

SUPPORTING STATEMENT B TEMPLATE

Veteran Toxic Exposure Screening (PACT Act Section 603)

OMB Control Number: 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.

This is a new information collection, and the potential respondent universe is the 8.3M Veterans who are enrolled in VA health care. No sampling or other respondent selection methods will be used. The respondent universe includes Veterans who receive care from VHA health care providers, Veterans who receive care through the community, and Veterans who are enrolled in VA health care but are not active users. Expected response rate is 75%.

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

- **Statistical methodology for stratification and sample selection**
- **Estimation procedure**
- **Degree of accuracy needed**
- **Unusual problems requiring specialized sampling procedures**
- **Any use of less frequent than annual data collection to reduce burden**

VA will use several different methods of gathering information from Veterans through the toxic exposure screening, including VHA staff or community care staff administering the screening during a health care appointment, VHA staff administering at other Veteran touch point events (e.g., screening blitz event), and Veterans completing the screening independently before being contacted by VHA staff for follow up. Veterans have the option of declining the toxic exposure screening.

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 toxic exposure screening will be incorporated into the electronic health record system as a clinical reminder to ensure all Veterans are screened at least once every five years, per the statutory requirement. Clinical reminders are seen by all providers at all touch points of Veteran care to ensure collaboration to complete screening. Veterans have the option of declining the screening at any point, however to maximize response rate a robust communications plan is being developed to ensure Veterans are aware and educated of the benefits of the screening. Other methods of obtaining screening data are under consideration by VHA to include self-screening methods, such as eScreening or apps, to reach Veterans using their preferred methods of completion.

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.

To ensure efficacy of the screening tool and ease of use by screeners, the project team will conduct a pilot test of the toxic exposure screening tool with a sampling from targeted clinical areas and sites for 10 days. The goal is to collect feedback and best practices to use in refining the screening tool and training to increase best chance for success. The pilot testing is scheduled to begin on September 6, 2022.

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.

Dr. Thomas Mattras, Director of Operations, Office of Primary Care, Veterans Health Administration developed the toxic exposure screening. All VHA Title 38 and Hybrid Title 38 staff will be able to collect data (responses) from Veterans during the screening. VHA data analysts will analyze the collected information at the direction of Dr. Thomas Mattras as the program matures.