

## SUPPORTING STATEMENT – PART B

### Military Health System Providers' Attitudes Towards and Knowledge of Contraceptive Care and Women's Reproductive Health – 0720-WHRS

#### B. COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS

##### 1. Description of the Activity

The purpose of the survey is to capture provider self-reported beliefs, clinical knowledge on reproductive health care (including contraceptive counseling) and prescribing and providing contraception care for and during deployment. Data and analysis from the survey will enable DoD to evaluate, enhance, and where needed, improve reproductive services delivery and educational interventions; provide a strong basis for planning policy and services related to active-duty service women's (ADSW) reproductive and contraceptive health; and provide data, programs, and details necessary for replication and peer review.

The survey is devised to be a sufficiently large and representative sample of the diverse professionals who provide reproductive and contraceptive care to ADSWs at health care visits (e.g., readiness visits, pre-deployment, and during deployment). The total sample includes approximately 15,200 uniformed (i.e., active duty) and civilian Military Health System (MHS) providers. This is a stratified random sample, stratified by uniformed status (i.e., uniformed versus civilians), service branch (Air Force, Army, Navy, and Defense Health Agency [DHA]), and provider type (i.e., obstetrician-gynecologist [OB-GYN], other medical doctors [e.g., family practice, general medicine], nurse practitioners, other nurses [e.g., general nurse, obstetrics nurse], physician assistants, and enlisted medical personnel). Specifically, the sample design involves sampling from these strata at rates as follows:

- Other civilian nurses in the Army are sampled at a rate of 25%.
- Other civilian nurses in the Navy are sampled at a rate of 50%.
- Other civilian nurses in DHA are sampled at a rate of 67%.
- Enlisted medical personnel in the Army and Navy are sampled at a rate of 75%.

All providers not mentioned above are sampled a rate of 100%. Below is the sample size by provider and service branch. With weights, respondents should be representative of these groups.

	Uniformed (Active Component)				Civilian			
	Army	Navy	Air Force	DHA	Army	Navy	Air Force	DHA
Obstetrician-Gynecologist	126	95	78	0	0	0	0	71
Other Medical Doctor	660	690	553	0	16	1	6	725
Nurse Practitioner	178	77	204	0	1	0	0	279
Other Nurses	168	517	177	0	1,911	922	1,017	1,945
Physician's Assistants	729	334	435	0	350	63	38	96
Enlisted Medical Personnel	1,164	1,090	478	0	0	0	0	0

Although this is a new data collection effort, based on prior surveys of DoD populations and health care providers, we assume a 10% response rate for all MDs (including OB/Gyn) a 15% response rate for all non-MD providers (e.g., nurses).

## 2. Procedures for the Collection of Information

The sampling strategy is based on randomly sampling from three strata: uniformed status, service branch, and provider type. Given small sample sizes within some of the strata, a 100% sampling approach will be used in all cases *except*: other civilian nurses in the Army, other civilian nurses in the Navy, other civilian nurses in DHA, and enlisted medical personnel in the Army and Navy. The sampling strategy tries to balance increasing sample sizes (and costs) and reducing variation to provide more precise estimates. All one-way strata based on uniformed status, branch, or job type are designed to yield a maximum margin of error of no more than 5%. Similarly, relevant two-way strata (e.g., Army Nurses) are designed to have a maximum margin of error of no more than 8%.

## 3. Maximization of Response Rates, Non-response, and Reliability

The survey is confidential, which allows for targeted follow-up reminders to only those participants who have not yet completed the survey. In addition, the survey vendor will use phone reminders which can be converted into survey completions (i.e., respondents will be able to complete the survey over the phone if they wish). Because health care providers are considered a hard-to-reach population in survey research, participants who complete the survey will receive a \$40 e-gift card (assuming they attest to completing the survey outside of duty hours, per DoD regulation).

Imputation procedures to address missing data among respondents will also be used as part of data analysis. Because sampling uses a stratified, random sampling approach (based on uniformed/civilian status, service branch, and provider type), the use of analytic weights in all study analyses will ensure that the results generalize to MHS providers of the types included in the sample. Analytic weights are the product of non-response weights (designed to account for unequal probabilities of response across respondents) and sample weights (designed to account for the stratified random sampling approach).

#### 4. Tests of Procedures

The survey instrument was reviewed by four current MHS providers (including nurses and enlisted medical personnel). These providers were active-duty service members.

#### 5. Statistical Consultation and Information Analysis

No additional consultation apart from soliciting public comments through the Federal Register was conducted for this submission.