County of Los Angeles – Department of Public Health

Substance Abuse Prevention and Control

**Survey Recruitment and Incentive Plan**

**[INSERT AGENCY NAME]**

**PURPOSE:** To develop an agency specific plan on survey recruitment and incentives that will be submitted to the Environmental Prevention Services (EPS) agency to ensure a coordinated and consistent Service Planning Area (SPA) plan for the archival data review and survey sections of the Comprehensive Community Assessment. The plan will outline what cities and/or regions the agency proposes for the archival review and surveys, and include specific details about where and when surveys will be conducted to ensure a representative sample.

***LOCAL DATA REVIEW***:Complete the following table detailing what cities and communities your agency proposes to cover during the archival, media and political review.

|  |
| --- |
| **LOCAL DATA REVIEW PLAN** |
| **Proposed Cities or Communities:** |
|  |

***LANGUAGE AND TRANSLATION***: To better understand the primary languages spoken in the SPA and current agency capacity to administer (ability to read any translated informed consent form and the adult survey questions to participants) the survey in these core languages and willingness to assist in any translation activities, please complete the following table. Only include languages considered primary languages spoken in the SPA; this should not be an exhaustive list.

**NOTE:** As outlined in Substance Abuse Prevention and Control’s (SAPC) Department of Public Health (DPH) Institutional Review Board (IRB) application, the informed consent form and survey **cannot** be translated/interpreted in the field. If the informed consent and survey need to be translated it must be done in advance of survey administration, approved by SAPC and the IRB, and be the same version used for all SPAs (unless an alternate dialect is justified and preapproved). Each agency administering a survey in a language other than English must ensure that survey administrators are qualified to read and speak effectively. Only the adult (25+) survey will be translated into multiple languages if needed.

|  |
| --- |
| **LANGUAGE AND TRANSLATION NEEDS** |
| **Staff Name** **(Individual must be on the** **EPS or CPS contract)** | **SPANISH** | **[INSERT PRIMARY LANGUAGE]** | **[INSERT PRIMARY LANGUAGE]** | **[INSERT PRIMARY LANGUAGE]** |
| Staff able to read? | Staff able to speak? | Staff able to assist in translation? | Staff able to read? | Staff able to speak? | Staff able to assist in translation? | Staff able to read? | Staff able to speak? | Staff able to assist in translation? | Staff able to read? | Staff able to speak? | Staff able to assist in translation? |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| **For the purpose of this section, “staff” are considered individual(s) responsible for conducting the field surveys with adults (25+).** |

|  |
| --- |
| **Describe any other language and/or translation concerns, recommendations and solutions here.**  |
| (FIELD WILL EXPAND AS NEEDED) |
|  |

***INCENTIVES PLAN:*** The DPH IRB and SAPC require that each EPS and CPS contractor in the SPA be consistent in the value of the survey incentive provided to survey participants. This also must be consistent with SAPC’s IRB approved research design. The purpose of the incentive is to encourage participation in the survey and fairly compensate the participant for their time. Please complete the following table with the information as agreed by the SPA contractors.

|  |
| --- |
| **SURVEY INCENTIVES PLAN** |
| **Youth (12-17) Giftcard Brand** | **Amount** | **Young Adult (18-24) Giftcard Brand** | **Amount** | **Adult (25+)** **Giftcard Brand** | **Amount** |
|  |  |  |  |  |  |

|  |
| --- |
| **Describe any other incentive related concerns, recommendations and solutions here.**  |
| (FIELD WILL EXPAND AS NEEDED) |
|  |

***SURVEYORS***: Each individual administering field surveys must 1) be 18 years of age and older, an employee of the agency, and received DOJ/FBI fingerprint clearance; 2) be trained in DPH-IRB Human Subjects Protection requirements; and 3) attend the CCAT training *Conducting Community Surveys and Environmental Scans;* and 4)receive appropriate training from the agency to ensure safety and compliance with all contract/program requirements in advance of survey administration.

|  |
| --- |
| **DESCRIBE STEPS TO ENSURE COMPLIANCE WITH THE ABOVE REQUIREMENTS FOR SURVEYORS** |
| (FIELD WILL EXPAND AS NEEDED) |
|  |

***SURVEY COVERAGE AREA AND PLAN***: This section is designed to thoroughly describe the surveying process for the agency including 1) the street or community boundaries by agency and 2) the locations, days and times, and number of surveys completed per city/community.

|  |
| --- |
| **SURVEY BOUNDARIES BY STREET OR COMMUNITY** |
| **Describe in detail the target areas, including street boundaries as applicable.**  |
| (FIELD WILL EXPAND AS NEEDED) |

|  |
| --- |
| **DESCRIBE HOW THE LOCATIONS AND DAYS/TIMES OF SURVEY ADMINISTRATION LISTED BELOW WILL ENSURE DATA COLLECTION WITH THE GENERAL POPULATION FOR EACH GROUP AGE GROUP FOR THE TARGET COMMUNITY(IES).** |
| (FIELD WILL EXPAND AS NEEDED) |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **City or Community** | **Youth (12-17) Surveys** | **Young Adults (18-24) Surveys** | **Adults (25+) Surveys** |
| # of Surveys | Proposed Location(s) and Address | Proposed Days/Times | # of Surveys | Proposed Location(s)and Address | Proposed Days/Times | # of Surveys | Proposed Location(s)And Address | Proposed Days/Times |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **SUBTOTAL THE TOTAL NUMBER OF SURVEYS TO BE CONDUCTED BY AGE GROUP HERE (THIS MUST BE CONSISTENT WITH THE MANUAL REQUIREMENTS** |
|  |  |  |  |  |  |  |  |  |  |

This document constitutes the agency’s *Survey Recruitment and Incentive Plan*. Submitting this document to the EPS contractor for inclusion in the SPA-Wide plan further constitutes agreement to above plan unless otherwise agreed in writing. Each agency must maintain this agency specific plan, and the compiled SPA-Wide plan on-site and available to the SAPC Contract Program Auditor upon request.

The individual authorized by the agency to commit to this plan must sign below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date