MOVE! **Weight Management Program for Veterans**
Survey of Patient Experiences

VA FORM 2900-XXXX

B.   COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS

1. **Provide a numerical estimate of the potential respondent universe and describe any sampling or other respondent selection method to be used. Data on the number of entities (e.g., households or persons) in the universe and the corresponding sample are to be provided in tabular format for the universe as a whole and for each strata. Indicate expected response rates. If this has been conducted previously include actual response rates achieved.**

Fiscal Year 2008 (1 Oct 2007 – 30 Sep 2008) is the last full year for which sample estimates are available. The actual estimates used for the final sampling plan will derive from FY 2009 data, which is available beginning Oct 1, 2009. The potential universe of respondents includes patients who had 2 or more MOVE! Weight Management treatment-related visits in FY09.

Potential respondents will be selected using a multistage, stratified cluster sampling design. Nine strata based on VA facility complexity/size will be created (5 based on hospital complexity criteria that have already been established for use among VA hospitals and 4 based on community-based outpatient clinic (CBOC) size). Note that based on the definition of population, the proposed strata constitute an exhaustive collection of non-overlapping strata.

In the first sampling stage, VA facilities will be selected at random using a sequential probability proportional to the number of patients who received a majority of their weight management treatments in the specific location (sequential probability proportional sampling design). This design will ensure representativity in the sample of patients who received care at both hospital facilities and community outpatient clinics. The number of institutions selected from each stratum will be determined using a proportional allocation.

Complexity Category	# of potential facilities*
1a	34
1b	15
1c	17
2	34
3	37
CBOC-very large	33
CBOC-large	49
CBOC-medium	123
CBOC-small	78

In the second sampling stage, a sample of patients will be selected at random from each facility selected in the first stage. The allocation of sample size to each selected location will be based on knowledge about the number of patients using MOVE! in each location. The selection will be made proportional to the size with oversampling of females to ensure representation in the final sample of 5,000 patients selected from the potential universe. The total number of patients in the final sample (5,000) was selected

based on several factors including statistical considerations (precision and validity of estimates) and feasibility factors (resources required for survey deployment and analysis).

Complexity Category	# of potential respondents male	# of potential respondents female	# of potential respondents total
1a	17,639	2,469	20,108
1b	6,674	796	7,470
1c	5,595	833	6,428
2	7,977	1,015	8,992
3	6,442	781	7,223
CBOC- very large	1,279	90	1,369
CBOC-large	5,029	523	5,552
CBOC – medium	3,908	453	4,361
CBOC-small	3,436	515	3,951

The expected response rate is about 66%. This estimate is based on the current response survey for the VHA Survey of Health Care Experiences of Patients (2900-0712), which is a postal survey sent to a random sample of VHA users for the purposes of assessing satisfaction with health care received at VHA facilities.

2. Describe the procedures for the collection of information, including:

- **Statistical methodology for stratification and sample selection**
    See explanation above.

- **Estimation procedure**
   Survey item responses will be tabulated using methods appropriate for complex survey design. This includes adjusted frequencies and weighted proportions, where appropriate for the item.

- **Degree of accuracy needed**
   As the items assessed are more qualitative in nature, a high degree of numerical accuracy is not required. The sample scheme outlined above will provide us with the ability to make valid, reliable estimates for the population as a whole, and for women and patients who receive care at community-based outpatient clinics.

- **Unusual problems requiring specialized sampling procedures**
   None

- **Any use of less frequent than annual data collection to reduce burden**
   This is a one-time data collection.

3. Describe methods to maximize response rate and to deal with issues of non-response. The accuracy and reliability of information collected must be shown to be adequate for intended uses. For collections based on sampling, a special justification must be provided for any collection that will not yield "reliable" data that can be generalized to the universe studied.

The survey will be deployed using a modified Dillman approach, which includes a pre-notification letter, personalized survey cover letter with pre-paid return envelope, and a thank you/reminder post-card in 4 weeks if no survey is returned. Because potential respondents are patients within the Veterans Health Administration (VHA), socio-demographic and health information is available through existing VHA administrative and clinical data sources. The study protocol governing the conduct of this study includes provisions to link survey response data to existing data VHA data sources for respondents and to use socio-demographic and specific health information for non-respondents. This will ensure our ability to adequately assess for bias introduced by non-response.

4. Describe any tests of procedures or methods to be undertaken. Testing is encouraged as an effective means of refining collections to minimize burden and improve utility. Tests must be approved if they call for answers to identical questions of 10 or more individuals.

The survey will be field tested with 9 potential respondents including both male and female patients at one VHA facility.

5. Provide the name and telephone number of individuals consulted on statistical aspects of the design and the name of the agency unit, contractor(s), grantee(s), or other person(s) who will actually collect and/or analyze the information for the agency.

Individuals responsible for survey development and sampling plan:

--VHA Employees
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Individuals responsible for survey deployment and collection:

--Synovate - Public Sector & Healthcare Services Research Group (via contract)
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    Study Director