

Department of Veterans Affairs

Memorandum

Date: June 28, 2012

From: Aaron Schneiderman, Ph.D., Principal Investigator, and Acting Director, Epidemiology Program, Office of Public Health, VA

Subj: “National Health Study for a New Generation of U.S. Veterans” (OMB No. 2900-0722) – Response to Office of Management and Budget (OMB) Questions

To: Bridget C.E. Dooling (OMB); Cynthia Harvey-Prior, Management Analyst (OMB Liaison), VH A; Denise McLamb, Program Analyst, VA

1. How do the non-response bias results inform VA’s weighting adjustments for the survey results that have already been collected?

VA has contracted with Mathematica Policy Research (MPR) for advice on statistical approaches to address potential non-response bias. MPR will review VA’s development of design weights that address non-response and provide guidance on the development of a post-stratification plan. The post-stratification plan is designed to account for differential response rates by stratification variables and other important administrative variables, including age and education.

2. What will VA do to bolster response rates of the next wave, particularly for subgroups that have relatively low response rates?

VA will employ a multifaceted approach to enhance the response to future survey efforts. The Office of Public Health (OPH) will conduct the following activities: proactive outreach to Veteran Service Organizations to enhance the profile of OPH projects in the Veteran community and development of a voluntary Veterans Community Board with membership comprised of Veterans of different conflict eras to advise OPH on outreach and communications. OPH will dialogue with other VA researchers about the challenge of decreasing participation in VA research and seek a way forward to support increased participation, especially among younger Veterans. Any subsequent contracts for data collection will include specific task language requiring contractors to provide plans for maximizing response rates and investigation of new or alternative methods to assure sufficient response rates. Contractors will be required to conduct a robust literature review on the topic of non-response and employ the use of qualitative research methods, such as focus groups, to develop plans to maximize response. VA will also seek methods to better utilize incentives, such as cash or cash equivalents, and other design elements to enhance the survey experience. The VA will use sequential mailings, including an introductory letter from an influential official, reminder postcards, and telephone follow-ups to encourage response. A web-based survey will continue to be offered, which was a very popular choice and enhanced response rates for the HSNGV.

3. Would VA be amenable to a term of clearance on the next approval that directs VA, by the time of the next submission, to have a plan to leverage its administrative data (i.e., EHRs) to perform more robust non-response bias analysis?

VA will implement a more robust non-response bias analysis regardless of whether there is a term of clearance associated with the next approval. We have already started to include additional data elements in the non-response analysis for the last survey iteration, including age and education, that are derived from the sampling frame provided by DoD.

VA finds the suggestion to use the Electronic Health Record (EHR) intriguing; however, this approach may not support a robust non-response analysis. The potential pitfall is that our survey is not limited to users of VHA services, but targets a population-based sample of all Veterans (of Operations Enduring Freedom and Iraqi Freedom). Consequently, the survey responders, if representative of the population, will consist of both VHA users and those who do not receive care from VHA (and therefore no visibility in the EHR). A further concern regarding the use of the EHR in non-response analysis is previous analyses that suggest users of VHA services are different from the Veteran population at large. There may be ways to use the EHR for non-response analysis that are yet to be described. OPH will seek input from others and would welcome OMB input toward describing a suitable method to leverage administrative data.

VA will adhere to the terms of clearance directed by OMB, but would prefer that use of the EHR in non-response analysis be framed as a recommendation, allowing VA the flexibility to further assess the feasibility of this approach.