Recruitment in Chain-Affiliated Establishments: Experiences from the National Survey of Residential Care Facilities

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Abstract
It is becoming increasingly common for health care providers (e.g., hospitals, nursing homes, long-term care providers) to belong to a chain, group, or multisystem organization. This affiliation can present unique data collection issues for researchers conducting surveys with these types of providers as well as in establishments that may be chain-affiliated. This paper summarizes experiences from a first-time nationally representative probability-based sample survey of residential care facilities conducted by the federal government: the 2010 National Survey of Residential Care Facilities (NSRCF). Approximately 40% of sampled facilities in this survey belonged to a chain. This paper describes the process of recruiting chain-affiliated facilities, including those facility directors (also referred to as administrators) who made their own decisions regarding survey participation and those who sought approval from some higher authorizing official within the chain but outside their specific facility. This paper also describes the procedures developed to address the situation when chain approval was required. It focuses on four key steps in the survey recruitment process: identify chain-affiliated facilities, gain cooperation of facilities, identify persons within the facility or its chain to approve survey participation, and gain cooperation of these individuals.

Key Words: chains, gaining cooperation, establishment surveys, recruitment, response rates

1. Background on the National Survey of Residential Care Facilities

Conducted by the National Center for Health Statistics (the principal U.S. statistical health agency), the National Survey of Residential Care Facilities (NSRCF) is the federal government’s first effort to collect national-level data on residential care facilities. The primary purpose of the NSRCF is to provide data on residential care facilities and the characteristics of the people they serve. Unlike hospitals and nursing homes, definitions and nomenclature of residential care facilities vary widely across states (Mollica, Sims-Kastelein, and O’Keeffe, 2007). In layman’s terms, a residential care facility is a place that falls between independent living apartments and nursing homes. Residential care facilities are known by many names, such as adult care homes, and board and care homes. The facilities range from those that are part of large campuses to places that have a more institutional feel to those that are individually owned and resemble a private home. Residents of these facilities need more assistance and support than is generally provided in independent living settings, yet they do not need around-the-clock skilled nursing care provided in nursing homes.
According to current estimates, there are approximately 40,000 licensed residential care facilities in the United States and approximately 1 million people live in these facilities (Wiener, Lux, Johnson and Greene, 2010). Most residents are elderly individuals or people with disabilities.

The NSRCF was conducted in 2010 in a sample of 3,605 residential care facilities that were systematically and randomly sampled with probability proportional to size. It included licensed facilities ranging in size from 4 licensed beds to more than 100 licensed beds. Participation in the survey required a significant time commitment from the facility director or designee to complete all the interviews. Time to complete interviews ranged from 2 hours for small facilities to more than 3 hours in the large and very large facilities. Interviews were conducted in person.

Experience from prior NCHS and RTI International studies—for example, surveys of nursing homes, home and hospice agencies, and board and care homes—showed that chain-affiliated establishments often require approval from a higher authority such as a chain official or manager. During construction of the sample frame, and prior to the conduct of the survey, we found that approximately 41% of the facilities were affiliated with a chain. We identified 16,379 facilities of the 39,635 facilities on the frame as affiliated with a chain. Of the chain facilities, 1,381 facilities were associated with large national chains, and the remaining 14,998 were associated with regional or smaller chains. Together with our and NCHS’ prior experience, the prevalence of chains in the sample frame prompted us to develop a procedure for handling approvals as early as possible in the process.

2. Identifying Chains

2.1 Study Definition and Type of Chain
Consistent with other long-term care provider surveys NCHS conducted, we defined a chain as a **person or entity owning two or more residential care facilities in the United States**. This description became our working definition and served as the basis for identifying chain-affiliated facilities before data collection. Chains in this study fell into three types:

- **Large national chains** had a large number of affiliated facilities, operated in several states, and had both a national office as well as several regional offices.
- **Medium chains** were smaller organizations and had fewer affiliated facilities; they typically operated in several states and were usually concentrated in regional areas.
- **Small chains** consisted most often of small or medium family-owned or individually-owned facilities. The chain and all its facilities were in a single local area.

2.2 Identifying Chains and Chain-affiliated Facilities
We used a two-part process to identify the chains and their affiliated facilities. **Provider Magazine** is a trade magazine for the assisted living industry and it contains an annual listing of the Top 40 Assisted Living chains for that year. We focused on the listings from 2005-2009, which allowed us to identify the names of most of the large national and regional chains. We then looked for those names in our sample frame (i.e., the licensee organization name, owner name, and facility name) to identify any that were part of these chains.
For the smaller chains we relied on the state licensure lists we had obtained to build our sample frame. We looked for (1) facilities the state identified as being part of a chain on the licensure list (only two states provided this information); and (2) facilities on the lists that shared an owner. Because not all states included owner information; we also looked for facilities in the same city on the individual state lists with similar names (e.g., Care Home I and Care Home II). We then created an ID number unique to each chain and linked the chain ID to all its affiliated facilities. This chain ID helped us to track chain-affiliated facilities and link each such facility with its chain and sister facilities.

We ended up with 1,062 unique chains in the survey sample that were linked to 1,455 facilities, or 40% of our sample of 3,605 facilities. We found it useful to distinguish between the small, non-corporate affiliated chains and the large national or corporate affiliated chains. We identified 990 non-corporate chains and 72 corporate chains. Of the 1,062 unique chains in our sample, 990 or 93% were small. Of these, 838 (85%) had only 1 facility in the sample that was affiliated with a chain, 107 (11%) had 2 sister facilities in the sample, and only 4% had more than 2 facilities in the sample. The remaining 72 were corporate chains with between 1 and 41 of affiliated facilities in our sample. The average number of facilities affiliated with a single corporate chain was about 12.

We were somewhat successful in identifying chains using this process; however, during the recruitment process interviewers found that many additional facilities in our sample were affiliated with a chain unbeknownst to us. We speculate that we were unable to identify some of these facilities in advance of data collection because the ownership in the residential care facility market can be fluid, particularly because larger chains frequently buy and sell individual facilities and chain organizations themselves also undergo ownership changes. We were more successful identifying the small chains using the process described earlier.

3. Gaining Cooperation

3.1 Conducting Prefield Outreach

Because we had so many chain-affiliated facilities in our sample, NCHS project staff conducted outreach to professional residential care industry associations before the field period. NCHS staff worked with these entities both nationwide and, as appropriate, within each of the 50 states and District of Columbia. Although this outreach was not specifically targeted to chains, many of the member facilities in these organizations are chain-affiliated. We also conducted outreach to the chains during the prefield period. We FedExed a letter and study literature to the CEO of all chains with two or more affiliated facilities included in the sample. The materials introduced the study, explained that some facilities in their organization would be contacted, and supplied a toll-free number for respondents to call with questions. The purpose of this material was to preempt facility refusals or delayed participation because chain leadership was unaware of the study. We sent this material to 122 national chains, and only one chain officer contacted the project staff in response to this mailing.

3.2 Gaining Cooperation from Chain-Affiliated Facilities During Data Collection

During data collection we used recruiters to gain cooperation of the facility directors, screen them for study eligibility, and set an appointment for the in-person survey. If a facility director indicated to the recruiter that they needed chain approval, the recruiter
could search a database to determine whether the chain affiliated with this facility was noted in the system and, if it was, whether it had been sent the prefeld chain outreach package. If the package had been sent, the recruiter explained that it had been sent and gave the name of the person to whom it had been sent. If this explanation satisfied the facility director, the recruiter did not need to do anything further and recruitment proceeded. But more often than not, the recruiter offered to send an additional outreach package. Before resending the outreach package, the recruiter collected the contact information of the person within the chain leadership who should receive the package, and RTI’s mailout center sent the package to that person. Both packages—the initial prefeld outreach package and the one sent at the recruiter’s request—were identical.

After collecting the contact information, the recruiter then followed the cue of the facility administrator to determine how to proceed from that point. If the administrator (also referred to as director) was comfortable continuing to discuss the survey, recruitment proceeded while the package was sent.¹ If the administrator was not comfortable, the recruiter stopped work on this case until chain approval was obtained.

During recruitment, we also identified situations which RTI and NCHS decided required a different protocol. If a chain owned a large number of facilities, the project staff decided on a case-by-case basis how aggressively staff should attempt to secure chain approval and, in the meantime, recruiters stopped work on any other facilities within that chain.

If the facility had requested a chain package be mailed and was not comfortable continuing to discuss the survey until receiving official chain approval, the case was turned over to senior staff experienced in long-term care and residential care specifically. We felt that expending the time and resources to gain chain approval was worthwhile in this situation because of the impact chain approval or disapproval might have on multiple facilities. These senior staff called or emailed the chain contact person whose name was provided to the recruiter by the facility administrator and did so within 5 days of the mailing. The idea was to give the contact person ample time to receive and review the materials but not enough time to forget that they received the package. Upon reaching the appropriate person, senior staff attempted to explain the study, address any questions, gain chain approval for the specific facility to participate, and determine with the official how to convey this approval to the facility.

Per NCHS guidelines for confidentiality, we could only mention the name of the facility requesting chain approval; we could not disclose the identity of any other facilities affiliated with the chain that were in the sample. Thus, approval was typically granted for a specific facility; however, in some situations chain officials told us they would allow all facilities affiliated with their chain to participate. In these instances, the person granting approval communicated the decision that all facilities had approval to participate to the appropriate individuals.

While senior staff were trying to obtain chain approval for a particular facility, we put recruitment activities on hold for the originating facility in most cases (that is, the facility requesting we send the outreach package to their chain so they could get their chain’s approval). Senior staff documented the results of their efforts and disseminated this information to the associated recruiter. If chain cooperation was obtained, recruitment

¹ The terms facility director and administrator were used interchangeably in the survey.
resumed. It is important to note that facility administrators still had the right to refuse participation, even if the chain leadership granted approval to participate.

If we had reason to believe that the chain would not agree to the study, and we had “a lot to lose”—such as a large number of facilities affiliated with the same chain being included in the sample, or if some of the other facilities in that chain were already complete, we sometimes opted not to pursue the chain approval. Any decision to not pursue chain approval was made on a case-by-case basis in collaboration with NCHS, especially if there were indications that the chain official would not approve (i.e., they did not respond to phone messages or emails).

3.3 Gauging Success of the Gaining Cooperation Protocols
Although we do not have hard numbers to measure the success, we do have some valuable information. Although we cannot be certain how much of our entire sample was chain-affiliated, we know from the 2,302 completed facility interviews that 38% of the facilities are affiliated with a chain (Park-Lee, Caffrey, Sengupta, Moss, Rosenoff, and Harris-Kojetin, 2011). One could speculate that the use of the chain outreach package was successful because this percentage is close to the percentage of chain-affiliated facilities in the sample frame. We also believe the chain outreach package was successful because only a small number of administrators—74, which represents 5% of the 1,455 facilities initially identified as chain-affiliated—indicated that they needed chain approval and requested a chain outreach package to be sent to the chain’s office. For the remainder, we speculate that the administrator did not feel the need for chain approval, or perhaps the administrator was proactive and obtained chain approval by contacting the chain office directly, without involving the recruiter.

Regarding the specific part of the protocol where senior staff spoke to chain leadership, we have both quantitative and qualitative information to help gauge success. Qualitatively, we know that at times we had great difficulty in reaching the chain contact. Senior staff frequently left voicemail or spoke to assistants, and rarely got a return phone call. Where we could obtain an email address, email was sometimes successful. A small number of chain officials indicated they had to consult their corporate counsel; those who did so ultimately declined participation in the study. On the other hand, some chains were very cooperative and helpful when they received phone calls from senior staff; they offered to assist if other facilities in the chain asked for approval or offered to convey approval to regional offices.

Of the 74 facilities in which the chain package was requested, senior staff attempted to contact 51 chains (some of the 74 facilities were affiliated with the same chain and in those cases, senior staff often contacted the chain offices only once). We also determined that some of the 74 requests were for approvals from offsite managers or management companies. Although in some cases we sent the chain outreach package to them, senior staff did not call them to follow up for this part of the protocol. They were handled by the recruiter or a project supervisor.

As shown in Table 1, in 22% of the cases we were never even able to reach someone, and in 24% of cases the chain official never called us back with their decision. We were able to convince only 16 chains out of 51 (or 31%) to participate in the study. This finding was both sobering and interesting.

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2 The questionnaire asks whether the facility is part of a chain, group of multi-facility system.
Table 1: Outcomes from the 51 facilities where senior staff contacted chain leadership to gain cooperation

<table>
<thead>
<tr>
<th>Result</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>At end of project, no contact could be made</td>
<td>11</td>
<td>22%</td>
</tr>
<tr>
<td>At end of project, chain undecided</td>
<td>12</td>
<td>24%</td>
</tr>
<tr>
<td>Elected not to pursue chain due to risk</td>
<td>4</td>
<td>8%</td>
</tr>
<tr>
<td>Chain refused to participate</td>
<td>8</td>
<td>16%</td>
</tr>
<tr>
<td>Chain agreed to participate</td>
<td>16</td>
<td>31%</td>
</tr>
<tr>
<td>Total</td>
<td>51</td>
<td>100%</td>
</tr>
</tbody>
</table>

4. Lessons Learned

We learned several lessons from administering this protocol, which are detailed below.

Facilities in the same chain behaved differently from one another. We expected that if one facility in a given chain said they needed chain approval, all facilities in that chain would have same response. On the contrary, there was great variation among facilities affiliated with the same chain; we commonly found that one facility completed the survey while another affiliated with the same chain might have requested chain approval before considering participation.

Facilities in the same chain referred us to different chain contacts. Usually administrators of facilities affiliated with a national chain reported to a regional director within that chain’s organization. Although we had mailed the package to the national headquarters, assuming the information would flow down to the regional level, the administrator, more often than not, requested we send the package to the regional contact.

Differences between smaller chains and corporate chains were evident. We also found that corporate chains behaved differently than small management organizations or single individuals who owned several facilities. Smaller chains often had a more hands-on approach to facility operations and were easier to reach and, we believe, more willing to cooperate and participate in the study.

Fluidity in ownership exists within the residential care market / industry. Chain affiliation and ownership may change over time. During the data collection period, we found that facilities we thought were part of one chain were sometimes part of another, or facilities we thought were independent were owned by a chain. Such variation can occur for many reasons, including the fact that the information we obtained from state licensure lists was out of date as well as fluidity in the market (that is, chains buying, selling or merging facilities, as well mergers are the chain level) causes chain affiliation to change over time.

Senior staff face similar challenges in gaining cooperation as field staff. We had assumed that senior scientific staff would have an advantage in gaining cooperation because they are better equipped to discuss some of the long-term care issues with the chain leadership. However, we found that they faced similar challenges as the field staff—namely difficulty in reaching someone by phone, difficulty in getting messages returned, etc. Experience with the policies and operations of the establishments does not always offer an advantage.
It is important to have a protocol for chain-affiliated facilities. Among facilities that were eligible for the survey, the questionnaire completion rate for chain-affiliates was 85%, compared to 89% among independent facilities. These figures lend credence to the observation that chain-affiliates are more difficult to recruit. They also suggest that our recruitment protocol succeeded in obtaining a respectably high response rate among them despite the difficulty. The part of our protocol where senior staff contacted chain leadership to have them permit their facilities to participate was particularly challenging, yet these calls were worthwhile. Of the 165 facilities associated with the chains we contacted, we gained survey completions from 53 (or 30%) of these facilities.
References

