Bright Futures

B. COLLECTION OF INFORMATION EMPLOYING STATISTICAL METHODS

1. RESPONDENT UNIVERSE AND SAMPLING METHODS

The data collection effort for this assessment will not employ any complex statistical methods. While we seek to collect responses from each of the sites that are sufficiently large to reflect the patients and providers at those sites, we are not attempting to collect data in a fashion that would make them generalizable. What we are attempting to do through the site selection process is to include sites that are possible users of the *BFWHW* materials. By identifying site and respondent characteristics, other health care organizations can assess whether these materials would be useful in serving women who need help in changing their physical activity and eating behaviors.

At all evaluation sites except for school-based health centers, adult woman patients aged 21 and over, who read and write English (the BFWHW materials being tested are the English language versions), and who use the health care setting during the data collection period for a wellness or health maintenance visit will be given the *BFWHW* materials and will be invited to participate in the assessment. At school-based health centers, young woman patients between the ages of 13-17, whose parents have consented to allow them to participate, will be given the *BFWHW* materials and will be invited to participate in the assessment. Approximately 300-400 assessment forms from young and adult woman patients will be collected at each site, for a total of 1800–2400 patient assessment forms collected.

Additionally, all health care providers who are seeing female patients for a wellness or health maintenance visit will be asked to use the *BFWHW* physical activity and healthy eating materials and will be invited to complete a one-time assessment of the materials (estimated to be approximately ten providers at each site). One administrator at each of the sites will also participate in a semi-structured interview focusing on the acceptability and usefulness of the materials at that site, modifications that they might make in how or when the materials are used, and the likelihood of future use.

2. INFORMATION COLLECTION PROCEDURES

Data collection procedures have been designed to maximize response, minimize burden on the respondents, and promote accuracy and completeness of responses. Described below are the specific data collection procedures that we propose to use. We also describe the process under Tab F. In this appendix, we include a letter of commitment that we will request of each participating site, and the sequencing of tool usage and information collection steps, including scripts to be used at each applicable point in the process.

Patient Assessment Forms

Prior to the implementation of assessment activities, the contractor will work with each of the sites to identify two support staff members at the health care center who will distribute the *BFWHW* materials and who will ask the woman to complete the consent form for adults or the assent form

for young women and the assessment form. During the July 2004 pilot test of the draft materials; participating health centers used office receptionists both to give the materials to patients after they signed in and to give them the assessment form before they left. We anticipate the participating sites doing the same in this assessment.

Immediately following the provider visit, all eligible female patients who agree to participate after being recruited and consented/assented will be provided with the assessment form (Tab C for adult woman and Tab D for young women). The assessment form will collect information about demographics; the receipt of the health promotional tools and materials; the use of the tool during the visit; current physical activity and health eating behaviors, attitudes, self-efficacy, and intentions regarding physical activity and healthy eating; and whether or not the tools will help in making physical activity and/or healthy eating behavior changes. Patients will be given the form and asked to fill it out before they leave. They also will be given an envelope in which to place the completed assessment form. They will be asked to place the assessment form in the envelope; seal the envelope; put a series of X's across the seal; and give the envelope back to the receptionist. These assessment forms will be sent to the contractor on a weekly basis. The health care providers will be asked to mention the assessment at the end of their session, telling the patient that they will be asked to participate.

In addition to working closely with each of the sites prior to the initiation of data collection, contractor's staff will maintain close contact with the site over the course of the data collection. The contractor's staff will conduct a series of weekly check-in calls to trouble shoot with each of the sites. The contractor's staff also will provide each of the sites with a point of contact who will be available by telephone and email whenever needed (including outside of regular office hours).

Provider Assessment Forms

Prior to using the *BFWHW* physical activity and healthy eating materials, health care providers will be given a *BFWHW* two-page Counseling Tip Sheet that may be used when interacting with women patients. The contractor's staff will work with the sites to understand how the *BFWHW* materials will be used; that is, whether they will be presented in a formal setting or distributed to each health care provider individually without a meeting. At the end of the data collection period, health care providers will be recruited to participate in the assessment of the *BFWHW* materials. Health care providers will be given a packet containing two copies of the informed consent form (one for the provider to sign and return, and the other for him/her to keep), the assessment form, and envelopes for each. If the health care provider agrees to fill out the assessment form, he or she will be asked to sign the consent form, place it in the envelope provided, and return it to the health center support staff. The health care provider will then be asked to return the assessment form to the designated support staff within two weeks of receipt. The assessment form (Tab E) will collect information on his/her opinions on the training and orientation materials, use of and satisfaction with tools, problems or barriers encountered using tools, and the perception of the tools' effectiveness with patients. The assessment form will be distributed by the contractor's site point of contact. Health care providers will be instructed to fill out the assessment form, place it in the envelope provided and seal it, and return it to the support staff member designated to receive the forms.

3. METHODS TO MAXIMIZE RESPONSE RATES

In order to maximize response rates, the site administrator(s) of the selected sites will be asked to sign a letter of commitment to actively participate in the assessment. There have been enthusiastic responses from the sites that thus far have been contacted about participating in this assessment. Given the sites will have volunteered to participate in the assessment, enthusiasm and willingness is anticipated to be at a high level, increasing probability of high response rates. The contractor had high levels of success collecting data from similar sites in the July 2004 pilot test.

The most challenging aspect of maximizing response rates will occur in the collection of the assessment forms from the women. The barriers in getting this task accomplished effectively will be minimized by several important features of our approach. First, female patients will be given the assessment forms in a straightforward manner and will be provided with the necessary privacy (to the extent possible) and implements (pencil/pen) to complete the forms. Second, the individual to whom the forms will be returned to will be easily identifiable. Third, only the designated support staff in the health center overseeing the implementation will be able to send the completed anonymous assessment forms to the contractor. The contractor will perform the data entry as well as the analysis and report writing at their offices in Washington, D.C. The assessment forms are written in an easy comprehensible manner, no higher than a seventh-grade reading level. Finally, to the extent possible, patients will be informed at the time that the appointment is set about the data collection and will be asked to allow some additional time to support participation in this assessment of the *BFWHW* materials.

This effort gathers information from a diverse audience in different types of settings and is intended to reflect varying populations and sites that might find the materials to be supportive of their delivery of preventive health care. Given the use of the convenience sample approach, however, inferences will not be attempted and limitations of the results will be stressed in the final report.

4. TESTS OF PROCEDURES

The assessment forms have been tested for literacy level and burden estimates. Modifications have focused upon clarifying terminology and language and rewriting or eliminating questions that may be confusing to respondents.

5. STATISTICAL CONSULTANTS

The data collection and analysis will be conducted by Health Systems Research, Inc.; 1200 18th Street, N.W., Suite 700; Washington, DC 20036. The Project Director is Rebecca Ledsky, who can be reached at 202-828-5100.