## <u>Supporting Statement Outline – Sample</u>

## **NOTE: Complete Part B for Survey ICR Requests**

#### SUPPORTING STATEMENT – PART B

# B. COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS

If the collection of information employs statistical methods, the following information should be provided in this Supporting Statement:

## 1. <u>Description of the Activity</u>

These information collections support an emergent, high-visibility Secretary of Defense requirement directed in February 2021 to conduct evaluations of 20 DoD installations where the military community is at increased or decreased risk for destructive behaviors as evidenced by measures of unhealthy command climate. Site visits will take place June-August 2021, report development in August 2021, Military Department coordination in September 2021 and delivery of the report to the Secretary in Oct 2021. Given the aggressive timeline of this requirement, the purpose of the initial high risk installation evaluations is to pilot an evaluation process and metrics in order to develop an enduring evaluation method to support future evaluations (expected to be conducted on biennial basis).

DoD Office of Force Resiliency (OFR) will identify 20 DoD installations to take part in the assessment. At each location, a handful of service members who either have direct responsibility for prevention activities or their superiors will participate. There will be three data sources: 1) responding to a "request for information"; 2) participating in discussions during a three day site visit; and 3) completing a survey.

The *request for information* asks a series of questions about experiences conducting prevention activities targeting a variety of negative behaviors at each location, including sexual assault and harassment, substance abuse, suicide, and domestic violence. The request for information also asks what kind of prevention activities service members conduct, what their relationships are like with their colleagues at their location who also are involved in prevention, and any relevant documents about the prevention activities conducted. The request for information will be sent before the site visit.

The *site visit discussions* will involve staff from the RAND Corporation and DoD asking questions to follow-up on data elements in the request for information, along with additional questions about prevention at each location. The site visit will be three days. Depending upon roles of each service member at the different locations, they may be asked to participate in all three days, or for some amount of time less than three days.

The *survey* asks questions about individual level of knowledge and skills conducting prevention activities. Depending on their role, they may be asked to participate all three activities, two activities, or just one. Participation will be determined in consultation with RAND and OFR staff. The survey will be collected on paper at the site visit. RAND staff will hand out the surveys to be completed in meetings, collect them back, and then transport them back to RAND for data entry.

All three data sources will have identifiers, including the name of the respondent, email addresses, and phone numbers. None of the information is sensitive, but mostly describes activities that while not well known, are public (existence of prevention programs at an installation). Some of the information will be about topics that are not publicly known—e.g., the individual prevention competencies of an individual respondent.

The respondents to the site visit discussion and the survey (all respondents will complete both) will be a cross section of personnel at the participating installations that fall into two general categories. First, are personnel that are specific to prevention and intervention activities relating to a variety of negative behaviors (e.g., alcohol use, suicide, sexual harassment). These include: Sexual assault response coordinators, victim advocates, Family Advocacy Program staff, MEO/EEO staff, Mental Health Professionals, Enlisted medical personnel (e.g., medics, corpsmen), Inspectors general and misdemeanor and felony-level law enforcement representatives, Chaplains, MWR and community/ support services staff, and Physical health professionals. We are collecting data from these individuals because they have first-hand knowledge of how prevention activities are carried out at the installation. The second category are general personnel that will be important to talk to for their perceptions of how prevention is prioritized and experienced at the installation and will include (the target sample is in parentheses): Installation commander, E1-E4 Men (10), E1-E4 Women (10), O1-O3 Men (10), O1-O3 Women (10), E5-E6 Men (10), E5-E6 Women (10), O4-O5 Men (10), O4-O5 Women (10), E7-E9 Men (10), E7-E9 Women (10), O6 Men (10), O6 Women (10), First sergeants (5 or more). In total, each installation will have about 220 respondents for a total of about 4400 respondents across the 20 installations.

## 2. <u>Procedures for the Collection of Information</u>

There will be three data sources: 1) responding to a "request for information"; 2) participating in discussions during a three day site visit; and 3) completing a survey. Data source 1 and 2 will actually be the same questions. The request for information will be sent ahead via an emailed Word document to a point of contact (POC) at each installation. The POC will arrange to have the relevant individual(s) answer the questions in the Word document and send back to RAND by email. In our experience, these types of request for information are often returned incomplete or unclear. Thus, at the site visits, site visit staff will follow up to confirm the information and fill in any missing data. During the three day site visit, various groups of individuals specified above will be organized into a series of discussion groups in one hours slots (see Table 1). Although RAND will provide general guidance, each installation will determine the best individuals to participate.

Table 1. Hypothetical schedule of data collection at each installation

	Tuesday		Wednesday		Thursday		Friday		
	Team 1	Team 2	Team 1	Team 2	Team 1	Team 2	Team 1	Team 2	
0900- 1000	Installation commander/ command team in-brief and interviews	Tour of installation housing and work areas	E1-E4 Men (10) <sup>1</sup>	E1-E4 Women (10)	MWR and community/ support services staff (10)	Chaplains (5 or more)	Farewell meeting with installation commander, if s/he would like	Any other type of prevention staff (e.g., AF Violence Prevention Integrators)	
1030- 1130	O1-O3 Men (10)	01-03 Women (10)	E5-E6 Men (10)	E5-E6 Women (10)	FRG/SFRG/FRP/ Key Spouse staff (10)	Sexual assault response coordinators, victim advocates, Family Advocacy Program staff (10)			
	1130-1300 Lunch on the installation								
1300- 1400	O4-O5 Men (10)	04-05 Women (10)	E7-E9 Men (10)	E7-E9 Women (10)	MEO/EEO staff (5 or more?)	Mental Health Professionals*			
1430- 1530	O6 Men (10)	O6 Women (10)	First sergeants (Army/AF/MC, any equiv. Navy would like to provide) (5 or more?)	Enlisted medical personnel (e.g., medics, corpsmen) (10)	Inspectors general AND both misdemeanor and felony-level law enforcement representatives (10)	Physical health professionals** (10)			

<sup>&</sup>lt;sup>1</sup> Parentheses indicate project sample size

FRG = Family Readiness Group (Navy), SFRG = Soldier and Family Readiness Group (Army), FRP = Family Readiness Program (Marine Corps), Key Spouse program is Air Force; MWR = morale, welfare, recreation programs; MEO = Military Equal Opportunity program for military personnel, EEO = Equal Employment Opportunity program for civilian personnel

The questions for 1 and 2 will be open-ended questions about the prevention activities. The discussions will NOT be recorded, but a notetaker will be part of the site visit team and will take detailed notes. Those notes will be hand carried back to RAND to be organized and used for analysis. Data source 3 will be a survey of individual competencies to carry out prevention activities. Individuals will complete the survey at their respective discussion group slot during the three day site visit. The survey will be paper and pencil and collected by site visit staff who will hand carry the completed forms back to RAND for data entry and analysis.

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

High response rates are expected given this data collection has been ordered by the Secretary of Defense. The request for information will likely be the most challenging to have completed. However, we specifically are employing the site visit mechanism to ensure that the all the questions will have complete responses. Regarding the survey, we will administer it at the

<sup>\*</sup>Mental health professional group should include at least two of each of the following: (a) psychiatrists, (b) psychologists or social workers, and (c) MFLC counselors (Military and Family Life Counselors) AND at least one staff member from the substance/drug and alcohol abuse program \*\*Physical health professionals should include at least two each of the following: (a) primary care physicians (b) emergency room nurses (c) physician assistants

beginning of each discussion group time slot and immediately collect the surveys back. Thus, we expect the response rates will be very high.

We will use multiple procedures to ensure high reliability. Each site visit will comprise two government individuals (team lead and analyst), two RAND staff who will lead the discussion (accompanied by a RAND notetaker). There will be 16 RAND individuals in total. All 16 will be trained to use the site visit protocol using hypothetical data. training will continue until at least an interrater reliability score of .8 is achieved across all 16 raters. After each visit, the raters from each site visit team will independently make their ratings. Inter-rater reliability will be calculated using these separate scores. Then, the raters will discuss their ratings and come to a census when they disagree. It is this consensus score that will be used in analysis.

The data collection is not intended to be generalizable to a larger universe. That is because the data collection is intended to be an installation-level evaluation of that installation's activities. The data will be used to help each installation improve as well as provide an overview of progress to DoD leadership.

## 4. Tests of Procedures

RAND is convening an expert panel of three subject matter experts to review the measures to be used in the data collection. Each panel member will receive the instruments, a background paper, and instructions to rate each item of each measure for its validity and importance. Only the highest rated items will be retained. In addition, RAND will ask each respondent at the end of each group discussion slot about their perceptions of the process (e.g., what worked well; what should be improved). In addition, DoD will convene a panel of three representative end users to review the measures and provide feedback about perceived relevance, clarity, and utility. Given that this data collection is a pilot, the feedback will be used to refine the data collection for future use.

# 5. Statistical Consultation and Information Analysis

a. Provide names and telephone number of individual(s) consulted on statistical aspects of the design.

Matthew Chinman, Ph.D., RAND Corporation, 4570 5th Ave, Pittsburgh, PA 15213, 412 683-2300 x 4287

b. Provide name and organization of person(s) who will actually collect and analyze the collected information.

Team Members	Organization/Role		
Dr. Andra Tharp	DoD/Team Lead		
Mr. Travis Bartholomew	DoD/Team Lead		
Col Tony Haught	DoD/Team Lead		

Lt Col Thomas Maguire	DoD/Team Lead		
Dr. Suzanne Holroyd	DoD/Team Lead		
Dr. Beverly Fortson	DoD/Analyst		
Dr. Tracy Hipp	DoD/Analyst		
LCDR Evette Pinder	DoD/Analyst		
LtCol Ric Cloninger	DoD/Analyst		
LCDR Rich Yates	DoD/Analyst		
LTC Gennelle Conway	DoD/Analyst		
Team Members	Organization/Role		
Christine LaCoste	RAND – Notetaker		
Deborah Zajdman	RAND - Notetaker		
Mallika Bhandarkar	RAND - Notetaker		
Max Steiner	RAND - Notetaker		
Sarita Lee	RAND - Notetaker		
Shoshana Shelton	RAND - Notetaker		
Varun Chandorkar	RAND - Notetaker		
Gregory Schumacher	RAND – Lead data collector		
Laura Miller	RAND – Lead data collector		
Peter Whitehead	RAND – Lead data collector		
Sarah Meadows	RAND – Lead data collector		
Stephanie Holliday	RAND – Lead data collector		
Susan Bush-Mecenas	RAND – Lead data collector		
Abe Wandersman	RAND – Lead data collector		
Amanda Meyer	RAND – Lead data collector		
Amber Watson	RAND – Lead data collector		
Amy Kerr	RAND – Lead data collector		
Jack Baker	RAND – Lead data collector		
Jenny Kolodny-Goetz	RAND – Lead data collector		
Katelyn Wargel	RAND – Lead data collector		
Katie Zenger	RAND – Lead data collector		
Pam Imm	RAND – Lead data collector		
Paul Flashpohler	RAND – Lead data collector		