

Texas Legislator Survey: Lessons Learned from Interviewing State Politicians about Obesity Policies

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Abstract

The primary focus of the 2013 Texas Health Perception Survey was to assess the knowledge, attitudes, and perceptions about obesity prevention and control measures of legislators from the 83rd Texas legislative session. The purpose of this manuscript is to present insights gained in surveying and interviewing Texas politicians. Initial steps in conducting the survey included formation of an Advisory Committee to guide the process, development of a survey instrument, and organizing a list of legislators and appropriate staff. Hard copy and online versions of the survey were developed. Administration of the survey required initial and follow-up visits and contact via email, phone, and in person. Lessons learned included methods to work effectively with partners as well as techniques to survey and interview legislators and their aides. Policy research work gives researchers, practitioners, and advocates opportunities to tailor future communications, refine and advance a childhood obesity policy agenda, and galvanize existing partnerships.

INTRODUCTION

Although recent obesity prevention efforts have focused on using policy, environment, and systems-level changes for promotion of health-enhancing lifestyles,¹ relatively few studies have focused on the health and wellness perceptions and knowledge of state legislative bodies;²⁻⁶ even fewer studies have detailed how this work is accomplished and essential lessons learned along the way.⁷ Dodson et al. analyzed data from 75 state-level legislators about their work on public health-related policies,⁴ while Robbins et al. conducted 48 qualitative interviews with local and state policymakers in New York about childhood obesity prevention policies.⁵ Anderson et al. surveyed New Hampshire municipalities about potential policies and assets associated with obesity prevention.⁶ Another survey of state legislators related to obesity prevention policies was conducted in Kansas in 2011 with a 27% response rate.⁷ Although a few studies have detailed information about how to survey state legislators,⁸⁻¹⁰ none has focused on best practices for conducting obesity-related policy survey research.

Data about health perceptions of their state legislators are important to public health advocates at all levels because this information can help them to develop, refine, and implement a childhood obesity policy agenda. In addition, practitioners and advocates alike are interested in knowing how best to gather, interpret, and communicate data received from state

policymaker surveys about childhood obesity. The 2013 Texas Health Perception Survey was conducted to determine state legislators' views on obesity, nutrition, and physical activity as well as their views on potential legislative mandates.¹¹ The purpose of this manuscript is to share the lessons learned from the 2013 Texas Health Perception Survey and to detail the critical elements associated with the developmental and implementation phases of this type of policy research work.¹¹

In describing the Texas Legislature, it has been said that “*As the twenty-first century unfolds, the (Texas) Legislature remains a curious combination of old-style politics, nineteenth century institutional design, and the realities of a state with 22 million people, many of whom live in or near some of the largest urban areas in the country.*”¹² The Texas Legislature meets every other year, making it one of four state legislative bodies that meet biennially. The other three states are Montana, Nevada, and North Dakota, all of which have smaller, more homogeneous populations.¹³ During the 83rd regular Texas Legislature in 2013, there were 5,868 bills filed; of those, a total of 1,437 were passed, making it one of the most productive legislative sessions in recent memory.¹⁴ The 2013 legislative session was also one of the most contentious, with special sessions called to finish out legislation on proposed abortion bills and other high-profile funding issues. Special sessions do happen but are usually regarded as a rarity in the Texas legislative process; however, the three sequential special sessions of 2013 were exceptional. It was in the midst of this political context that the Michael & Susan Dell Center for Healthy Living at The University of Texas School of Public Health, Austin Regional Campus (UTSPH), and the Texas A&M School of Public Health implemented the 2013 Texas Health Perception Survey.

POPULATION AND METHODS

The aim of the 2013 Texas Health Perception Survey was to assess the knowledge, attitudes, and health beliefs of legislators elected to the 83rd Texas Legislature. With a turnover of approximately 50% of Texas legislators since the 2010 state elections, information was needed on the legislative members' knowledge and attitudes on childhood obesity issues in Texas. Survey and interview questionnaires were developed to assess public health and obesity prevention knowledge, attitudes, and health beliefs of legislators as well as influences on health issues, support for specific obesity initiatives, resources for obesity prevention issues, and preferences for communication.¹¹ This legislative survey was conducted as an outreach

of the Texas Childhood Obesity Prevention Policy Evaluation (T-COPPE) project, a grant funded by the Robert Wood Johnson Foundation to investigate how Safe Routes to School and the revised Women, Infants, and Children (WIC) policies are being implemented in Texas.¹⁵⁻¹⁷ The T-COPPE study is a joint study between UTSPH and the Texas A&M School of Public Health. All interview instruments and protocols were reviewed and approved by The University of Texas Health Science Center at Houston Committee for the Protection of Human Subjects (HSC-SPH-12-0645).

The results of the survey are the subject of another paper. This article is intended to speak only to the process of interviewing state legislators and lessons learned.

Advisory Committee and University Governmental Relations Offices

Since this was the first health perception survey conducted with Texas state legislators, the research team first engaged experienced partners who could serve in an advisory capacity, were knowledgeable of the legislative process, and had long-standing credibility among Texas state legislators.

An advisory committee was formed to provide feedback on questionnaire content, individual survey items, communication strategies with legislators, and interpretation of results. The advisory committee consisted of various public health advocates from non-governmental organizations, including the Texas Medical Association (TMA), the Texas Health Institute, the American Heart Association, and the Texas Hospital Association. Many of the advisory committee members were also members of the Partnership for a Healthy Texas, an advocacy group devoted to obesity prevention efforts in Texas. One important partner and member of the advisory committee was a representative from the TMA, who was instrumental in the development and initiation of the survey and was our primary champion and advisor throughout the process.

Also critically important to the planning phase was the involvement of the governmental relations offices of each respective university. Coordination between the governmental relations offices and researchers was essential to avoid any redundancy of current efforts or violation of state university mandates regarding the legislature. In addition, governmental relations staff provided advice and input on questionnaire items and methods of contacting legislators, including how to frame communication with legislators and their staff (Table 1).

Collecting Survey and Interview Data

The research team met at least once per week to monitor survey implementation and/or to respond to staff surveyor questions. A contact information list of legislators was compiled and included each legislator's designated health aide or chief-of-staff, along with committee membership. Staff employed to conduct the surveys were master of public health students from UTSPH. Most of these students had little or no previous experience working at the Texas Capitol or with state legislators or their staff. In a training session conducted by the research team, students role-played various scenarios on how

Table 1: Lessons learned in organizing partnerships: advisory committee and university governmental relations offices

<ol style="list-style-type: none"> 1. Start the planning process as soon as possible as it takes time to inform, mobilize, and secure assistance from key policy gatekeepers and informants. 2. Partner with an effective public health advocate and organization, such as the state medical association, as they are recognized as credible messengers and valued by state legislators. 3. Engage these same expert partners in interpreting the results, thinking through how best to position the results, and staging the release of the data strategically. 4. Prepare a results dissemination plan that includes how, when, with whom, and what format in which to release the results. Be as inclusive as possible – the release of the results should include the advisory committee, key members of the legislature (e.g., committee chairs), the legislators themselves, and other public health advocates/practitioners at both the state and local levels.
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to greet, explain, and conduct the legislative survey. Mock interview sessions were set up by the research team so students could practice before they were sent to the Capitol to interview legislators and their staff. Students were later partnered in teams of two to conduct the surveys. Student surveyors met frequently to exchange insights (Table 2).

DISCUSSION

Collecting, reviewing, and analyzing data from the 2013 Texas Health Perception Survey required patience and persistence. The Texas Legislature has a tight 140-day session, with 30-day special sessions called by the governor, as necessary. In 2013, the Texas Legislature had three special sessions, which is rare. The multiple special sessions consumed the attention of Texas legislators, and it was difficult to get them to focus on childhood obesity policy issues with such extreme competing priorities. Thus, there was a narrow window of time to get this survey completed. However, a major achievement was getting the offices to understand the importance of their input on the survey and convincing them to make time to participate. Another major barrier was the tight and unpredictable schedules of legislative offices and staff; additionally, a few offices had a policy about not completing surveys during the legislative session. The research team credits the engagement of its advisory committee with helping to manage communication, preparing the team for potential roadblocks in implementation and communication of findings, and recommending how best to place results for policy action. In addition, the periodic interaction between the funder and the research team gave more national significance to its accomplishment.

CONCLUSIONS

This type of policy research requires timing, communication, and partnership. All three elements need to work synergistically to produce results. Establishing a precedent in Texas for conducting a scientifically-grounded health perception survey among Texas legislators was an unspoken intentional outcome. While the timing of this work during legislative session was less than optimal, researchers need to remain aware of the dynamics associated with gathering and interpreting survey data during the frenetic pace of a legislative session, especially one that is highly contentious. For any similar surveys in the future, it is advisable, whenever possible, to interview state legislators at a time when they can give more thoughtful, deliberate responses that are not influenced by the legislative

Table 2: Lessons learned in collecting survey and interview data

1. Send an introductory letter and email message from the research team along with a copy of the survey to introduce the study and the study team. Not only did this communication give a “heads-up” to legislators, it also served as a communication strategy for students when they first made contact with legislative offices.
2. Send students in person to drop off the survey as their first contact with the legislative office rather than make office phone calls. Students should then return to the office repeatedly to get completed surveys. Establishing a visible, persistent presence was essential to achieving a good response rate.
3. Assign each student a certain set of legislators to assure continuity in approach and communication and allow students to assist each other as needed.
4. Make legislator assignments according to the floor plan of the Capitol, not by alphabetical order. Visits were less efficient with the alphabetical order assignments, as they are not arranged in the Capitol in this way.
5. Pay attention to legislative calendars on a daily to weekly basis to work around key political issues. During the student training, the research team described how to interpret legislative calendars to determine when best to visit legislative offices and when to steer around legislative offices based on the legislative issues being considered, especially during the special sessions.
6. Visit offices at the time of day they seem to have more time: in the afternoons during session and mornings once the regular session was over.
7. Emphasize that many other senators/representatives completed the survey and for those who had not, you wanted to include their input.
8. Focus on a manageable group of offices at one time when planning visits to legislative offices. Revisiting those offices repeatedly until as many surveys as possible were collected enabled legislative offices to remember the students name and face, and the survey. Given the brevity of the Texas Legislative Session and the number of competing priorities, it was important to be sure that the request ‘registered’ with them.
9. Have extra copies of the surveys on hand, in case someone inquires about what types of questions are asked to help cut down on return visits and time taken to provide the response.
10. Have one person ask the questions and a second person record responses or take notes for the qualitative interviews.
11. Keep track of names and business cards. It’s always good to remember who you spoke with when you visited the office last. Students felt their credibility was enhanced when they could walk into the door without referring to their notes and ask for that person by name.
12. Visit the office at a different time to speak with a different person, if one person in the office was difficult to engage after three visits.
13. Dress modestly and professionally when visiting legislative offices.
14. Provide students with business cards to leave at the legislative office and a visible organizational name tag to give additional credibility to the students and the survey process.

business at hand.

Nonetheless, the value of this work gives researchers, practitioners, and advocates an opportunity to tailor future communications, refine and advance a childhood obesity policy agenda, and galvanize existing partnerships in public health.

Acknowledgements

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REFERENCES

1. Institute of Medicine (IOM). Committee on Accelerating Progress in Obesity Prevention, Glickman D. Accelerating progress in obesity prevention: solving the weight of the nation. Washington, DC: National Academies Press; 2012.
2. Jones E, Kreuter M, Pritchett S, Matulionis RM, Hann N. State Health Policy Makers: What’s the Message and Who’s Listening? *Health Promotion Practice*. 2006;7(3):280-6.
3. Tabak RG, Jones E, Jacobs JA, Dobbs T, Sutton V, Dove C, Brownson RC. Policy perceptions related to physical activity and healthy eating in Mississippi. *J Public Health Manag Pract*. 2013;19(301):S97.
4. Dodson EA, Stamatakis KA, Chalifour S, Haire-Joshu D, McBride T, Brownson RC. State legislators’ work on public health-related issues: what influences priorities?. *J Public Health Manag Pract*. 2013;19(1):25.
5. Robbins R, Niederdepp J, Lundell H, Meyerson J. Views of City, County, and State Policy Makers About Childhood Obesity in New York State, 2010–2011. *Prev Chronic Dis*. 2013;10:E195.
6. Anderson L, Foster S, Flynn R, Fitterman M. Assessing Public Policies and Assets That Affect Obesity Risk While Building New Public Health Partnerships, New Hampshire, 2011. *Prev Chronic Dis*. 2013;10:E134.
7. Heinrich KM, Stephen MO, Vaughan KB, Kellogg M. Kansas legislators prioritize obesity but overlook nutrition and physical activity issues. *J Public Health Manag Pract*. 2013;19(2):139-45.
8. Beamer G. Elite interviews and state politics research. *State Politics & Policy Quarterly*. 2002;2(1):86-96.
9. Goldstein K. Getting in the door: Sampling and completing elite interviews. *PS Polit Sci Polit*. 2002;35(04):669-72.
10. Maestas C, Neeley GW, Richardson LE. The state of surveying legislators: Dilemmas and suggestions. *State Politics & Policy Quarterly*. 2003;3(1):90-108.
11. Hoelscher DM, Atteberry H, Nichols D, Menendez T, Dowdy DM, & Ory M. What do Texas legislators think about child obesity? Results from the 2013 Texas Health Perception Survey. Manuscript submitted for publication; 2015.
12. The University of Texas at Austin College of Liberal Arts. Texas politics. The Legislative Branch, Chapter 1.1. Retrieved from http://www.laits.utexas.edu/txp_media/html/leg/0101.html. Accessed 6 February 2015.
13. National Conference of State Legislatures. Annual versus biennial legislative sessions. Retrieved from <http://www.ncsl.org/research/about-state-legislatures/annual-versus-biennial-legislative-sessions.aspx>. Accessed 6 February 2015.
14. Texas Start Alliance. Texas 83rd Legislative Session recap: the Texas 83rd Legislative Session statistics. Updated 10 June 2014. Retrieved from <http://www.texasstartalliance.com/full-texas-83rd-legislative-session-recap/>. Accessed 6 February 2015.
15. Hoelscher DM, Dowdy DM, Evans AE, Menendez T, Nichols D, Wang S, ... & Ory M. Evaluating differences in school population by Safe Routes to School (SRTS) funding allocation: results from the Texas Childhood Obesity Prevention Policy Evaluation (T-COPPE). Under review; 2015.
16. Tisone CA, Guerra SA, Lu W, McKyer EL, Ory M, Dowdy D, Wang S, Miao J, Evans A, Hoelscher DM. Food-shopping environment disparities in Texas WIC vendors: a pilot study. *Am J Health Behav*. 2014;38(5):726-36.
17. Oluyomi AO, Lee C, Nehme E, Dowdy D, Ory MG, Hoelscher DM. Parental safety concerns and active school commute: correlates across multiple domains in the home-to-school journey. *Int J Behav Nutr Phys Act*. 2014;11(1):1.

2013 Texas Health Perception Survey

The Health Perception Survey is being carried out in collaboration between the Michael & Susan Dell Center for Healthy Living at The University of Texas School of Public Health and the Texas A&M Health Science Center, School of Rural Public Health and is part of the *Texas Childhood Obesity Prevention Policy Evaluation (T-COPPE) Project*. The purpose of the survey is to identify knowledge of and perceptions about obesity prevention and control measures and actions among Texas legislators. This project is funded by the Robert Wood Johnson Foundation. **You have been invited to participate in this survey because you are, or you represent, a Texas legislator. If you are the legislator's designee, please note you are completing this questionnaire from the legislative member's perspective.**

- This is a confidential survey and should take around 10-15 minutes to complete.
- There is no right or wrong answer to any of the questions. You can skip a question if you do not want to answer, and you may stop participating in the survey at any time. There is no risk to you or your constituents by completing this survey. Your name will not be used in any publications or reports related to this project, nor will your name be linked to your answers in any way.
- The cover sheet with your name will be destroyed, and only a unique ID number will be assigned to track surveys. Survey completion indicates your agreement to participate in the study.
- The information collected from this survey is private and will be kept in a secure location. Only research scientists and their staff may see the information. Results from the survey will be compiled and reported to the Robert Wood Johnson Foundation, the funding agent. The report will also be distributed to Texas legislators and may be presented at scientific conferences, or in scientific journals.
- This study [HSC-SPH-12-0645] has been reviewed by the Committee for the Protection of Human Subjects (CPHS) at The University of Texas Health Science Center at Houston. If you have questions about your rights as a research subject, you can call the CPHS at The University of Texas Health Science Center at Houston at (713) 500-7943.

Deanna Hoelscher, PhD, is the Principal Investigator. For any questions, please contact the Project Coordinator, Heather Atteberry, at (512) 482-6169.

Name of Legislator

Date

Name of Person Completing Survey (if not Legislator)

Title of Person Completing Survey

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1. How important are the following factors in determining which health issues you (or the legislator) support?

	Unimportant	Of little importance	Moderately important	Important	Very important
My personal interest in the health issue					
Data on health impact in my local area					
A local leader I trust					
Constituents' needs or opinions					
Position of advocacy groups					
Scientific research					

2. How much do you (or the legislator) agree or disagree with the following statements?

	Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
I believe I have an excellent knowledge of overweight and obesity issues.					
I believe health is everyone's business.					
I believe health occurs where we live, pray, play, work and attend school.					
I believe obesity prevention is a matter of personal responsibility.					
I believe the state agencies should be involved in reducing the prevalence of obesity in Texas.					
I believe the Texas Legislature should enact policies that support health and wellness.					
I believe childhood obesity is a family matter.					
I believe parents are primarily responsible for their child's weight.					
I believe much can be done to lower the incidence of childhood obesity.					
I believe children will outgrow obesity without intervention help.					
I believe childhood obesity can be addressed through community resources.					
I believe the average Texan has the resources to change their health behavior.					
I believe there is a link between physical fitness and academics.					
I believe there is a link between a healthy diet and academics.					
I believe schools can have an effect on childhood obesity.					

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3. Would you (or the legislator) support or oppose the following policy recommendations?

	Strongly oppose	Somewhat oppose	Neutral	Somewhat support	Strongly support
Increase access to healthier food, specifically fruits and vegetables.					
Create nutritional guidelines for food sold in vending machines and through food service programs in-state facilities and agencies.					
Improve nutrition and physical activity in early childhood (e.g., preschool) programs.					
Improve the health of schoolchildren by increasing physical activity, health education and other related health measures through School Health Advisory Councils.					
Support evidence-based strategies that decrease consumption of sugar-sweetened beverages, salt, and saturated fat, and which reduce obesity and its related costs from chronic disease.					
Enhance community environments to promote physical activity.					
Support coordinated school health programs that increase physical activity and nutrition education.					
Support health education in high schools.					

4. How much do you (or the legislator) support or oppose the following environmental standards or practices?

	Strongly oppose	Somewhat oppose	Neutral	Somewhat support	Strongly support
Prohibit the sale of soda, chips, candy in school vending machines.					
Prohibit the sale of soda, chips, candy in school cafeterias.					
Limit television ads for unhealthy foods and drinks that are targeted at young children.					
Educate parents about childhood obesity and healthier eating habits for children.					
Provide more physical activity in schools.					
Provide healthier school lunches.					
Ensure new schools and subdivisions are walking and biking friendly.					
Encourage state agencies to provide healthier food through vending and cafeterias.					

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5. In your (or the legislator's) opinion, how much of a role should each play in fighting the obesity problem in Texas?

	No role	Minor role	Some role	Major role
Appropriate State Agencies				
Childcare Centers				
Communities				
Employers				
Faith-based Organizations				
Farmers				
Fitness Industry				
Food Industry				
Grocery stores				
Healthcare providers				
Individuals or Personal				
Non-Governmental Organizations (NGOs)				
Parents and Families				
Parks and Recreation Departments				
Research Organizations				
Restaurants				
Schools (K-12)				
State Legislature				
Transportation Groups				
Universities				

6. Do you (or the legislator) use any of the following sources for obesity, nutrition and physical activity information and policy?

	Not At All	Very Little	Some	A Lot
American Public Health Association				
Centers For Disease Control and Prevention (CDC)				
Public Health policy journals				
Live Smart Texas				
Online health sites				
Online news sites (foxnews.com, cnn.com, etc.)				
Partnership for a Healthy Texas				
Public Newspapers				
Schools of Public Health in Texas				
Social Media (Facebook, Twitter, etc.)				
Texas Medical Association				
Texas Public Health Association				
Texas Public Health Coalition				
Texas Universities				
Others: (Comments Optional)				

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7. How would you (or the legislator) like to receive public health and obesity related information?

	Yes	No
Email		
Personal communication		
Social Media		
Website		
Written information		
Other: _____		

8. Have you or an immediate family member ever had any of the following diseases? If you are the legislator’s designee, please complete question from the legislative member’s perspective.

	Yes	No	Don’t know/Don’t remember
Cancer			
Diabetes			
Heart Disease or Stroke			
High Blood Pressure			

9. Do you have any other relative, friends or colleagues who have ever had any of the following diseases? If you are the legislator’s designee, please complete question from the legislative member’s perspective.

	Yes	No	Don’t know/Don’t remember
Cancer			
Diabetes			
Heart Disease or Stroke			
High Blood Pressure			

10. What’s the relative influence of the following individuals and groups in determining health priorities in your chamber?

	No influence	Little influence	Neutral	Considerable influence	Major influence
Committee Chairs					
Interest Groups					
Legislative Staff					
Mass Media					
Party Leadership					
State agency leadership or staff					
Statewide elected leadership					
Other Chamber					

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11. How influential are the following sources of information to you as a state legislator on health issues?

	No influence	Little influence	Neutral	Considerable Influence	Major influence
Faith-based Organizations					
Healthcare Organizations					
Industry Representatives					
Legislative Staff					
Legislature Leadership					
Lobbyists					
Lt. Governor					
Media					
Mental Health Organizations					
National Organizations					
Other Members					
Personal Expertise					
Public Health Organizations					
Schools and Teachers					
Schools of Public Health					
Special Interest Groups					
Speaker of the House					
Statewide elected leadership					
State Agency Personnel					
State Organizations					
Universities					

12. When it comes to fiscal issues how do you (or the legislator) usually think of yourself? (mark one box)

- Extremely liberal
- Liberal
- Slightly liberal
- Moderate
- Slightly conservative
- Conservative
- Extremely conservative
- Don't know

13. When it comes to social issues how do you (or the legislator) usually think of yourself? (mark one box)

- Extremely liberal
- Liberal
- Slightly liberal
- Moderate
- Slightly conservative
- Conservative
- Extremely conservative
- Don't know

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14. How many sessions have you (or the legislator) served in the Texas Legislature? _____

15. Have you (or the legislator) ever served as a legislative staffer?

- No
- Yes

16. What appointed public offices have you (or the legislator) held?

	Yes	No
Local, county executive		
Local, county legislative		
Political Party office		
School district		
Statewide office, please list: _____		
Other, please list: _____		

17. What elected public offices have you (or the legislator) held?

	Yes	No
Local, county executive		
Local, county legislative		
Political Party office		
School district		
Statewide office, please list: _____		
Other, please list: _____		

THANK YOU FOR YOUR TIME AND VALUABLE INPUT!

Results from the survey will be compiled and reported to the Robert Wood Johnson Foundation, distributed to Texas legislators and may be presented at scientific conferences, or in scientific journals. Your name will not be used in any publications or reports related to this project, nor will your name be linked to your answers in any way.

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