allowing us promote the study in areas surrounding the specific communities being approached. For example, certain communities are targeted for recruitment during a certain month of the year; therefore, recruiters should obtain support and permission from locations that are commonly accessed by community residents (e.g., churches, schools, grocery stores, restaurants). Locations that are key contact points for community members can be identified by asking key community leaders or by individuals familiar with the community area. See Appendix XIII for examples of letters to public agencies, community organizations and businesses.

6.3.2 Team Strategizing

Team members are an excellent resource for planning and preparing for the recruitment process. A simple assessment of team members' familiarity with the target community areas is the first step toward planning for effective recruitment. This includes asking recruiters how often they visit the study community areas and how familiar they are with the community areas. Utilize recruiters' knowledge of different community areas as a resource for training other team members. Based on the recruiters' familiarity with the study community areas, efforts toward raising awareness of the study and making presentations can be divided among team members. Recruiters should have weekly or bimonthly meetings to assess the progress of their study promotion efforts and adjust their activities based on the progress of their work. It is important that all members integrate themselves in each community so that they can be familiar with any possible barriers or challenges. This can be done by attending community events or meetings and driving through the designated BG streets.

6.3.3 Scheduling and tracking field work

A recruitment work plan should be developed prior to the recruitment phase of the study. Based on the community assessments and maps, predetermined routes can be planned for each recruitment team. Since each site has a list of a year's worth of addresses, recruiters should become familiar with these addresses prior to making home visits. Recruiters share a variety of responsibilities: these include making preparing and managing mailings, phone calls, and household visits. Recruiters' schedules should alternate so that each recruiter has experience with each activity.

6.3.4 Special circumstances

Controlled access buildings/gated communities

While assessing the community, a log of buildings that have controlled access or gated communities should be produced and mapped. Once this log is complete, recruiters should utilize their relationships with key community leaders and public agencies to determine the best strategy for accessing such buildings.

6.4 OBTAINING PARTICIPATION

(Adapted from RTI International, Training Module on “The Interviewer’s Approach”)

Keys to obtaining participation include maintaining a positive attitude, persistence, and being respectful. As mentioned previously, the HCHS/SOL recruiter is the first person to establish contact with potential study participants. Whether contacting potential participants on the phone or in-person, the importance of making a good first impression cannot be stressed enough to those working in the field.

A first impression begins from the moment a recruiter calls or knocks on the door. Be professional. Always be prepared before initializing contact with potential participants. When calling potential participants, it is important to remember to speak clearly and slowly and always identify who you are and who you work for. For in-person field work, always wear your badge prominently, step back from the door when the door is opened, smile and make eye contact, and identify who you are and who you work for.

6.4.1 Establishing rapport

Whether on the phone or in-person, it is very important that the recruiter establishes a good rapport with potential participants. Keys in establishing rapport are maintaining a positive mental attitude while talking with potential participants and being convinced of the worth and importance of the study.

After introducing yourself and showing your badge, explain the study to the person. Let the person know the importance of the study and the value of his/her participation. The recruiter also needs to explain what the purpose of the call or visit is, i.e. explain to the potential participant that you will be asking a few questions about their household. Always allow for the participant to ask questions and provide the participant with accurate information on the study (Appendix XIV). When talking with participants, be aware of any verbal and body language of the potential participant and react accordingly to these signs by being assertive without being aggressive. Use active listening skills when a potential participant is talking by nodding and maintaining eye contact. Always be genuine when in contact with potential participants and never judgmental.

6.4.2 Using scripts; guidelines for probing

Scripts are provided for each phase of recruitment (Appendix IV, X and XI). Although scripts are tailored for each field center according to the needs of the community, scripts need to be followed in order to maintain consistency across field centers. Deviations to the scripts may occur when potential participants ask questions about the study.

Potential participants may be hesitant to give the type of personal information we are requesting for recruitment. If a recruiter is having difficulty obtaining all the information needed to complete the recruitment phase of the study, he/she may use probing techniques. Probing techniques encourage the potential participant to express their thoughts completely and help to maintain focus on the questions being asked. Probing techniques include repeating the question, pausing, and clarifying the question.

6.4.3 Overcoming objections: anticipating/addressing potential barriers to participation

Recruiters will be faced with hesitation to participate and refusals. If a person is hesitant to participate, reassure him/her that all the information that will be given is strictly confidential. Try to encourage participation by stressing the importance of their participation in the study.

When a person is attempting to refuse, try to reassure the potential participant. Determine the reason for the refusal, answer questions accordingly, and change the approach or delivery. Always be understanding of the reason for refusal. When a full refusal has been established, accept the refusal politely and thank the person for their time. Never let a refusal influence your attitude as a recruiter!

6.5 WORKING SAFELY IN THE FIELD

This section outlines ways to protect you from potentially harmful occurrences. No guide can warn against every possible situation, so always use your best judgment when in the field. To help with preparing recruiters for field work, safety scenarios are provided in Appendix XV.

6.5.1 Personal safety

Before going out into the field review all safety procedures, know your site's basic safety guidelines and codes and have emergency phone numbers available. Confirm addresses and review area maps. Assess all possible risks before entering a neighborhood. Always follow your site's protocol for maintaining an appropriate member of the team informed of your recruitment location. When using a car, always obey driving rules and regulations. Avoid distracted driving by pulling over to a safe location to use a cell phone, refraining from multitasking, and focus all attention on the road.

During Home Visit

Become familiar with the environment:

- Locate possible emergency exits
- Be aware of strange odors
- Be aware of people around you
- Be aware of strange behavior
- Err on the side of caution. It is better to feel foolish than to be stuck in a dangerous situation
- Follow your instincts

If you sense a possibility of danger or feel uncomfortable while in a home, finalize the visit and leave as quickly as possible.

Leaving the Home

- Approach your car with your keys in hand
- Check the interior of the car before entering
- Keep doors locked at all times

A few additional recommendations for working in the field include: wear inexpensive jewelry, carry a briefcase instead of a purse, carry small amount of cash, avoid carrying credit cards, carry only essential identification, and carry a cell phone. By following these simple guidelines and recommendations, you can help to insure safety in the field.

6.5.2 Field Accidents and Injury Prevention

Sometimes accidents and injuries happen in the field. However, an ounce of prevention helps to decrease the amount of accidents that happen. An accident is defined as an unexpected occurrence that happens without intention. For example, slipping on an icy sidewalk would be an accident. On the other hand, an incident is an occurrence, such as a robbery, that happens with intention on someone's behalf. Both accidents and incidents can lead to injuries.

Reporting Accidents and Incidents

Follow your site's protocols and procedures for reporting accidents and incidents. If you are ever in an emergency situations either call 911 or go to the nearest emergency medical center. You should notify your supervisor and employer following any emergency treatment. For a non-emergency type situations,

notify your supervisor and employer right away. If medical attention is needed, your employer or insurer will arrange an initial appointment with a doctor.

If you are involved in a car accident:

- Assess the situation to see if anyone has been seriously injured. If there has been a serious injury call 911 for medical attention. Notify your employer and supervisor immediately after receiving medical attention.
- If accident occurs in a tunnel, leave your car and exit the tunnel through the closest escape route.
- If there are no serious injuries contact the police department to file an accident report.
- Notify your employer and supervisor of the accident. Fill out and submit the accident report given to you by your field center.

If you are bitten by a dog:

- Move to a safe location and call for help.
- Seek medical treatment and notify authorities.
- Notify your employer and supervisor immediately after receiving medical attention.

If you fall:

- Seek immediate medical treatment if necessary.
- Notify your employer and supervisor immediately after receiving medical attention.
- Even if your fall is not serious enough to warrant medical attention, promptly notify your employer and supervisor of the accident.

If you experience robbery:

In case you are robbed or your property is vandalized while you are on the job:

- Contact the police or call 911 if it is an emergency.
- Contact your supervisor and employer as soon as possible.
- Report the incident to authorities even if not an emergency and no property was damaged.

For any accident or incident, reports and necessary forms should be submitted immediately to the appropriate person or persons. See your site manager for copies of these reports.

If you experience harassment:

Harassment refers to a wide range of offensive behavior, including behaviors that are found threatening or disturbing. If harassed during recruitment, report the incident to your supervisor and/or employer as soon as possible.

- Report all harassment to a supervisor.
- If you feel uncomfortable reporting the incident to your supervisor, contact human resources.
- Contact the police if you feel threatened by the behavior.

Injury Prevention

In the field, it is not always possible to foresee every problem. Injuries do happen on the job even when considerable effort has been made to avoid them. Although not all injuries are preventable, there are some simple steps that can be taken to reduce the likelihood of incurring an injury.

Dress for the weather You should decide on your attire for the day based upon the location of your field center and the season of the year. On warm days wear light colored clothing and a hat to prevent overheating. Use sunscreen and always carry plenty of water. In the winter, warm clothing will be required for some field centers. A warm coat, gloves, and a hat are all important to avoid frostbite and hypothermia.

Wear appropriate shoes Close-toed shoes protect your feet better than open-toed shoes. Also, avoid wearing heels. Flat shoes are more practical for walking long distances, and if you have to run to escape a dangerous situation heels, will only inhibit your getaway. Shoes with good traction are also important to avoid slipping.

Do not wear expensive jewelry Your chances of being robbed are increased if you are carrying expensive items.

Be careful when using stairs Be especially careful in rainy, snowy, or icy weather. Always use the handrail.

Drink water Drink a sufficient amount of water a day if you are working during a heat wave. Try to avoid going outside between the hours of 12pm and 4pm.

Remain Alert at all times Injuries can often be avoided by making a conscious effort to be safe.

6.5.3 Weather Hazards

The best thing you can do to avoid common weather related problems is to dress appropriately for the weather. You should decide on your attire for the day based upon the location of your field center and the season of the year. On warm days wear light colored clothing and a hat to prevent overheating. Use sunscreen and always carry plenty of water. In the winter, warm clothing is required for some field centers. A warm coat, gloves, and a hat are all important to avoid frostbite and hypothermia. In case of extreme weather or a natural disaster, remain calm and alert. Listen for information and instructions from emergency crews and/or local officials. The most common natural disasters include earthquakes, tornadoes, hurricanes, thunderstorms, hail, and lightning. See Appendix XVI for guidelines on what actions to take during these listed natural disasters.

7 COMMUNITY RELATIONS AND OUTREACH ACTIVITIES

7.1 GENERAL OVERVIEW

The Community Relations and Outreach Committee develops guidelines and strategies aimed at maximizing community input and participation in all phases of the study. The committee assists in the development and implementation of a strategic plan to engage in community outreach activities to recruit eligible participants to the study in the targeted geographical areas. These activities can include making brief presentations about the project to community block clubs, local churches or places of worship, community-based organizations, consulate offices that represent diverse Latin-American countries, among other strategies.

Some other specific strategies to encourage participation in the study (among those selected to participate) include providing non-monetary incentives and retention aids in the forms of coupons/certificates to purchase food items in nearby food chain stores, and the like.

7.1.1 Media Materials

Materials that have been produced and are available for recruitment are posters, fact sheets, and brochures. All materials are available in both Spanish and English.

7.2 FC SPECIFIC ACTIVITIES

7.2.1 Bronx

7.2.2 Chicago

7.2.3 Miami

7.2.4 San Diego

Appendices

Appendix I: Example List of Sampled Households at a Field Center

Example List of Sampled Households at a Field Center

1	2	3	4	5	6	7	8	9	10	11	12	13	14
Household ID	Census ID	Center	Tract	Block	Stratum	Drop_ Ind	Drop_ Units	Street Number	Pre- Direction	Street Name	Suffix	Post- Direction	Unit
X0000580	420912081001018	Bronx	208100	1018	1	Y	000	523	.	COLONIAL	DR	E	.
X0000595	420912017061000	Bronx	201706	1000	2	N	000	2223	.	FLOREY	LN	.	APT
X0000638	420912017052010	Chicago	201705	2010	1	Y	2	107	SW	STANLEY	AVE	.	.
X0000681	420912060071000	Miami	206007	1000	1	N	000	2828	E	EGYPT	RD	.	APT
X0000699	420912032049037	Miami	203204	9037	3	N	000	1801	.	WHITPAIN	HLS	.	.
X0000760	420912089062020	San Diego	208906	2020	4	N	000	250	.	HALE	ST	.	APT

15	16	17	18	19	20	21	22	23	24	25
Unit Num	ZIP Code	ZIP+4	Last Name	First Name	Middle Initial	Phone Number	Delivery Type	Delivery Point Code	Carrier Route Code	Delivery Sequence Number
.	18041	1729	.	.	.	.	D	23	C002	00224
B2	19001	4426	FLANDERS	JOHN	K	2123654856	C	22	C020	00156
.	19038	4712	.	.	.	.	D	07	C021	00260
100	19403	2165	SCOTT	LISA	.	3216549841	C	64	C061	00470
.	19422	1364	.	.	.	.	B	01	C002	00467
B	19464	4771	CONNER	TIMOTHY	G	.	C	26	C028	00498



HCHS/SOL Drop Point Selection Form

HOUSEHOLD ID NUMBER:							
-------------------------	--	--	--	--	--	--	--

FORM CODE: DPS
VERSION: A 2/18/08

Contact
Occasion

0	1
---	---

SEQ #

0	1
---	---

ADMINISTRATIVE INFORMATION:

COMPLETION DATE:

		/			/				
mm			dd			yyyy			

STAFF ID:

--	--	--

Instructions: If the sample address list indicates that the address is a drop point then complete this form to document the number of living units at the address, and which unit was selected using the Kish table method for random selection. If there are more than 10 living units associated with this drop point then contact the coordinating center for assistance with selection of living unit(s) for the sample.

A. Enumeration of Living Units

1. Unit Number Descriptor at this address:

--	--	--	--	--
2. Unit Number Descriptor at this address:

--	--	--	--	--
3. Unit Number Descriptor at this address:

--	--	--	--	--
4. Unit Number Descriptor at this address:

--	--	--	--	--
5. Unit Number Descriptor at this address:

--	--	--	--	--
6. Unit Number Descriptor at this address:

--	--	--	--	--
7. Unit Number Descriptor at this address:

--	--	--	--	--
8. Unit Number Descriptor at this address:

--	--	--	--	--
9. Unit Number Descriptor at this address:

--	--	--	--	--
10. Unit Number Descriptor at this address:

--	--	--	--	--

B. Selection of Living Unit

11. Number of units at this drop point address:

--	--	--
12. Unit(s) selected at this address (enumeration #):
 - a.

--	--
 - b.

--	--

Kish Table

NUMBER OF DROP UNITS ON ROSTER	LAST DIGIT OF Household ID NUMBER									
	0	1	2	3	4	5	6	7	8	9
0	END UNIT SELECTION									
1	1	1	1	1	1	1	1	1	1	1
2	1	2	1	2	1	2	1	2	1	2
3	3	1	2	3	1	2	3	1	3	2
4	1	2	3	4	1	2	3	4	1	2
5	1	2	3	4	5	1	2	3	4	5
6	6	1	2	3	4	5	6	1	2	3
7	5	6	7	1	2	3	4	5	6	7
8	1	2	3	4	5	6	7	8	1	2
9	8	9	1	2	3	4	5	6	8	7
10	9	10	1	2	3	4	5	6	7	8

INSTRUCTIONS:

1. Determine the number of household units at the drop point address and list them in order on the roster.
2. If there are 2 units at the address, then randomly select 1 unit for screening by choosing the column corresponding to the last digit of the household identification number and choosing the row that equals the number of units at the address.
3. If there are 3-10 units at the address, then randomly select the 1st unit by choosing the column corresponding to the last digit of the household identification number and choosing the row that equals the number of units at the address. The 2nd unit to be selected is the unit immediately to the right in the same row. If the last digit of the household ID number equals 9, then the first unit selected is the last number in the row, and the 2nd unit selected is the 1st number in the same row (i.e., in column 0).
4. If there are more than 10 units at the address, then contact the coordinating center for instructions on selecting the units to be screened.

EXAMPLES:

1. If the last digit of the household identification number is a "5" and the number of units at the drop point address is 2, then the 2nd unit on the roster is selected to be screened.
2. If the last digit of the household identification number is a '5' and the number of units at the drop point address is 4, then the 2nd and 3rd units on the roster are selected for screening.

Appendix III: Household Screening Form

OMB#: 0925-0584
Exp. 2/28/2011

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0584). Do not return the completed form to this address.



HCHS/SOL Household Screening Form

HOUSEHOLD ID NUMBER:								
-------------------------	--	--	--	--	--	--	--	--

FORM CODE: HSR
VERSION: A 2/12/08

Contact
Occasion

0	1
---	---

SEQ #

0	1
---	---

ADMINISTRATIVE INFORMATION 0a. Completion Date:

		/			/				
mm		dd		yyyy					

0b. Staff ID:

--	--	--

Instructions: Mark a check in the appropriate box for the response. Unless instructed, mark ONLY one response. Complete only one form per household.

1. Does anyone live in this household who is Hispanic/Latino?
¿En esta casa vive alguna persona hispana o latina?

No 0 ☐
Yes 1 ☐

→ **STOP, READ CLOSING SCRIPT**

2. What is the total number of people living in this household who are Hispanic/Latino?

--	--

 Total number
En total, ¿cuántos hispanos o latinos viven en este hogar?

3. Of the individuals living in the household who are Hispanic/Latino, how many are between the ages of 18-74?

--	--

 Number of individuals
De los individuos hispanos o latinos que viven en este hogar, ¿cuántos tienen entre 18 a 74 años de edad?

If Q3 = 00 → **STOP, READ CLOSING SCRIPT**

4. Are **ALL** of these # individuals between the ages of 45-74?
De este # individuos, ¿todos ellos tienen entre 45 a 74 años de edad?

No 0 ☐
Yes 1 ☐

→ **GO TO QUESTION 5**

- 4a. Is Selection p less than Cut-point c?
(If no, household **not** eligible)

No 0 ☐
Yes 1 ☐

→ **STOP, READ CLOSING SCRIPT**

→ **GO TO QUESTION 5**

Selection, p = 0.
Cut-point, c = 0.

5. Please list the names of all individuals aged 18 – 74 who are Hispanic/Latino and who consider this their permanent residence (include yourself). We will need first name and last name, gender of the person, age, and relationship to you, and, if possible, the telephone number.
Por favor, déjenos saber los nombres de todos las personas que tienen entre 18 a 74 años de edad que son hispanas o latinas y que consideran este lugar su dirección (hogar, vivienda) permanente (inclúyase usted). Necesitamos el nombre, el apellido, el sexo, la edad, y el parentesco o tipo de relación que tienen estas personas con usted. Y, si es posible, el número de teléfono.

	First Name					Last Name					Gender M/F	Age	Relationship ^a to Respondent	Telephone Number ^b										Case Code ^c		
A.													0	1												
B.																										
C.																										
D.																										
E.																										
F.																										
G.																										
H.																										
I.																										
J.																										
K.																										
L.																										
M.																										
N.																										

a. Relationship to Respondent Codes

Respondent	01	Daughter	03	Mother	05	Sibling	07	Niece	09	Son-in-Law	11	Mother-in-Law	13	Other relative	15
Spouse	02	Son	04	Father	06	Cousin	08	Nephew	10	Daughter-in-Law	12	Father-in-Law	14	Other	16

b. Note on telephone number

Obtain telephone number on all persons who are in the home at the time of recruitment visit/call

c. Case Codes

1 Non-English AND non-Spanish speaker	3 Moving away	5 Refusal	7 Eligible
2 Active military	4 Homebound	6 Eligibility pending	



Household Screening Form (HSR) Script_English

Thank you for agreeing to answer some general questions about your household. This information is needed to determine if your household is eligible to be in the study. When I ask about “ people living in your household”, I am referring to individuals who consider this their permanent residence.

Q1	Does anyone live in this household who is Hispanic/Latino?	If no → Read text: <i>I am sorry but unfortunately your household is not eligible to participate. We are only interested in households whose residents are Hispanic/Latino. Thank you for your time.</i> If yes → CONTINUE
Q2	What is the total number of people living in this household who are Hispanic/Latino?	Record number on household sheet.
Q3	Of the individuals living in the household who are Hispanic/Latino, how many are between the ages of 18 – 74?	If zero (00) → Read text: <i>I am sorry, unfortunately your household is not eligible to participate. We are only interested in households whose residents are of Hispanic/Latino origin AND between the ages of 18 – 74. Thank you for your time.</i> If 1 or more → CONTINUE
Q4	Are ALL of these # individuals between the ages of 45 – 74?	If no → Now, I will use this information about your household to find out if your household is selected to participate. [GO TO Q4a] If yes → Read text: <i>Congratulations! Your household has been selected to participate in HCHS/SOL. Everyone who is between 45 – 74 years old and Hispanic/Latino living in your household is invited to be a part of this study. We would like to talk to each member about the study and what it means to be in the study. In order to do so, we would like to gather some information on eligible household members. [GOTO Q5]</i>
Q4a	[Is selection p less than cut-point c?]	If no → Read text: Based on our formula, although your household is eligible, it was not randomly selected to participate in the study. I appreciate your willingness to talk to us. Thank you for very much for taking the time. [END RECRUITMENT] If yes → Read text: <i>Congratulations! Your household has been selected to participate in HCHS/SOL. Everyone who is between 18 – 74 years old and Hispanic/Latino living in your household is invited to be a part of this study. We would like to talk to each member about the study and what it means to be in the study. In order to do so, we would like to gather some information on eligible household members. [GO TO Q5]</i>
Q5	Please list the names of all individuals aged 18 – 74 who are of Hispanic/Latino and who consider this their permanent residence (include yourself). We will need [first name] and [last name], gender of the person, age, and relationship to you, and if possible, the telephone number.	Remember that all information you give us is confidential. Let's start with your [name], age, and telephone number. Once information is gathered on respondent → Read text: <i>Now, the next person who is Hispanic/Latino and between the ages of 18 - 74.</i>



Household Screening Form (HSR) Script_Spanish

Thank you for agreeing to answer some general questions about members of your household. When I ask about "people living in your household", I am referring to individuals who consider this their permanent residence.

Q1	¿En esta casa vive algún hispano/latino?	If no → Read text: <i>Lo siento, pero desafortunadamente su hogar no es elegible para participar. Estamos interesados en hogares cuyos residentes sean hispanos o latinos. Gracias por su tiempo.</i> If yes → CONTINUE
Q2	En total, ¿cuántos hispanos/latinos viven en este hogar?	Record number on household sheet.
Q3	De los individuos hispanos/latinos que viven en este hogar, ¿cuántos tienen entre 18 a 74 años de edad?	If zero (00) → Read text: <i>Lo siento, pero desafortunadamente su hogar no es elegible para participar. Únicamente estamos interesados en hogares cuyos residentes sean hispanos o latinos y que tengan entre 18 – 74 años de edad. Gracias por su tiempo.</i> If 1 or more → CONTINUE
Q4	De este ___#___ individuos, ¿todos ellos tienen entre 45 a 74 años de edad?	If no → Read text: <i>Ahora utilizaré esta información acerca de su hogar para determinar si su hogar es seleccionado para participar.</i> If yes → Read text: <i>¡Felicidades! Su hogar ha sido seleccionado para participar en HCHS/SOL. Todos de los individuos hispanos o latinos entre 45 a 74 años de edad que viven en su hogar están invitados a participar en el estudio. Nos gustaría hablar con cada uno de ellos acerca del estudio y lo que significa formar parte del mismo. Con este propósito no gustaría recopilar alguna información acerca de los miembros elegibles de su hogar. [GO TO Q5]</i>
Q4a	[Is selection p less than cut-point c?]	If no → Read text: <i>Basado en nuestra formula, a pesar de que su hogar es elegible, no ha sido seleccionado al azar para participar en el estudio. Le agradezco su buena voluntad para hablar con nosotros. Muchas gracias por tomar de su tiempo. [END RECRUITMENT]</i> If yes → Read text: <i>¡Felicidades! Su hogar ha sido seleccionado para participar en HCHS/SOL. Todos de los individuos hispanos o latinos entre 18 a 74 años de edad que viven en su hogar están invitados a participar en el estudio. Nos gustaría hablar con cada uno de ellos acerca del estudio y lo que significa formar parte del mismo. Con este propósito no gustaría recopilar alguna información acerca de los miembros elegibles de su hogar.</i>
Q5	Por favor, déjenos saber los nombres de todos los individuos que tienen entre 18 a 74 años de edad que son hispanos/latinos y que consideran este hogar su residencia permanente (inclúyase usted). Necesitamos el nombre, el apellido, el sexo, la edad, y el parentesco o tipo de relación que tienen estos individuos con usted. Y, si es posible, el número de teléfono.	Recuerde que toda de la información que nos da es confidencial. Vamos a empezar con su [name], su edad, y su número de teléfono. Once information is gathered on respondent → Read text: <i>Ahora, el siguiente individuo hispano o latino en su hogar entre las edades de 18 a 74.</i>



HCHS / SOL Screening Call Worksheet

HOUSEHOLD ID Number: _____

Date of Initial Call for Screening: ____/____/____
MM / DD / YYYY

Day of Week Date (MM/DD/YY)	Time	Notes	Result Code	Interviewer Code
S M T W T F S / /	A P			
S M T W T F S / /	A P			
S M T W T F S / /	A P			
S M T W T F S / /	A P			
S M T W T F S / /	A P			
S M T W T F S / /	A P			
S M T W T F S / /	A P			
S M T W T F S / /	A P			

***RESULT CODES (CIRCLE THE FINAL CONTACT RESULT CODE AND ENTER THE SCREENING CALL TRACKING FORM TO THE DATA ENTRY SYSTEM)**

- 1 Address not a household (retail, group home, vacant lot, seasonal home)
- 2 Unable to contact HH after repeated attempts (phone and/or in person)
- 3 Able to contact, but HH refused to be screened; HH eligibility is unknown
- 4 Able to contact, but HH screening was never completed; HH eligibility is unknown
- 5 Screening completed, HH not eligible
- 6 Screening completed, HH eligible and not selected
- 7 Screening completed, HH eligible and selected but refused to participate
- 8 Screening completed, HH eligible and selected, HH agreed to participate (i.e. roster completed)



HCHS/SOL Screening Call Tracking form

HOUSEHOLD ID NUMBER:								
-------------------------	--	--	--	--	--	--	--	--

FORM CODE: SCT
VERSION: A 2/19/08

Contact
Occasion

--	--

SEQ #

--	--

Administrative Information

0a. Completion Date (mm/dd/yyyy):

--	--

 /

--	--

 /

--	--	--	--

0b. Staff ID:

--	--	--

Instructions: This form is completed by the screening and recruitment Interviewers to document the **FINAL** status of screening calls for the HCHS / SOL. Complete this form for ALL households who are selected to be screened for HCHS. Use the final result code from the HCHS Screening Call Scheduling Work Sheet to fill out Item 2. Do not fill out for intermediate calls. Only one form per Household is allowed.

1. Date of initial contact (MM/DD/YYYY)

--	--

 /

--	--

 /

--	--	--	--

2. Final result Code* (see below).....

--

*RESULT CODES (taken from last entry of call tracking worksheet)

- 1 Address not a household (retail, group home, vacant lot, seasonal home)
- 2 Unable to contact HH after repeated attempts (phone and/or in person)
- 3 Able to contact, but HH refused to be screened; HH eligibility is unknown
- 4 Able to contact, but HH screening was never completed; HH eligibility is unknown
- 5 Screening completed, HH not eligible
- 6 Screening completed, HH eligible and not selected
- 7 Screening completed, HH eligible and selected but refused to participate
- 8 Screening completed, HH eligible and selected, HH agreed to participate (i.e. roster completed)

3. Date of final contact (MM/DD/YYYY).....

--	--

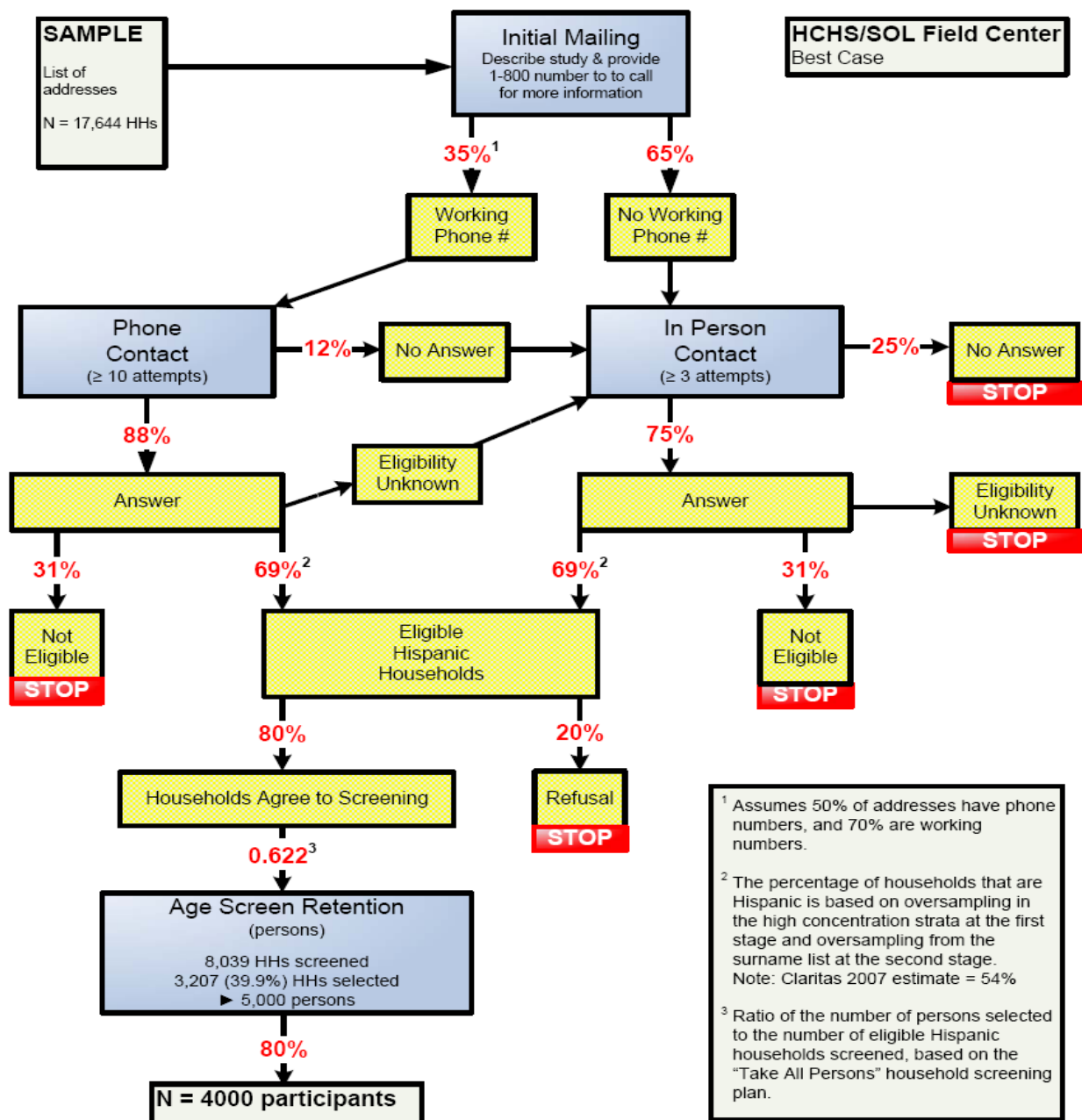
 /

--	--

 /

--	--	--	--

Appendix VI: Recruitment Flow Chart



INSERT INFORMATION



INSERT INFORMATION

Para español dé vuelta a la página

INSERT DATE

Dear Community Member [Neighbor],

We are writing to you because your household was selected to be invited to participate in a landmark study of Hispanic/Latino health called the **Hispanic Community Health Study / Study of Latinos** (HCHS/SOL). This study is a national study taking place in the Bronx, Chicago, Miami, and San Diego.

The goal of this study is to learn more about factors that protect or put Hispanics/Latinos in our community at risk for heart disease, stroke, diabetes, cancer, and asthma, so that we can prevent these diseases in the future.

If you or any member of your household is eligible to participate, you can receive health care tests at no cost. **The tests' results will be provided to you and/or to your doctor—your choice—at no cost.**

The health examination includes several medical tests and interviews about your daily activities, such as:

- An electrocardiogram (ECG),
- A test for lung function and breathing
- A hearing test
- A dental examination
- Blood sugar test for diabetes
- A test for cholesterol levels
- Questions about work and home environment
- Questions about physical activity and nutritional practices
- Family and personal medical history

To complete all the examinations, eligible and willing household members are asked to attend the clinic one day for a 6 hour health examination at INSERT CLINIC LOCATION. The clinics are available INSERT CLINIC HOURS OF OPERATION.

Protecting your privacy is a top priority for HCHS/SOL and information we obtain about you will be treated as strictly confidential.

All our interviewers are fluent in Spanish and English and all parts of the study can be conducted in Spanish or English. If needed, transportation or parking will be provided to you. [IF APPLICABLE, INSERT CHILD CARE INFORMATION]

Our recruiters will be attempting to contact your household with a visit to your home or by telephone in the next few weeks. We also encourage you to mail the enclosed response card or call our recruitment staff at 1-800-XXX-XXXX to answer any questions that you may have. **We are interested in recruiting everyone who is eligible; even if you are healthy we want to know what you are doing to stay healthy.**

THIS IS YOUR CHANCE TO MAKE A DIFFERENCE! DEDICATING ONE DAY [OUT OF THE YEAR] WILL HELP US LEARN HOW TO PREVENT SERIOUS DISEASES SO THAT THE HISPANIC/LATINO COMMUNITY CAN CONTINUE TO LIVE, LAUGH, WORK, AND CELEBRATE THE HEALTH OF THEIR FAMILIES.

Thank you for your consideration,

For English, please see the other side

INSERT DATE

Estimado miembro de la comunidad [vecinos],

Le estamos escribiendo porque su hogar fue seleccionado para ser invitado a participar en el **Estudio de la salud de la comunidad hispana/Estudio de los latinos** (HCHS/SOL, por sus siglas

INSERT INFORMATION



INSERT INFORMATION

en inglés). Este estudio importante se llevará a cabo a nivel nacional en el Bronx, Chicago, Miami y San Diego.

El propósito de este estudio es aprender más sobre los factores que protegen o que ponen en riesgo a los hispanos o latinos de desarrollar enfermedad del corazón, derrame cerebral, diabetes, cáncer y asma en nuestra comunidad, de manera que podamos prevenir estas enfermedades en el futuro.

Si usted o algún miembro de su domicilio es elegible para participar, puede recibir pruebas de salud sin costo alguno. **Le proveeremos los resultados de las pruebas a usted o a su doctor—si así lo prefiere.**

Las pruebas incluyen pruebas médicas y entrevistas acerca de sus actividades diarias como:

- Un electrocardiograma (ECG, por sus siglas en inglés)
- Una evaluación de la función de sus pulmones y su respiración
- Una prueba de audición
- Un examen dental
- Prueba de azúcar en la sangre
- Prueba de niveles de colesterol
- Preguntas sobre el medio ambiente en su hogar y su lugar de empleo
- Preguntas sobre su actividad física y hábitos nutricionales
- Historial médico personal y familiar

Para hacer todos los exámenes se le pedirá a los miembros de su domicilio que sean elegibles y estén dispuestos a participar, que asistan a nuestra clínica por un periodo aproximado de seis horas. La clínica se encuentra en INSERT CLINIC LOCATION y está abierta de INSERT CLINIC HOURS OF OPERATION.

La protección de su privacidad es una prioridad sumamente importante para HCHS/SOL y la información que obtengamos de usted será tratada con estricta confidencialidad.

Todos nuestros entrevistadores hablan español e inglés y todas las partes del proyecto se pueden hacer en español o inglés. Si es necesario, proveeremos transportación a la clínica o estacionamiento durante su visita. **[IF APPLICABLE, INSERT CHILD CARE INFORMATION]**

En las próximas semanas nuestros entrevistadores intentarán comunicarse con su domicilio mediante una visita o por teléfono. También, le exhortamos a que envíe de vuelta la carta que se incluye o llame a nuestro número al 1-800-XXX-XXXX para contestar cualquier pregunta que tenga. Nos interesa reclutar a toda persona que sea elegible; aunque esté saludable queremos saber qué hace para mantenerse de esa manera.

¡ESTA ES SU OPORTUNIDAD PARA HACER HISTORIA! DEDICANDO UN DIA [DEL AÑO] NOS AYUDARA APRENDER COMO PREVENIR ENFERMEDADES GRAVES PARA QUE LA COMUNIDAD HISPANA/LATINA PUEDA CONTINUAR VIVIENDO, RIENDO, TRABAJANDO Y CELEBRANDO LA SALUD DE SUS FAMILIAS.

Gracias por su atención,

Hispanic Community Health Study/ Study of Latinos (HCHS/SOL)



**Get involved
in the largest study
of Hispanic/Latino
health in the U.S.**

YOUR PARTICIPATION COUNTS!

Questions?

If you have any questions please contact:
[Field Center Recruitment Phone #]

Website <http://www.hchsnews.net>

[University Logo]

The (names of institutions here), invites the
(city name here) Hispanic community to
participate in HCHS/SOL!

Hispanic Community Health Study/ Study of Latinos (HCHS/SOL)

[University Logo]



Your Participation Counts!

Participate in the largest study of Hispanic/Latino
Health in the US.

If you are Hispanic/Latino,
between 18 and 74 years old and
are asked to participate in this important study,
this is your opportunity to make history.

Sponsored by



**El Estudio de Salud de la
Comunidad Hispana /
Estudio de los Latinos
(HCHS/SOL)**



**Participe en el
estudio más grande
sobre la salud
hispana/latina en los
Estados Unidos.**

**¡ SU PARTICIPACIÓN
CUENTA !**

¿Preguntas?

Si tiene alguna pregunta, por favor

llámenos al:

XXX-XX-XXX

Página del Internet: www.hchsnews.net

Insert logos here

La (nombre de la institución aquí) invita a
la comunidad hispana de XXXX a
participar en el HCHS/SOL.

**El Estudio de Salud de la
Comunidad Hispana /Estudio de los
Latinos (HCHS/SOL)**

Insert logos here



¡Su Participación Cuenta!

Participe en el estudio de mayor importancia
sobre la salud hispana-latina en los EE.UU.

Si usted es hispano(a) o latino(a),
tiene entre 18 y 74 años de edad y
se le pide que participe,
ésta es su oportunidad de hacer historia.

Financiada por:



Health and Human Services
National Institutes of Health
Department of Health and Human Services



Hispanic Community Health Study/Study of Latinos

We are looking for adults in your household between the ages of 18 and 74, of Hispanic/Latino origin to participate in a research study. Please take a few minutes to answer the following questions and return to us either by mail or by fax.

- ☐ No one in your household is of Hispanic/Latino
- ☐ No one is between 18– 74 years of age
- ☐ I am interested in possible participation, and I am Hispanic/Latino between 18 – 74 years of age.

Please contact me at one of the following:

Name: _____

Phone number: (____) _____

Email: _____

If you wish to hear more about our study, please call us at one of the following numbers:
[phone #], [additional phone #], fax: [fax #], or email at: [email address]

Thank you so much!

HCHS/SOL Staff



Estudio de la Salud de la Comunidad Hispana / Estudio de los Latinos

Estamos buscando adultos en su hogar entre las edades de 18 a 74 años, de origen Hispano o Latino, para participar en un estudio de investigación. Por favor tome unos minutos para contestar las siguientes preguntas y regresarlas a nosotros, ya sea por correo o por fax.

- ☐ No hay nadie en su hogar que sea hispano o latino
- ☐ No hay nadie en este hogar que tenga entre 18– 74 años de edad.
- ☐ Sí estoy interesada en posiblemente participar y soy hispano o latino entre 18– 74 años e edad.

Por favor contácteme a cualquiera de los números de abajo:

Nombre: _____

Número de teléfono: (____) _____

Email: _____

Si usted desea saber más sobre este estudio, por favor llámenos a cualquiera de los siguientes números: [phone #], [additional phone #], fax: [fax #], o por correo electrónico (email) al: [email address]

¡Muchas gracias!

El personal de HCHS/SOL

Appendix X: Telephone Recruitment Script: English and Spanish



HCHS/SOL PHONE CALL SCRIPT_English

Section A. Introduction

Hello, my name is _____ and I am an interviewer at _____.

I am calling about an important national study of Hispanic/Latino health in the United States and would like to speak to someone in the home about the study.

(IF NOT AN ADULT ON THE PHONE)

1. May I please speak with an adult who is age 18 or older?

Yes, speaking with adult

Yes, adult is coming

No, no adult available → **1a. When would be the best time to call back to talk to an adult age 18 or older?**

Record time: _____

I Don't Know / Don't Understand

Thank you for your time. We will call back later.

(Repeat interviewer name, if speaking to someone different)

The name of the study is the Hispanic Community Health Study/Study of Latinos or HCHS/SOL. We recently sent some information to your home about the study. (CONFIRM ADDRESS)

2. Did you get the information?

No → Read Text A

Text A: *I am sorry, please let me send it again. Since I have you on the phone, let me tell you about the study.*

No → Go to Question 3

Yes → Go to Section B

Yes → Read Text B

Text B: *I am glad you received the information. Please let me explain more about the study.*

No → Go to Question 3

Yes → Go to Section B

3. Would there be a better time to call back?

No, not interested > Read text: *Thank you for your time.* **END CALL**

Yes > **3a. What time?**

Time: _____.

Thank you, I will call again.

Section B. Explanation of Study

The study is called the Hispanic Community Health Study/Study of Latinos or HCHS/SOL. The purpose of this study is to learn about the health issues that affect the Hispanic/Latino community. It is the largest national study on Hispanic/Latino health in the United States. Please feel free to interrupt me if you have any questions or comments.

If you are eligible to participate in the study you will be asked to make a one-time visit to our clinic at _____. At that time, you will be asked questions about your health, including medical history, family and work history, occupation, and lifestyle, among other topics. You will also receive physical/medical examinations, including a hearing exam and a dental exam, electrocardiogram, physical activity assessment, lung function tests, among other tests. All of this is being done free of charge. In addition, all participants who complete the full examination at our clinic will be compensated for their transportation, childcare, and other costs.

We are calling households in the area to see which households might be eligible and would like to participate.

4. May I ask you some general questions about the people living at this address?

No, not interested > Read text: *Thank you for your time.* **END CALL**

Yes > **GO TO HOUSEHOLD SCREENING FORM AND SCRIPT**



HCHS/SOL PHONE CALL SCRIPT_Spanish

Section A. Introduction

Hola, mi nombre es _____ y soy un(a) entrevistador(a) de _____.
Estoy llamando sobre un importante estudio nacional sobre la salud de los Hispanos/Latinos en los Estados Unidos y me gustaría hablar con alguien en el domicilio acerca del estudio.

(IF NOT AN ADULT ON THE PHONE)

1. ¿Puedo hablar con un adulto que tenga 18 años o más?

Yes, speaking with adult

Yes, adult is coming

No, no adult available → **1a. ¿Cuándo sería el mejor momento para llamar de nuevo y hablar con un adulto?**

Record time: _____

I Don't Know / Don't Understand

Gracias por su tiempo. Llamaremos de nuevo más tarde.

(Repeat interviewer name, if speaking to someone different)

El estudio se llama Estudio de la Salud de la Comunidad Hispana / Estudio de los Latinos o HCHS/SOL por sus siglas en inglés. Recientemente le mandamos alguna información a su casa sobre el estudio. (CONFIRM ADDRESS)

2. ¿Recibió la información?

No → Read Text A

Text A: *Siento que no haya recibido la información. Permítame enviársela de nuevo. Ya que ha contestado a mi llamada, permítame hablarle sobre el estudio.*

No → Go to Question 3

Yes → Go to Section B

Yes → Read Text B

Text B: *Me alegro que la haya recibido. Por favor, permítame explicarle el estudio con un poco de más detalle.*

No → Go to Question 3

Yes → Go to Section B

3. ¿Me podría decir a qué hora sería mejor llamar de nuevo?

No, not interested > Read text: *Thank you for your time.* **END CALL**

Yes > **3a. ¿A qué hora sería mejor?**

Time: _____.

Gracias, Le llamaré otra vez.

Section B. Explanation of Study

El estudio se llama El Estudio de la Salud de la Comunidad Hispana / Estudio de los Latinos o HCHS/SOL por sus siglas en inglés. El propósito del estudio es comprender mejor la salud de la comunidad hispana o latina de los EEUU y problemas de salud que los afectan. Este es el estudio nacional de la salud hispana más grande en los EEUU. Por favor, siéntase en la libertad de interrumpirme si tiene preguntas o comentarios.

Si es elegible para participar, se le pedirá que saque (obtenga) una cita con nuestra clínica _____ para hacer una sola visita. En esa visita, se le harán preguntas sobre su salud, incluyendo historial médico personal y familiar, historial de empleo, su ocupación, y estilo de vida, entre otras preguntas. También se le harán algunos exámenes, como una prueba de la audición, un examen dental, un electrocardiograma, evaluación de la actividad física, y pruebas de función pulmonar, entre otras pruebas. Todo esto se hará libre de costo. Además, a todos los participantes que terminen todas las pruebas a realizarse en nuestra clínica, se les remunerará por gastos de transportación, cuidado de los niños y otros gastos.

Estamos llamando hogares en el área para determinar cuáles pudieran ser elegibles o quisieran participar.

4. ¿Puedo hacerle algunas preguntas generales acerca de las personas que viven en este hogar (domicilio)?

No, not interested > Read text: *Gracias por su tiempo.*

END CALL

Yes > **GO TO HOUSEHOLD SCREENING**

Appendix XI: In-person Recruitment Script: English and Spanish



HCHS/SOL IN-PERSON SCRIPT_English

Section A. Introduction

Hello, my name is _____ and I am an interviewer at _____ (show name badge). I am here to talk about an important national study of Hispanic/Latino health in the United States and would like to speak to someone who lives here about the study.

(IF NOT AN ADULT AT THE DOOR)

1. May I please speak with an adult who is age 18 or older?

Yes, speaking with adult

Yes, adult is coming

No, no adult available → **1a. When would be the best time to come back to talk to an adult age 18 or older?**

Record time: _____

I Don't Know / Don't Understand

Thank you for your time. We will come back later.

(Repeat interviewer name, if speaking to someone different)

The name of the study is the Hispanic Community Health Study/Study of Latinos or HCHS/SOL. We recently sent some information to your home about the study. (CONFIRM ADDRESS)

2. Did you get the information?

No → Read Text A

Text A: *I am sorry you did not receive the information. Here, is a copy of the information sent to your home. Since I am here, let me tell you about the study.*

No → Go to Question 3

Yes → Go to Section B

Yes → Read Text B

Text B: *I am glad you received the information. Please let me explain more about the study.*

No → Go to Question 3

Yes → Go to Section B

3. Would there be a better time to come back?

No, not interested > Read text: *Thank you for your time.* **END VISIT**

Yes > 3a. What time?

Time: _____.

Thank you, we will come back later.

Section B. Explanation of Study

The study is called the Hispanic Community Health Study/Study of Latinos or HCHS/SOL. The purpose of this study is to learn about the health issues that affect the Hispanic/Latino community. It is the largest national study on Hispanic/Latino health in the United States. Please feel free to interrupt me if you have any questions or comments.

If you are eligible to participate in the study you will be asked to make a one-time visit to our clinic at _____. At that time, you will be asked questions about your health, including medical history, family and work history, occupation, and lifestyle, among other topics. You will also receive physical/medical examinations, including a hearing exam and a dental exam, electrocardiogram, physical activity assessment, lung function tests, among other tests. All of this is being done free of charge. In addition, all participants who complete the full examination at our clinic will be compensated for their transportation, childcare, and other costs.

We are visiting households in the area to see which households might be eligible and would like to participate.

4. May I ask you some general questions about the people living at this address?

No, not interested > Read text: *Thank you for your time.* **END VISIT**

Yes > **GO TO HOUSEHOLD SCREENING FORM AND SCRIPT**



HCHS/SOL IN-PERSON SCRIPT_Spanish

Section A. Introduction

Hola, mi nombre es _____ y soy un(a) entrevistador(a) de _____
(show name badge). Estoy aquí para hablar sobre un importante estudio nacional sobre la salud de los Hispanos/Latinos en los Estados Unidos y me gustaría hablar con alguien que vive aquí acerca del estudio.

(IF NOT AN ADULT AT THE DOOR)

1. ¿Puedo hablar con un adulto que tenga 18 años o más?

Yes, speaking with adult

Yes, adult is coming

No, no adult available →

1a. ¿Cuándo es el mejor momento para hablar con un adulto?

Record time: _____

I Don't Know / Don't Understand

Gracias por su tiempo. Llamaremos de nuevo más tarde.

(Repeat interviewer name, if speaking to someone different)

El estudio se llama Estudio de la Salud de la Comunidad Hispana / Estudio de los Latinos o HCHS/SOL por sus siglas en inglés. Recientemente le mandamos alguna información a su casa sobre el estudio. (CONFIRM ADDRESS)

2. ¿Recibió la información?

No → Read Text A

Text A: Siento que no haya recibido la información. Aquí tiene una copia de la información que se le envió a su hogar. Ya que estoy aquí permítame hablarle sobre el estudio.

No → Go to Question 3

Yes → Go to Section B

Yes → Read Text B

Text B: Me alegro que la haya recibido. Por favor, permítame explicarle el estudio con un poco más detalle.

No → Go to Question 3

Yes → Go to Section B

3. ¿Me podría decir a qué hora sería mejor regresar?

No, not interested > Read text: *Gracias por su tiempo.* **END VISIT**

Yes > **3a. ¿Qué hora sería mejor?**

Time: _____.

Gracias, regresaremos más tarde.

Section B. Explanation of Study

El estudio se llama El Estudio de la Salud de la Comunidad Hispana / Estudio de los Latinos o HCHS/SOL por sus siglas en inglés. El propósito del estudio es comprender mejor la salud de la comunidad hispana o latina de los EEUU y problemas de salud que los afectan. Este es el estudio nacional de la salud hispana más grande en los EEUU. Por favor, siéntase en la libertad de interrumpirme si tiene preguntas o comentarios.

Si es elegible para participar, se le pedirá que saque (obtenga) una cita con nuestra clínica _____ para hacer una sola visita. En esa visita, se le harán preguntas sobre su salud, incluyendo historial médico personal y familiar, historial de empleo, su ocupación, y estilo de vida, entre otras preguntas. También se le harán algunos exámenes, como una prueba de la audición, un examen dental, un electrocardiograma, evaluación de la actividad física, y pruebas de función pulmonar, entre otras pruebas. Todo esto se hará libre de costo. Además, a todos los participantes que terminen todas las pruebas a realizarse en nuestra clínica, se les remunerará por gastos de transportación, cuidado de los niños y otros gastos.

Estamos visitando hogares en el área para determinar cuáles pudieran ser elegibles o quisieran participar.

4. ¿Puedo hacerle algunas preguntas generales acerca de las personas que viven en este hogar (domicilio)?

No, not interested > Read text: *Gracias por su tiempo.* **END VISIT**

Yes > **GO TO HOUSEHOLD SCREENING FORM AND SCRIPT**

Appendix XII: Recruiter Certification Checklist and Quiz

Certification Checklist

1. Have attended a Recruitment Training session. Yes____ No____
2. Have read the Recruiter's Manual. Yes____ No____
3. Have read the study protocol (Manual 1). Yes____ No____
4. Have read the letter of invitation, brochure, and return participant letter (if applicable) to be mailed to households in this area. Yes____ No____
5. Have seen posters and advertisements placed in this FC area. Yes____ No____
6. Am familiar with the FAQs. Yes____ No____
7. Am familiar with the safety guidelines for this Field Center and have placed my updated personal contact and emergency contact information on file. Yes____ No____
8. Am familiar with the prepared scripts. Yes____ No____
9. Am familiar with the sampled household address lists. Yes____ No____
10. Understand the importance of screening only those households currently living at the addresses on the sampled address list, and not neighboring households. Yes____ No____
11. Know the definition of an eligible household. Yes____ No____
12. Understand the use of the cut-point to determine if a screened household is selected based on the household group. Yes____ No____
13. Have completed role-playing exercises using the scripts, screening forms, and FAQs. Yes____ No____

14. Am familiar with the recruitment flow chart and steps involved in recruitment.
Yes____ No____
15. Understand the reasons a household may be ineligible for HCHS/SOL.
Yes____ No____
16. Have received training on how to complete the Call Tracking form and Household Screening form, including the household roster. Yes____ No____
17. Have received training on the central HCHS/SOL study Data Management System (DMS) and know how to enter data from the Call Tracking and Household screening forms onto that system. Yes____ No____
18. Understand the importance of entering data onto the DMS as soon after completion of each household screening interview as possible. Yes____ No____
19. Have completed a Spanish and English language assessment
Yes____ No____
20. Have completed the cultural competency training and assessment
Yes____ No____

Certification Quiz

1. How long is the recruitment period?

2. Who funds the study?

3. Where are the other sites located?

4. How many people are being recruited for the study nationally?

At your site?

5. What are participants being asked to do?

6. What are the recruitment steps?

7. What is the definition of an eligible household?

8. What are the reason(s) a household member is considered to be ineligible and is not included in the household roster?

9. If calling a household for recruitment purposes, should you leave a phone message?

10. What protections are in place to protect the confidentiality of participants?

11. The following scenarios describe situations you may encounter during household screening:

1. Household includes a married couple aged 45 and 46 years, and two children aged 5 and 14 years. All are of Hispanic/Latino origin. What group is this household, Group 1 or Group 2? If selected, how many persons should be on the roster?

2. Household includes a married couple aged 45 and 46 years, and two children aged 5 and 18. All are of Hispanic/Latino origin. What group is this household? If selected, how many persons are on roster?

3. Household includes a single mother aged 46 years that is of Hispanic/Latino origin and a child aged 19 years that is not of Hispanic/Latino origin. What group is this household? If selected, how many persons are on roster?

4. Household includes three roommates aged 22, 23, and 25 years. The roommates are not related to each other. All are of Hispanic/Latino origin. Is this one household or three?
5. In household #4, how many persons are on roster, if the household is selected?
12. List 3 things you can do to promote your safety in the field.
13. Describe the difference between an accident and an incident. Give an example of each.

Appendix XIII: Sample Letters to Agencies, Organizations, and Businesses

Dear [Public Agency]:

My name is _____ and I work for the Hispanic Community Health Study/ Study of Latinos (HCHS/SOL) here in [Field Center]. The HCHS/SOL is the largest U.S. study on Latino health and we are pleased to be a part of it. This research study is being done in collaboration with [University] (Name), Principal Investigator) and [University/Organization] with funding from the National Institutes of Health (NIH)-National Heart, Lung and Blood Institute (NHLBI).

This letter is to inform you that our study recruiters will begin visiting households in your neighborhood during the next several months. For the safety of our recruiters and residents in your neighborhood, we feel it is important to inform you of our presence in your community. Each recruiter will wear a visible badge indicating that they are part of the SOL study. All recruiters should and will act accordingly and we ensure that no disturbances to the neighborhood shall be caused. Should any resident contact you with concerns about our recruiters, please inform them that you are aware of our activities.

We would greatly appreciate your support and any assistance with regard to the safety of our recruiters. Enclosed is a study fact sheet with specific information about the study. Please contact me via email at _____ or by phone _____ and we can answer any questions you might have and discuss how _____ can help the efforts of HCHS/SOL.

Sincerely,

Name,
Title

Dear [Community Organization]:

My name is _____ and I work for the Hispanic Community Health Study/ Study of Latinos (HCHS/SOL) here in [Field Center]. The HCHS/SOL is the largest U.S. study on Latino health and we are pleased to be a part of it. This research study is being done in collaboration with [University] (Name), Principal Investigator) and [University/Organization] with funding from the National Institutes of Health (NIH)-National Heart, Lung and Blood Institute (NHLBI).

We are aware that your organization serves a community with a significant number of Latino/Hispanic residents and we would appreciate your support during our preparation and recruitment phase of the study. We would like to attend your next community meeting or event to introduce the study to community residents and organizations. Our attendance would give exposure to our study and would help with the recruitment process. We want community residents to be aware that the study is taking place in their community and want to encourage them to participate if they are eligible.

We would greatly appreciate any assistance from your organization. Enclosed is a study fact sheet with specific information about the study. Please contact me via email at _____ or by phone _____ and we can answer any questions you might have and discuss how your organization can help the efforts of HCHS/SOL.

Sincerely,

Name,
Title

Dear [Community Business]:

My name is _____ and I work for the Hispanic Community Health Study/ Study of Latinos (HCHS/SOL) here in [Field Center]. The HCHS/SOL is the largest U.S. study on Latino health and we are pleased to be a part of it. This research study is being done in collaboration with [University] (Name), Principal Investigator) and [University/Organization] with funding from the National Institutes of Health (NIH)-National Heart, Lung and Blood Institute (NHLBI).

We are asking for your support by allowing us to place our HCHS/SOL posters or fliers at your business. The posters and fliers will give exposure to our study and will inform residents that the study is taking place in their community and encourage them to participate, if they are eligible.

We would greatly appreciate your support and any assistance from your business. Enclosed is a study fact sheet with specific information about the study. Please contact me via email at _____ or by phone _____ and we can discuss how your business can help the efforts of HCHS/SOL.

Sincerely,

Name

Title



HCHS/SOL Frequently Asked Questions

1. Who is conducting this study?

- The HCHS/SOL is conducted by a large group of professional individuals who have health, research, and academic backgrounds. This includes medical doctors, trained health professionals, health educators, and individuals with PhD's.
- The study is sponsored nationally by National Heart, Lung, and Blood Institute and six other institutes, centers, and offices of the National Institutes of Health.
- Locally, the study is being directed by investigators from (Insert name of field center).

2. How do I know this is a legitimate survey?

- The Hispanic Community Health Study/Study of Latinos (HCHS/SOL) has been reviewed by scientist and other health professionals through the Institutional Review Board (IRB) and the Office of Management Budget (OMB). Both have agreed and allowed the project to begin under IRB No. (XXX) and OMB No. 0925-0584.
- You can call this number: 1-800-(XXX-XXXX), to verify that the study is legitimate and to receive additional information.

3. How did you get my contact information?

- Your contact information was obtained from a publicly available list of addresses and phone numbers.

4. How was I selected?

- Participants are selected by a complicated statistical method. Certain community areas were selected depending on the percentage of Latinos/Hispanics living in that area. From these area addresses of households were selected by random from a publicly available list of postal addresses. These selected addresses were sent a letter describing the study. Soon after receiving the letter this household will receive a phone call or visit from our recruiters who ask residents a few short questions to determine if their household is eligible for the study.

5. Is my information confidential?

- Yes, all legitimate studies require that participants provide consent. This is obtained through a consent form which provides information about the study, your risk for participating in the study, and any benefits to you. By you signing this form you are allowing us to obtain information about you and that we must keep it confidential.

6. What will I be asked to do?

- You will be asked to come into our clinic for a free medical examination (medical tests); answer questions about your health.

7. If I participate, what's in it for me?

- You will receive free medical tests and the results of the comprehensive tests.

- It is also your opportunity to be part of a landmark study because we are collecting important health information that will increase the knowledge about Latino/Hispanic health.
8. **How long will it take?**
- The initial screening will take just a couple of minutes.
 - The clinic visit will take about 6 – 8 hours.
9. **Can my neighbor be in the study? (Response can be adapted to answer “Why not me?”)**
- Only those households randomly selected can participate. If your neighbor’s address is a selected address, they will be contacted about the study just as you.
 - Due to the random selection process, we cannot take volunteers into the study at this time.
 - This study uses random selection to see who participates in the study. One of the goals of this study is to provide information about the health status and other characteristics for Latinos/Hispanics living in the US. A large sample of persons from a variety of backgrounds is invited to participate. Households were selected at random using a scientific process to ensure that enough persons of different ages and backgrounds are included.
10. **What are you going to do with my information? I really don’t want to give you my name.**
- Although we ask for your name and the name of others living in the home, all information you share will be kept confidential and will not be shared with other agencies or departments. Your name will not be linked to any of the information you provide during the clinic visit.
11. **Do I need to give you my SSN?**
- No, you do not need to provide your SSN. We will record it if you provide it, but that is voluntary.
12. **Will you be checking on my immigration status?**
- No, we are not checking immigration status.
13. **I would like to participate, but my husband is not interested.**
- Although we would like everyone in the household to participate, we understand that some people will not want to, and we can schedule a visit with just one member of the household. However, please let everyone in the household know that they can receive a free clinic exam, if the household is selected to participate.

Note—attempt to roster and schedule visits with everyone. If only a subset attend the clinic or agree to be scheduled, others are non-responders. Emphasize that the whole family is invited (Hispanic 18-74) and be sure to roster everyone, even those not interested in participating, and assign a non-response code to those not participating.

14. **I already have a regular physician and do not need any medical examinations.**
 - You will receive many assessments that you may not have had, and all results will be shared with you. The results can also be shared with your physician, if you want him/her to receive them.
15. **Who is going to be performing the examination?**
 - Trained bilingual professionals
16. **If the study exam results show that I have a health problem, will I receive treatment?**
 - Treatment will not be given during this study. We will offer information about health care providers in the community where you can see treatment.
17. **What kind of exams will be performed at the clinic?**
 - Exams that will be performed at the clinic include blood pressure, pulse, height, and weight, electrocardiogram, pulmonary function testing, hearing exam; and a dental and periodontal exam. Also, a sleep and physical activity study will be performed.
18. **Will transportation and/or child care be provided?**
 - (Field Center specific)
19. **Will I be reimbursed for the time I miss from work?**
 - Although we cannot reimburse you for the time you miss from work, we will give you a small monetary gift to show our appreciation.
 - (Optional Field Center) We can provide you with a note from our clinic informing your supervisor that you were at the clinic during the day.
20. **What if I have special needs?**
 - We will try our best to accommodate special needs to the best of our ability.
21. **Whom should I contact if I have questions?**
 - If you have questions about any part of the study you can call [Field Center #]. If you have questions about your rights as a study participant you can call [NIH/NIHLB] or the university Institutional Review Board.
22. **Why am I only going to get \$XX for participation?**
 - We understand this does not seem like very much. However, your participation is your opportunity to help the Latino/Hispanic community and the future of our families. The amount of reimbursement is based on the cost of transportation and child care and is not meant to cover lost wages. (For more information, see Q14 and Q16)
 - In addition to the reimbursement and helping the community, you will be given a report of all your results from the examination that have medical value for diagnosis or treatment, including your blood pressure, blood cholesterol, blood sugar, kidney and liver function, body mass index, body composition percentages, urine protein level, hearing test, lung function test, oral examination and electrocardiogram.

23. Why are you asking me to participate? (For selection process, see Question 4)

- The populations of interest for HCHS/SOL are persons or descendants of persons from Cuba, Mexico, Puerto Rico, and Spanish speaking countries in the Caribbean and Central and South America. With that focus in mind, we are screening households whose addresses were selected at random from a publicly available list of postal addresses. Your address, by chance, was one of the addresses selected for screening for participation in the study.

24. Why a study in Hispanics and not in (African Americans, Asians, etc.) in my community?

- HCHS/SOL takes place in four different locations throughout the nation. This is the first time a national study focusing exclusively on Hispanic health has been performed in a diversity of Hispanic communities. Because the Hispanic population in the U.S. continues to grow, and Hispanics come from different countries and backgrounds, a large number of individuals from different backgrounds and living in different parts of the country need to be evaluated in order to get as much health information as possible.
- It is important to look at the health status and development of disease in different racial/ethnic groups, in different age groups and in both men and women, to evaluate similarities and differences in health and development of disease and to see how disease progresses from younger to older ages. It is also important to include groups from different geographic areas to see if there are regional differences in health status and development of disease. Similar studies in other groups which are also funded by the National Institutes of Health include:

Studies Including African Americans

Atherosclerosis Risk in Communities (ARIC)

- Number of participants: 15, 800 men and women; 27% African American
- Ages: 45 – 64 when the study began
- The study evaluates risk of heart disease in adult men and women in four different communities in the U.S. and follows individuals in the communities to see who has developed or died from cardiovascular disease.

Coronary Artery Risk Assessment Development in Young Adults (CARDIA)

- Number of participants: 5,115 individuals; 52% African American
- Ages: 18 – 30 (when the study began)
- This study has been evaluating the risk and development of heart disease in young white and African American individuals for the last 20 years at different locations in the U.S.

The Jackson Heart Study

- Number of participants: 5,300 individuals; 100% African American
- Ages: 21 + (when the study began)
- An ongoing study, evaluating the prevalence of heart disease and other related health issues exclusively in African-Americans in the Jackson, Mississippi community.

Multi Ethnic Studies

Multiethnic Study of Atherosclerosis (MESA)

- Number of participants: 6,800 individuals; African Americans 28%; Hispanics 22% (mostly Mexican-Americans), Chinese 12%
- Ages: 45 – 64 (when the study began)
- It is evaluating subclinical factors or problems that exist but you cannot see that may lead to heart disease.

National Health and Examination Survey (NHANES)

- Number of participants: 30,000 individuals from different racial/ethnic backgrounds
- This is a national survey of health that includes Caucasian, African-American and Hispanic individuals throughout the nation, in which general health issues have been addressed.

Women's Health Initiative (WHI)

- Number of participants: 161, 808 women of different racial/ethnic backgrounds
- Study exclusively designed to evaluate women's health, and it has included women from a diversity of backgrounds, including white, African-American, Hispanic/Latino and others.

Studies Including American Indians

Strong Heart Study

- Number of participants: 4,500 (when the study began)
- Ages: 45 – 74 (when the study began)
- It evaluates the risk of cardiovascular disease in 13 American Indian tribes and communities in three geographic regions.

The studies mentioned above are national studies sponsored by the National Institutes of Health (NIH). There are other studies that have received support from the NIH or other sources. Examples include:

- **Honolulu Heart Study** – Japanese men living in Honolulu, Hawaii
- **Puerto Rican Heart Health Program** – Puerto Rican men living in the Commonwealth, late 1960s to 1980. This project was closed in 1980.
- **Chicago Heart Association Detection Project in Industry** – white and African Americans
- **San Antonio Heart Study** – longitudinal observational study on the prevalence of cardiovascular disease in Hispanics (Mexicans/Mexican-Americans) and non-Hispanic whites of the San Antonio, Texas area
- **New York Health and Nutrition Examination Survey**
- **Dallas Heart Study** – whites, African-Americans, and a small sample of Hispanics
- **Corpus Christi Heart Project** – incidence of cardiovascular disease among Mexican-Americans and whites in Corpus Christi, Texas.



HCHS/SOL Frequently Asked Questions_Spanish

1. ¿Quién está llevando a cabo el estudio?

- El Estudio de Latinos (HCHS/SOL) es dirigido por un grupo grande de profesionales que se dedican a trabajar en las áreas de salud e investigación. Este grupo está constituido por médicos, doctores en varias áreas de las ciencias, profesionales de la salud, y educadores en salud.
- El estudio está patrocinado por el Instituto Nacional del Corazón, Pulmón y la Sangre, y seis institutos, centros y oficinas de los Institutos Nacionales de la Salud.
- A nivel local, el estudio está dirigido por los investigadores de (Insert name of field center).

2. ¿Cómo sé si esta encuesta es legítima?

- El Estudio de la Salud de la Comunidad Hispana / Estudio de Latinos (HCHS/SOL) ha sido evaluado por científicos y otro profesionales de salud por medio de la Junta de Revisión Institucional de la Universidad (IRB por sus siglas en inglés) y la oficina de Administración del Presupuesto (OMB por sus siglas en inglés). Los dos están de acuerdo y han permitido que el proyecto comience bajo los números de identificación IRB (####) y OMB 0925-0584.
- Usted puede llamar a este número 1-800-XXX-XXXX, para verificar que esta investigación es verdadera (*genuina, legítima, legal*) y recibir información adicional.

3. ¿Cómo obtuvieron mis datos (mi información)?

- Sus datos fueron obtenidos de listas públicas de direcciones y teléfonos.

4. ¿Cómo fui seleccionado(a)?

- Los participantes son seleccionados por un método complicado estadístico. Ciertas áreas de la comunidad fueron seleccionadas dependiendo del porcentaje de latinos/hispanos que viven en esa área. De estas áreas, las direcciones de los hogares (*domicilios*) fueron seleccionadas al azar de una lista pública de direcciones postales. Una carta describiendo el estudio fue enviada a las direcciones seleccionadas. Luego de recibir la carta este hogar recibirá una llamada telefónica o una visita de nuestros reclutadores que le harán unas cuantas cortas preguntas para determinar si su hogar es elegible para el estudio.

5. ¿Es mi información confidencial?

- Sí, todo estudio genuino (*verdadero, legal, legítimo, fidedigno*) requiere que se obtenga un consentimiento de participación que describe toda la información sobre el estudio, los riesgos que conlleva participar en el estudio, y cualquier beneficio para usted. Firmando usted este permiso (consentimiento) nos permite obtener información sobre usted, que por obligación tenemos que mantener de manera confidencial.

6. ¿Qué me pedirán hacer?

- Se le pedirá que venga a nuestra clínica para hacerse un examen médico (*pruebas médicas*) libre de costo y contestar preguntas sobre su salud.

7. **Si yo participo, ¿qué recibiré a cambio?**
- Se le harán unas pruebas médicas y recibirá los resultados de éstas. Todo esto se hará libre de costo (*sin costo para usted*).
 - También es su oportunidad de ser parte de un estudio monumental en el que la información importante que estamos obteniendo aumentará el conocimiento sobre la salud de nuestras comunidades latinas.
8. **¿Cuánto tiempo me tomará?**
- La selección inicial le tomará sólo unos pocos minutos.
 - La visita a la clínica tomará entre 6 a 8 horas.
9. **¿Podrá mi vecino participar en el estudio?**
- Este estudio utiliza la selección al azar para considerar quién participa. Si la dirección de su vecino ha sido seleccionada, personal del estudio se comunicará con él o ella directamente.
10. **¿Qué van a hacer con mis datos personales? Realmente no deseo dar mi nombre.**
- Aunque le pediremos su nombre y de otras personas que vivan en su hogar, toda la información que usted nos diga será mantenida en forma confidencial y no será compartida con otras agencias o departamentos. Así mismo, su nombre no será vinculado a cualquier información que usted proporcione durante su visita a la clínica.
11. **¿Tendría yo que darles mi número de seguro social?**
- No, usted no tendrá que darnos su número de seguro social. Si usted desea darnos su número lo incluiremos, pero eso es totalmente voluntario (*a su discreción o si usted lo desea*).
12. **¿Ustedes van a necesitar saber mi estatus migratorio?**
- No, nosotros no estamos interesados en su estatus migratorio.
13. **Me gustaría participar, pero mi esposo no está interesado.**
- Aunque a nosotros nos gustaría que todos los miembros de su casa o de su familia que sean elegibles participen, nosotros entendemos que algunas personas no desean hacerlo. Nosotros podemos hacer una cita en la clínica con sólo los individuos interesados. De todas maneras, por favor déjele saber a todos los miembros de su familia o que vivan en su casa que se les podrían hacer pruebas médicas sin costo alguno si son invitados a participar en nuestro estudio.

Nota: Hay que tratar de hacer citas a la clínica con todos los elegibles. Si sólo un grupo viene a la clínica o por lo menos accede a hacer la cita, los demás son categorizados como “non-responders”. Haga énfasis en que toda la familia está siendo invitada a participar (Hispanos/Latinos entre 18-74 años de edad).

14. **Yo ya tengo mi doctor primario y no necesito ningún examen médico.**
- Usted recibirá varias evaluaciones y exámenes que puede no haya tenido anteriormente, y todos los resultados se van a dar a usted. Los resultados se le harán disponibles a su doctor primario, si usted así lo desea.
15. **¿Quién va a realizar los exámenes?**
- Son profesionales entrenados bilingües.
16. **¿Sí los resultados de los exámenes del estudio demuestran que tengo un problema de salud, recibiré tratamiento?**
- No se dará tratamiento durante este estudio. Ofreceremos información sobre proveedores de salud en su comunidad donde usted puede buscar tratamiento.
17. **¿Qué tipo de exámenes se llevaran a cabo en la clínica?**
- Pruebas que se llevaran a cabo en la clínica incluyen: presión sanguínea, pulso, estatura, peso, electrocardiograma, examen de función pulmonar, examen auditivo, examen dental y de las encías. También se llevaran a cabo una evaluación de su actividad física y actividad del sueño en casa.
18. **¿Habrá transporte y/o cuidado de niños?**
- (Field Center specific)
19. **¿Recibiré reembolso por el tiempo que perderé en mi trabajo?**
- Aunque no podemos reembolsarle por el tiempo que perderá de su trabajo, le daremos un pequeño regalo monetario para demostrarle nuestro agradecimiento.
 - (Optional Field Center) Podemos darle una nota que informe su supervisor que estuviera en la clínica por el día.
20. **¿Qué tal si tengo necesidades especiales?**
- Trataremos lo mejor posible de acomodar cualquier necesidad especial que usted tenga.
21. **¿A quién puedo contactar si tengo preguntas?**
- Si usted tiene preguntas sobre cualquier parte del estudio, puede llamar [Field Center #]. Si tiene preguntas sobre sus derechos como participante del estudio puede llamar [NIH/NIHLB] o la Junta de Revisión Institucional de la Universidad (IRB por sus siglas en inglés).
22. **¿Porque solo recibiré \$XX por mi participación?**
- Nosotros entendemos que no es mucho dinero. Pero, su participación es su oportunidad de ayudar a la comunidad hispana/latina y contribuir al futuro de nuestras familias. La cantidad de reembolso esta basada en el costo de transporte y cuidado de niños y no esta diseñada para cubrir la pérdida de salario (For more information, see Q14 and Q16)
 - Además de reembolso y ayudando la comunidad, le dará un reporte de todos de los resultados de los exámenes que hace en la clínica que tiene valor medico para un diagnosis o tratamiento, incluyendo su presión arterial, nivel de colesterol, niveles de azúcar la función de sus riñones e hígado, el porcentaje de grasa de su cuerpo, el nivel de

grasa en la orina, los resultados de la prueba de audición y de sus pulmones, un examen de sus dientes y un electrocardiograma.

23. ¿Porque me esta pidiendo que participe? (For the selection process, see Question 4)

- La población de interés para el estudio HCHS/SOL son personas o descendientes de Cuba, México, Puerto Rico, y países de habla hispana en el caribe y Centro y Sudamérica. Con esto en mente, nosotros estamos evaluando domicilios que fueron seleccionados al azar a partir de una lista pública de direcciones postales. Su domicilio, por azar, fue uno de los domicilios seleccionados para solicitar participación en el estudio.

24. ¿Por qué hacer un estudio en hispanos y no en (afro americanos, asiáticos, etc.) en mi comunidad?

- El Estudio Sobre la Salud de la Comunidad Hispana/Estudio de Latinos se lleva a cabo en cuatro diferentes lugares a través de la nación. Esta es la primera vez que un estudio nacional sobre la salud hispana se lleva a cabo en una diversidad de comunidades hispanas. La población hispana continúa creciendo en los Estados Unidos, y los hispanos provienen de diferentes países y trasfondos. Por eso, un gran número de individuos de diferentes orígenes y que viven en diferentes partes de la nación serán evaluados. De esta manera se obtendrá la mayor cantidad de información sobre la salud de los hispanos que sea posible.
- Es importante que el estado de la salud y el desarrollo de enfermedades se evalúen en diferentes grupos étnicos o raciales, en diferentes grupos de edad, y en hombres y mujeres, para así ver sus similitudes (en qué se parecen) y diferencias, y cómo ciertas condiciones tienen alguna relación con la edad. Es también importante incluir grupos que viven en diferentes áreas geográficas para ver si las diferencias en el estado de salud y enfermedades se deben al lugar en que viven. Estudios similares a HCHS/SOL, que también son financiados por los Institutos Nacionales de la Salud son:

Estudios en que se incluyen afroamericanos

Atherosclerosis Risk in Communities (ARIC)

- Número de participantes: 15,800 de los cuales 27% son afroamericanos
- Edades: 45-64 años cuando el estudio comenzó
- En este estudio se evalúa el riesgo de enfermedad del corazón en hombres y mujeres adultos de cuatro comunidades en los EEUU. A estos participantes se les ha dado seguimiento para determinar quiénes desarrollan enfermedad del corazón y si mueren a causa de ello.

Coronary Artery Risk Assessment Development in Young Adults (CARDIA)

- Número de participantes: 5,115 de los cuales 52% son afroamericanos
- Edades: 18-30 años cuando el estudio comenzó
- En este estudio se ha evaluado (y se continúa evaluando) los riesgos y desarrollo de enfermedad del corazón en personas blancas, (no hispanas) y afroamericanas por los pasados 20 años en diferentes localidades de los EEUU.

Jackson Heart Study

- Número de participantes: 5,300 hombres y mujeres todos afroamericanos
- Edades: mayores de 21 años cuando el estudio comenzó
- En este estudio se ha evaluado (y se continúa evaluando) la prevalencia de enfermedad del corazón y condiciones relacionadas en afroamericanos que viven en Jackson, Mississippi.

Estudios en que se incluyen múltiples grupos étnicos

Multi Ethnic Study of Atherosclerosis (MESA)

- Número de participantes: 6,800 hombres y mujeres, de los cuales 28% son afroamericanos, 22% son hispanos y 12% son chinos.
- Edades: 45-64 años (cuando el estudio comenzó)
- Evalúa la arteriosclerosis cuando está en etapa muy temprana (cuando no se puede ver) hasta que se convierte en enfermedad cardiovascular.

National Health and Nutrition Examination Survey (NHANES)

- Número de participantes: 30,000 personas de diversos orígenes étnicos y raciales
- Este es un sondeo nacional sobre la salud en el que se incluyen personas blancas no hispanas, afroamericanas e hispanas de toda la nación.

Women's Health Initiative (WHI)

- Número de participantes: 161,808 mujeres de diversos grupos étnicos y raciales
- Edades: 50 años o más
- Este estudio está diseñado exclusivamente para evaluar la salud de la mujer luego de la menopausia.

Estudios en indios americanos

Strong Heart Study

- Número de participantes: 4,500 cuando el estudio comenzó
- Edades: 45-74 años cuando el estudio comenzó
- Evalúa los riesgos de enfermedad cardiovascular en 13 tribus y comunidades amerindias en 3 áreas geográficas

Los estudios arriba mencionados son financiados por los Institutos Nacionales de la Salud (NIH, por sus siglas en inglés). Hay otros estudios que han recibido fondos de NIH u otras fuentes. Algunos ejemplos son:

- **Honolulu Heart Study** – varones japoneses que viven en Honolulu, Hawaii
- **Puerto Rico Heart Health Program** – varones puertorriqueños que vivían en la isla – de finales de los 60 hasta 1980. Este proyecto terminó en 1980.
- **Chicago Heart Association Detection Project in Industry** – factores de riesgo de enfermedad cardiovascular en personas blancas y afroamericanas)
- **San Antonio Heart Study** – un estudio observacional y longitudinal que evalúa la prevalencia de factores de riesgo y la incidencia de enfermedad cardiovascular en mejicanos y mejicanoamericanos y blancos no hispanos que viven en San Antonio, Texas
- **New York Health and Nutrition Examination Survey**
- **Dallas Heart Study** – personas blancas, afroamericanas, y un pequeño grupo de hispanos que viven en Dallas, Texas

- **Corpus Christi Heart Study** – incidencia de enfermedad cardiovascular en mejicanos y blancos que viven en Corpus Christi, Texas

Appendix XV: Safety Scenarios

Field Safety Scenarios

The following scenarios are intended to inform you about situations that may occur while working in the field. For each scenario there is a situation presented. Read the situation and then choose the best response of what to do in that situation. After you have chosen your response read the explanation. The explanation will describe what should be done in that situation and why.

Scenario A:

- **SITUATION:**

You are walking up to a house where you will be conducting recruitment activities. Halfway up the driveway you hear yelling and screaming coming from inside the house.

What do you do?

- **CHOOSE THE BEST RESPONSE:**

- A. You get closer to the house to better hear what the people are saying. If you hear what is going on you may be able to intervene and help.
- B. You don't want to become involved so you move onto the next house.
- C. You return to your car and call your supervisor and the authorities if necessary.
- D. You decide to try to recruit the family anyway and knock on the door.

- **EXPLANATION:**

The best response is C

Never get involved in a potentially dangerous situation. In a case like this the best action to take is to remove yourself from the situation and call for help. First, if you think someone may be in danger call the authorities. Second, call your supervisor to report the incident. Option B is also a good response if you feel the situation doesn't require an intervention.

Scenario B:

- **SITUATION:**

You are returning to your car after making a home visit. About half a block away from your vehicle you notice that someone is breaking

What do you do?

- **CHOOSE THE BEST RESPONSE:**

- A. You notice that the person breaking into your car is much smaller than you so you run towards your car yelling hoping that the thief will get scared and run away.
- B. You turn around and walk the other direction, hoping that you were unnoticed by the thief. You wait in a safe location until the person is gone and hope that you will only be robbed of the items inside your car and not the car itself. Then you go home and talk to your supervisor in the morning about the situation.
- C. You return to the house you were just at and explain the situation and see if they will help you.
- D. You walk to a safe location and use your cell phone to call the police immediately.

- **EXPLANATION:**

The best response is D

In any potentially dangerous situation the best response is to remove yourself from danger and call for help.

Scenario C:

- **SITUATION:**

Early one morning, you are talking to a potential participant just outside their doorstep. You happen to peek into their living room and notice that there are many people sleeping on the living room floor. There are also many bags and backpacks packed with clothing and personal belongings in the room.

What do you do?

- **CHOOSE THE BEST RESPONSE:**

- A. You assume that something illegal is going on at this house and immediately call the police.
- B. Finish recruiting the potential participant. Recruit the other people living in the house if they are not planning on moving within the next 3 years.
- C. Quickly complete recording information from the potential participant. Then return to your vehicle and call your supervisor.
- D. Ask for the names and information of all people in the house. Record as much information as possible and later make an incident report.

- **EXPLANATION:**

The best response is B

Your job as a recruiter is to recruit members of the Latino community for the study. As members of the study, we are not responsible for monitoring or enforcing housing codes or laws. You are only interested in knowing more about who lives at this address and inviting eligible participants to the study. The best response is B as long as you feel safe in continuing recruitment after assessing the situation.

Scenario D:

- **SITUATION:**

During a field visit, the person you are talking to greets a visitor and they exchange what appears to be drugs and money.

What do you do?

- **CHOOSE THE BEST RESPONSE:**

- A. Finalize the visit and leave as quickly as possible.
- B. Contact your supervisor.
- C. Continue with the recruitment as normal.
- D. Both A and B.

- **EXPLANATION:**

The best response is D

If you witness any type of illegal transaction the best action to take is to remove yourself from the situation and contact your supervisor for additional instructions.

Scenario E:

- **SITUATION:**

A woman answers the door and listens politely as you introduce yourself. She explains that she has company and does not want to be rude to them. She asks, "Would you like to come in and have some cake and coffee with us while you explain the study?"

How do you respond?

- **CHOOSE THE BEST RESPONSE:**

- A. "Yes, I love cake!"
- B. "No thanks, I'd love to stay but I have many other houses to visit today. Is there a time when I could contact you by phone to get your information?"
- C. "Let me get your information first. After I have your information I can join you."
- D. "No, thank you. I should be going. Have a great day!"

- **EXPLANATION:**

The best response is B

If a potential participant has company, it is best to contact the person at a later time, either by telephone or a second home visit. It is likely that if you try to get their information while they have visitors they will be easily distracted by their company. It would be more efficient to contact them at a different time. You can always politely decline invitations by stating that it is against study policy to accept food and drinks during recruitment hours.

Scenario F:

- **SITUATION:**

A member of the opposite sex answers the door. They are wearing only a short bathrobe and house slippers. After you make your introduction, he/she insists for you to come inside to review the study.

What do you do?

- **CHOOSE THE BEST RESPONSE:**

- A. Go inside. The situation may be a little uncomfortable but you do not want to miss the opportunity to get information on a potential participant.
- B. Practice your latest self defense techniques and take the person down by kicking them in their abdomen.
- C. Insist on writing down their information at the door instead of entering their house.
- D. Offer to come back or call at a later time.

- **EXPLANATION:**

The best response is D

This situation is best handled by offering to return or call the potential participant at a later time. Entering the house puts you in a potentially unsafe situation.

Scenario G:

- **SITUATION:**

One evening you are heading from your car to the address of the household you are recruiting. Since there were no parking spots available close to the house, you had to park three blocks away. You have walked about a block when you notice a man following you.

What do you do?

- **CHOOSE THE BEST RESPONSE:**

- A. Call a co-worker on your cell phone and continue walking towards your destination. Explain the situation, tell them where you are, and keep them on the line until you've reached a safe location.
- B. Wait for the man to approach you and use pepper spray on him.
- C. Continue walking quickly towards the house where you're recruiting.
- D. Call the police.

- **EXPLANATION:**

The best response is A

In this situation it is best to call a co-worker. Calling the police or using pepper spray at this point may be a little drastic. However, you should let someone to know where you are and what is happening in case you need help.

Scenario H:

- **SITUATION:**

There is a large fence around the house you are going to recruit. You can not see over it or through it but you can hear a dog barking on the other side.

What do you do?

- **CHOOSE THE BEST RESPONSE:**

- A. Wait for someone to come out of the house to investigate the noise. If no one comes, you call for someone to let you in.
- B. Enter the fence as normal. You're good with dogs.
- C. Bang on the fence with your hand and yell at the dog to be quiet.
- D. Both A and C.

- **EXPLANATION:**

The best response is A

Never trust a dog that you do not know, especially if it is acting aggressively (barking, growling, showing teeth, etc.). Banging on the fence and/or yelling at the dog to be quiet will only further aggravate it. It is best to try and have someone from inside the house let you in. If no one responds to the barking or your calls it is best to come back another time.

Scenario I:

- **SITUATION:**

Upon arriving in the neighborhood you are recruiting, you can not find a good parking spot on the street.

Where do you park?

- **CHOOSE THE BEST RESPONSE:**

- A. In front of a fire hydrant. It is the only space available and you are not planning on staying long.
- B. About a block away where there is on-street parking.
- C. In the driveway of the house where you are recruiting.
- D. In the parking lot of the business across the street.

- **EXPLANATION:**

The best response is B

Always find a legal parking space when recruiting. Parking a block away where there is on-street parking is the best option in this situation.

Natural Disasters Action Guidelines

Earthquake

- **Indoors**

- STAY INDOORS, do not exit building or use elevators.
- TAKE COVER underneath table, desk or doorway, if possible.
- STAY AWAY from all windows and large glass objects.
- AVOID being underneath heavy objects such as lights, wall hangings and other items which may fall.
- HELP DIRECT people with special needs to a safe place, if necessary.
- LOCK brakes of wheelchairs.
- BE PREPARED to evacuate if instructed to do so. The decision to evacuate will be based upon the severity of the earthquake and damage to buildings.

- **Outdoors**

- MOVE to an area away from trees, power lines, buildings and walls.
- DROP TO KNEES and get into a fetal position. Close your eyes and cross your arms over the back of your neck for protection.
- REMAIN in position until shaking has stopped.

After shaking stops:

- DO NOT USE cell phones, except to report serious injuries.
- ASSIST in the building evacuation of people with special needs, if safe to do so.
- TUNE radios to an emergency broadcast or local radio stations for news updates and instructions.
- FOLLOW police instructions.
- EVACUATE if instructed, use evacuation guide.
- DO NOT ENTER any building that is deemed or looks unsafe.

Tornado

A TORNADO WATCH means that conditions are favorable for tornados and severe thunderstorms in and close to the watch area.

A TORNADO WARNING is an URGENT announcement that a tornado has been reported and warns you to take immediate action to protect life and property.

- **Indoors**

- STAY INDOORS, do not exit building or use elevators. You could be trapped in them if power is lost. Locate an interior room.
- GO directly to an enclosed, windowless area in the center of the building, corners or building support columns are best. Avoid middle of interior walls.

- STAY AWAY from all windows and large glass objects.
 - CROUCH DOWN and cover your head. Interior stairwells are usually good places to take shelter, and if not crowded, allow you to get to a lower level quickly.
 - AVOID being underneath heavier objects such as lights, wall hangings and other items, which may fall.
 - REMAIN INSIDE until tornado has passed or cleared to leave.
 - DO NOT use matches or lighters, in case of leaking natural gas pipes or nearby fuel tanks.
 - HELP DIRECT people with special needs to a safe place, if necessary.
 - EVACUATE if instructed
- **Outdoors**
 - MOVE AWAY from trees buildings, walls, and power lines.
 - SEEK the lowest possible ground, i.e. ditch, small trench. Lying flat in a ditch or low-lying area may be the only thing available. Note: Never enter an open trench where a “Cave in or Flooding” may be possible.
 - STAY AWAY from power lines and puddles with wires in them, they may be “live”.
 - DO NOT USE matches or lighters, in case of leaking gas pipes or fuel tanks.
 - REMAIN in position until “noise and high winds” have stopped.
 - DO NOT ENTER any building that is deemed or looks UNSAFE

Hurricanes

A HURRICANE WATCH means that Hurricane conditions are *possible* in the specified area of the watch, usually within 36 hours.

A HURRICANE WARNING means that Hurricane conditions are *expected* in the specified area of the warning, usually within 24 hours.

- **Indoors**
 - STAY indoors away from windows and in the center of the building. Closets and bathrooms without windows are the safest rooms in a building during a hurricane.
 - LISTEN to the advice of local officials, and leave if they tell you to do so.
 - LISTEN to local radio or TV weather stations for up-to-date storm information.
 - BE AWARE that the calm "eye" is deceptive; the storm is not over. The worst part of the storm will happen once the eye passes over and the winds blow from the opposite direction. Trees, shrubs, buildings, and other objects damaged by the first winds can be broken or destroyed by the second winds.
 - BE ALERT for tornadoes. Tornadoes can happen during a hurricane and after it passes over.
- **Outdoors**

- STAY AWAY from flood waters. If you come upon a flooded road, turn around and go another way. If you are caught on a flooded road and waters are rising rapidly around you, get out of the car and climb to higher ground.
- GET INDOORS as soon as possible. Evacuate if recommended by authorities or if you feel you are in danger.

Thunderstorms

• Indoors

- STAY INDOORS, do not exit building or use elevators. You could be trapped in them if power is lost.
- STAY AWAY from all windows and large glass objects.
- CROUCH DOWN and cover your head. Interior stairwells are usually good places to take shelter, and if not crowded, allow you to get to a lower level quickly.
- AVOID being underneath heavier objects such as lights, wall hangings and other items, which may fall.
- REMAIN INSIDE until the thunderstorm has passed or cleared to leave.
- DO NOT USE matches or lighters, in case of leaking natural gas pipes or nearby fuel tanks.
- HELP DIRECT people with special needs to a safe place, if necessary.
- EVACUATE if instructed to do so.

• Outdoors

- MOVE AWAY from trees buildings, walls, and power lines.
- SEEK the lowest possible ground (e.g., ditch, small trench). Lying flat in a ditch or low-lying area may be the only thing available. Note: Never enter an open trench where a “Cave in or Flooding” may be possible.
- STAY AWAY from power lines and puddles with wires in them, they may be “live”.
- DO NOT USE matches or lighters, in case of leaking gas pipes or fuel tanks.
- REMAIN in position until “noise and high winds” have stopped.
- DO NOT ENTER any building that is deemed or looks UNSAFE

Hail

- SEEK protective shelter immediately.
- REMAIN indoors or under protective shelter until hail has stopped, usually 5-10 minutes.

Lighting

- SEEK protective shelter immediately.
If outdoor, do not stand underneath tall isolated objects. Avoid projecting above the surrounding landscape. Seek shelter in a low area under a thick growth of small trees. In open areas, seek low areas such as a ravine or valley.
- GET OFF OR AWAY FROM open water as well as metal equipment or small metal vehicles such as motorcycles, bicycles, golf carts, etc. Stay away from wire fences, clotheslines, metal pipes and rails. If you are in a group in the open, spread out, keeping people several yards apart.
- REMEMBER – lightning may strike some miles from the parent cloud. If you feel your hair stand on end, lightning may be about to strike you. Drop to your knees and bend forward, putting your hands on your knees. Do not lie flat on the ground.



Hispanic Community Health Study/Study of Latinos Study Information

WHAT WILL I HAVE TO DO IF I PARTICIPATE?

A trained health professional will ask you a series of questions about your

- health
- health care
- occupation
- nutrition
- lifestyle activities
- and family medical history

The health professional will then measure your

- height
- weight
- waist size
- percent body fat
- blood pressure in your arms and ankles

In addition a trained technician will draw some blood so that they can determine your

- cholesterol level and other blood fats
- blood sugar levels

The blood sample will also be used to test for kidney and liver function and to test for hepatitis.

Some of your blood will be stored for future studies.

It is important that blood for these tests be collected while fasting which means not eating or drinking anything after midnight the night before the examination.

During the day, you will given something to eat.

In addition to the blood sample

- you will be asked to give a small amount of urine so that the technicians can do tests of kidney function,
- complete a test with an ECG (or electrocardiogram) to check whether your heartbeat is regular.
- complete a test to check how well your lungs are working. (This requires you to blow hard into a machine.)
- and an examination of your teeth and gums.

After you have completed these exams at the clinic, you will be asked to wear a small device like to a watch for one week that will record your physical activity during your normal daily activities.

You will also be asked to wear a monitor on your forehead for one night so that we can learn more about how your sleep patterns influence health.

Four to six weeks after your visit to the clinic we will contact you to set up an appointment for a telephone interview that will last 40 minutes. During this interview you will be asked questions about your diet.

And lastly, after your visit at the clinic you will be contacted by telephone once a year to answer a brief questionnaire about your health and you will be asked whether you were hospitalized during that year.

If you have any questions, please feel free to call us at 1-800-XXX-XXXX.



Estudio de la Salud de la Comunidad Hispana/ Estudio de los Latinos Hoja Informativa

¿QUÉ TENGO QUE HACER COMO PARTICIPANTE?

Un profesional de salud le preguntará una serie de preguntas sobre su

- salud
- cuidado médico
- ocupación
- hábitos alimenticios
- estilo de vida
- historial médico familiar

El profesional de salud va a

- medir su altura
- pesarlo (a)
- medir su cintura
- medir el porcentaje de grasa de su cuerpo
- tomar la presión arterial de sus brazos y tobillos

Además, se le tomará una muestra de su sangre para pruebas para determinar su

- nivel de colesterol y otras grasas en la sangre
- niveles de azúcar

También, se usará la muestra de sangre para examinar la función de sus riñones e hígado, y pruebas de hepatitis.

Además, parte de la sangre será almacenada para pruebas futuras.

Es importante que estos exámenes de sangre se hagan en ayunas. Esto quiere decir que no debe comer o beber nada a partir de la medianoche de la noche del día anterior de la visita a la clínica.

Durante el día se le dará algo para comer.

Además de la muestra de sangre

- se le pedirá que dé una pequeña muestra de orina para examinar la función de los riñones.
- se le hará un electrocardiograma (ECG, por sus siglas en inglés) que mide la manera en que su corazón late.
- se le hará una prueba de la función de sus pulmones (Requiere que usted sople fuertemente en una máquina.)
- y un examen de sus dientes y encías

Después de completar todas estas pruebas, se le pedirá que use un objeto similar a un reloj, pequeño y liviano, por una semana que registrará de manera automática su nivel de actividad física durante sus actividades de rutina.

También se le pedirá que coloque un monitor en su frente por una noche, para estudiar la influencia de los hábitos del sueño en la salud.

De cuatro a seis semanas después de su visita, nos comunicaremos con usted para fijar una cita para una entrevista telefónica que tomará 40 minutos. Durante la entrevista se le harán preguntas sobre su dieta.

Al final, después de su examen inicial en la clínica, nos comunicaremos con usted por teléfono una vez al año para que conteste un breve cuestionario sobre su salud, incluyendo si usted ha sido hospitalizado(a) durante ese año.

Si tiene algunas preguntas, por favor llámenos al 1-800-XXX-XXXX.

Appendix XVIII: “Sorry I Missed You” Note and Door Hang Card: English and Spanish



**Hispanic Community
Health Study/Study of Latinos**

We came by to talk with you about the
Hispanic Community Health Study/
Study of Latinos (HCHS/SOL).

Sorry we missed you. We will call or
come by another time.

Sincerely,
HCHS/SOL personnel

For more information call: 1800-XXX-XXXX or
visit our website at: www.hchsnews.net



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Estudio de la salud de la comunidad hispana/ Estudio de los latinos

Pasamos por la casa para hablar con usted sobre el Estudio
de la salud de la comunidad hispana/Estudio de los latinos
(HCHS/SOL).

Sentimos no encontrarlos. Vamos a llamarle o
venir a la casa otra vez.

Sinceramente,
El personal de HCHS/SOL

Para más información llámenos a 1800-XXX-XXXX o
visite nuestra página: www.hchsnews.net



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**HISPANIC COMMUNITY
HEALTH STUDY/STUDY OF
LATINOS**

**We came to talk with you about
the Hispanic Community
Health Study /Study of Latinos**

Date: _____ Time: _____ am/pm

**Sorry we missed you.
We will call or come by
another time.**

For more information call: XXXXXX

**Visit our website at:
www.hchsnews.net**



**HISPANIC COMMUNITY
HEALTH STUDY/STUDY OF
LATINOS**

**We came to talk with you about
the Hispanic Community
Health Study /Study of Latinos**

Date: _____ Time: _____ am/pm

**Sorry we missed you.
We will call or come by
another time.**

For more information call: XXXXXX

**Visit our website at:
www.hchsnews.net**



**HISPANIC COMMUNITY
HEALTH STUDY/STUDY OF
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**We came to talk with you about
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Date: _____ Time: _____ am/pm

**Sorry we missed you.
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For more information call: XXXXXX

**Visit our website at:
www.hchsnews.net**



**ESTUDIO DE LA SALUD DE LA
COMUNIDAD HISPANA/
ESTUDIO DE LATIOS**

**Venimos para hablar con usted
sobre el Estudio de Salud de la
Comunidad Hispana /Estudio
de los Latinos. (HCHS/SOL)**

Fecha: _____ Hora: _____ am/pm

**Sentimos no encontrarlos.
Vamos a llamarle o venir a la
casa otra vez.**

Para más información llame: XXX
Visite nuestra página
hchsnews.net



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Appendix XIX: Individual Eligibility Checklist



Public reporting burden for this collection of information is estimated to average 05 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0584). Do not return the completed form to this address.

OMB#: 0925-0584
Exp. 2/28/2011

HCHS/SOL Individual Eligibility Checklist

ID NUMBER:							
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FORM CODE: ELE
VERSION: A 2/25/08

Contact
Occasion

0	1
---	---

SEQ #

0	1
---	---

Acrostic:

ADMINISTRATIVE INFORMATION

0a. Completion Date (mm/dd/yyyy): //

0b. Staff ID:

0c. Household ID Number (HSR):

0d. HH roster line # (HSR Q5):

Instructions: This individual eligibility screening form must be completed before the participant can be scheduled for their Baseline Examination. Record the Household ID from the Household Screening Roster (HSR) in the administrative item "0c" and record the roster row letter from HSR Q5 for the respondent in administrative item "0d".

NOTE TO STAFF: Use appropriate recruitment or clinic scheduling script when completing this form.

Eligibility Screening Status for Individual

1. Do you prefer to communicate in Spanish or English? Neither language 0 ☐ → **INELIGIBLE**
¿Prefiere comunicarse en inglés o español? Spanish 1 ☐
English 2 ☐

2. How old are you? → **If less than 18, INELIGIBLE**
¿Cuántos años tiene?

3. Do you consider yourself to be Hispanic/Latino? No 0 ☐ → **INELIGIBLE**
¿Se considera usted hispano/latino? Yes 1 ☐

4. Do you have any plans to move away from this area in the next 6 months (more than 100 miles/160 kilometers at San Diego and Chicago, more than 250 miles/400 kilometers at Bronx, or out of Miami-Dade County in Miami)?
¿Tiene planes de mudarse fuera de esta área en los próximos 6 meses (más de 100 millas/160 kilómetros en San Diego y Chicago, más de 250 millas/400 kilómetros en el Bronx y fuera del condado de Miami-Dade en Miami)?

No 0 ☐
Yes 1 ☐ → **INELIGIBLE**

5. Are you active military duty? No 0 ☐
¿Está en servicio militar activo? Yes 1 ☐ → **INELIGIBLE**

6. Individual Participation Status:

Unable to contact, eligibility not confirmed 1 ☐
Refused screen, eligibility not confirmed 2 ☐
Completed screen, Ineligible 3 ☐
Eligible, Refuses to participate 4 ☐
Eligible, Agrees to participate 5 ☐ > **SCHEDULE VISIT**

7a. Appointment Date (mm/dd/yyyy): /

7b. Appointment Time: _ _ (am/pm)