

**SUPPORTING STATEMENT**

**Part B**

**MEPS Experiences with Cancer SAQ**

**November 15, 2011**

Agency for Healthcare Research and Quality (AHRQ)

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## B. STATISTICAL METHODS

### 1. Potential Respondent Universe and Sample Selection Method

The Medical Expenditures Panel Survey (MEPS) Experiences with Cancer SAQ will be fielded as part of the MEPS. The MEPS is a nationally representative sample of households within the United States. For a detailed description of the MEPS sample design see Ezzati-Rice, TM, Rohde, F, Greenblatt, J, *Sample Design of the Medical Expenditure Panel Survey Household Component, 1998–2007*. Methodology Report No. 22. March 2008. Agency for Healthcare Research and Quality, Rockville, MD. [http://www.meps.ahrq.gov/mepsweb/data\\_files/publications/mr22/mr22.pdf](http://www.meps.ahrq.gov/mepsweb/data_files/publications/mr22/mr22.pdf)

The MEPS Experiences with Cancer SAQ will be administered to MEPS respondents identified as having cancer in round 5 of panel 15 and round 3 of panel 16. The cumulative data will be included in MEPS 2011 data year and will be publically available in 2013. The sample for the MEPS Experiences with Cancer SAQ includes:

- Cancer survivors who completed the 2010 NHIS Sample Adult automatically selected for inclusion in the MEPS.
- Cancer survivors diagnosed after the 2010 NHIS responding to the question in the MEPS about cancer diagnoses.
- Cancer survivors included in the MEPS who did not complete the 2010 NHIS Sample Adult, but responded to the question in the MEPS about cancer diagnoses.
- Cancer survivors who completed the 2010 NHIS Sample Adult and their household added to the MEPS as part of oversampling.
- Cancer survivors who did not identify a cancer diagnosis in the 2010 NHIS, but indicated a condition or limitation due to cancer and their household added to the MEPS as part of oversampling.

We expect to distribute 2,424 questionnaires but with a 90% anticipated response rate, we expect to collect 2,181 completed SAQs.

**Table 1. Respondent Recruitment**

<b>Respondent Panels</b>	<b>Number</b>
Panel 15	1,093
Panel 16	1,331
<b>Total</b>	<b>2,424</b>

### 2. Information Collection Procedures

The Experiences with Cancer SAQ will be distributed during routine MEPS interviews in Round 5 (Panel 15) and round 3 (panel 16). The MEPS computer assisted personal interviewing system

(CAPI) prompts the interviewer to prepare and distribute the SAQ to every adult member reporting cancer in the current or previous round in the Quality Supplement section of the MEPS. If the SAQ respondent is available at that time, we ask that he/she complete the SAQ and give it to the interviewer before she leaves the household after completing the interview. The interviewer enters a collection status code during the Closing Section of the MEPS. If the SAQ is not collected before the interviewer leaves the household, she will either arrange a time to come back to pick it up (if it is mutually convenient for the respondent and interviewer) or we ask that the SAQ be returned to Westat in a postage-paid envelope we leave at the household.

### **3. Methods to Maximize Response Rate**

We are giving Livestrong foundation bracelets to each adult responding to the survey as a small token of appreciation for completing the questionnaire. In those cases where the questionnaire is left at the household to be completed and then mailed back, if the questionnaire is not received within one month we will send a follow up letter and/or make a phone call encouraging completion of the questionnaire.

### **4. Tests of Procedures**

The procedures for this specific questionnaire are same as for Diabetes Care Survey and Adult SAQ in the MEPS data collection process. These procedures are well established with a high response rate. A pretest of the Experiences with Cancer SAQ was done in order to construct a questionnaire appropriate for this population. Three rounds of in-person cognitive interviews were conducted. First two rounds were in English and third round was in Spanish. There were 24 English-language interviews in Round 1 and 20 English-language interviews in round 2 and 8 Spanish-language interviews in Round 3 using a Spanish-language translation of the finalized English-language questionnaire.

The interviews, with respondent written consent, were observed and audio recorded for later observation, and took approximately one hour to complete. The information collected was used to test and to support development of the questionnaire. The purpose of these cognitive interviews was to refine the questionnaire's items and composites.

### **5. Statistical Consultation and Independent Review**

Following individuals have been consulted on the design of this questionnaire:

Doris Lefkowitz, PhD Agency of Healthcare research and Quality  
Anita Soni, PhD Agency of Healthcare research and Quality  
Kathy Virgo, PhD MBA (American Cancer Society)  
Donatus Ekwueme, PhD (Centers for Disease Control and Prevention)  
Juan Rodriguez MPH (Centers for Disease Control and Prevention)  
Wendy Hicks, MS Westat, Inc.  
Gordon Willis, PhD (National Cancer Institute)

Robin Yabroff, PhD, MBA (National Cancer Institute)  
Marc Roemer, MS Agency of Healthcare research and Quality