SUPPORTING STATEMENT

Part B

Feasibility Assessment for Marketing and Deployment of Mobile Phone Applications

OMB No. xxxxxxx

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Agency of Healthcare Research and Quality (AHRQ)

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B. Collections of Information Employing Statistical Methods

1. Respondent Universe and Sampling Methods

Data collection activities will involve patients, clinicians and clinical support staff at four Harris County Hospital District (HCHD) clinics in Houston, Texas - Northwest Health Center, Gulfgate Community Health Center, Martin Luther King Jr. Community Health Center and People's Health Center - and at the Meharry General Hospital Internal Medicine Clinic in Nashville, Tennessee. These facilities serve large numbers of medically underserved and demographically mixed populations as follows:

- Northwest Health Clinic serves a population of 48,000 individuals, of which 15.6% are White, 18.6% Black, 59.3% Hispanic, and 5.5% Asian;
- Gulfgate Community Health Center serves a population of 45,000 individuals, of which 4.5% are White, 12.7% Black, 82% Hispanic, and 0.7% Asian;
- Martin Luther King Jr. Community Health Center serves a population of 50,000 individuals, of which 4.9% are White, 67.3% Black, 26.1% Hispanic, and 1.4% Asian;
- People's Clinic serves a population of 82,000, of which 7.2% are White, 19.7% Black, 58.7% Hispanic, and 12.0% Asian; and
- Meharry General Hospital Internal Medicine Clinic serves a population of 33,000 patients, of which 21.0% are White, 43.1% Black, 13.8% Hispanic, and 0.2% Asian.

The data to be collected will consist primarily of qualitative perceptions to inform our evaluation of this preliminary feasibility study. No attempt will be made to employ probability sampling or draw samples representative of specific patient groups or conditions.

Convenience samples of approximately 60 patients per clinic (total 300) will be interviewed as they exit from their visit to assess whether they saw and understood the marketing materials displayed in the clinic; were encouraged by the marketing materials to text or access the EHC mobile Web site about their health issue(s); and encountered any barriers to texting or access of the mobile Web site or materials. Because clinic restrictions require that participants be passively recruited, it will not be possible to select individuals having specified characteristics or from defined subpopulations. Although the results of the interviews are not intended to be generalizable, to increase the likelihood of obtaining samples that are generally representative of each clinic's patient population we plan to vary the time of day, the day of the week, and the interview locations within the clinics. Selecting samples of size 60 from each clinic will also facilitate obtaining a diverse patient mix. Were we to collect smaller samples the likelihood of capturing all relevant patient populations served in each clinic would be lessened.

Clinicians and clinical support staff at the three clinics will take part in separate focus group discussions to determine their perceptions of the impacts of the EHC materials in clinical care and workflow. Participation in regularly scheduled clinic meetings will determine the participation in the focus groups. Holding separate focus groups with clinicians and clinical support staff will ensure that the discussions will be focused around their role-specific perception and experiences.

All patients who request to have any of the EHC materials mailed to them will be invited to take part in a short questionnaire aimed at determining their perceptions of the materials received including usefulness, readability, and relevancy to their information needs. All persons accessing the EHC materials via the mobile Web site will be invited to participate in a brief online questionnaire to appraise perceptions of the accessibility and layout of the mobile Web site in addition to the materials accessed. Given the relatively short duration of this feasibility study and the brevity of the estimated questionnaire completion time, we elected to maximize our data collection efforts by inviting each person who self-selects in requesting materials to complete a questionnaire until reaching the desired sample size. The alternative of limiting the number of questionnaires distributed according to defined criteria would be challenging given our lack of knowledge of the characteristics of those persons who may be interested in requesting materials and, in fact, might unnecessarily restrict the amount of data collected if minimal response rates are observed.

2. Information Collection Procedures

All information collections will be conducted in a manner that is consistent with the following guidelines:

- Participation will be completely voluntary, and non-participation will have no effect on eligibility for or receipt of future AHRQ-sponsored health services research or products.

- Approximate sample sizes are estimated for each activity to ensure that burden is minimized while valid and reliable data are collected, to the extent possible in a feasibility study in which generalizations are not being made to larger populations.

- Information collections are limited to those assessments necessary to evaluate the following:

    1) Summarize the extent to which persons in targeted patient populations responded to marketing;

    2) Assess patient satisfaction with: a) the means by which patients were alerted as to the availability of EHC Program materials; b) the methods patients used to request and access the EHC materials; and c) the value and relevancy of the information that they obtained;

    3) Characterize perceptions of clinical care providers and clinical staff persons in terms of: a) the value of efforts to promote patient awareness of EHC Program materials using marketing techniques described in this feasibility project; and b) the effect of these efforts on workflow issues and related aspects of clinic operations.

- Given the voluntary nature of the information collections, efforts will be made to obtain the highest possible response rates.

3. Methods to Maximize Response Rates

The design of each information collection will include approaches to maximize response rates, while retaining the voluntary nature of the effort, consistent with generally accepted survey methodology. These will include approaches such as use of postage-paid addressed envelopes (in the case of paper questionnaires), sending one or more follow-up requests for participation/completion of assessment, provision of remuneration to encourage participation, and maintenance of data confidentiality and, when possible, anonymity, to encourage open and honest responses.

4. Tests of Procedures

The proposed data collection mechanisms have been informed by similar assessment instruments previously developed, tested and administered to clinical and non-clinical participants in health education research studies designed by Baylor College of Medicine and in other AHRQ contracts in their role as the Eisenberg Center. When feasible, instruments have been pretested with representatives of target audiences followed by refinement and finalization.

5. Statistical Consultants

Neither probability sampling nor complex statistical analytics will be employed in this study; therefore, no external entities will be engaged for consultation in such matters.