

## SUPPORTING STATEMENT - PART A

### Health Related Behaviors Survey – 0720-HRBS

#### 1. Need for the Information Collection

The Department of Defense's (DoD) Health Related Behaviors Survey (HRBS) is the largest population-based health survey of service members that collects self-report data on a number of important behavioral health issues affecting the wellbeing of active duty and reserve personnel. It provides a valuable snapshot of the overall behavioral health of the Force, both Active and Reserve Components, and alerts DoD leadership to areas of success, as well as areas where more attention—resources and policies—may be needed.

The survey fulfills several DoD requirements. First, Department of Defense Instruction (DoDI) 1010.01, dated September 13, 2012, on the Military Personnel Drug Abuse Testing Program (MPDATP) states:

“Targeted and periodic surveys will be conducted of DoD MPDATP policy and guidance” (p. 9); the HRBS is the survey used for that documentation and to assess the effectiveness of DoD's Drug Demand Reduction Program (DDRP).”

Second, the HRBS permits comparisons between military populations in health behaviors over time. Importantly and contrary to other similar total force surveys in the military, the HRBS is a confidential survey conducted external to the DoD by a Federally Funded Research and Development Center. Thus, the HRBS has the advantage of reducing the possibility of underreporting of health behavior concerns associated with possible career impacts such as substance misuse. The items in the HRBS are informed directly by stakeholders and workgroups across the DoD who use the findings and data to respond to a variety of requests related to frequency of health related problems in their services and health topic areas.

The HRBS also allows for comparisons between military and civilian populations and can be used to assess progress with respect to identified goals and objectives for population health and well-being. For roughly the past 40 years, the Office of Disease Prevention and Health Promotion has developed a set of evidence-based objectives aimed at improving the health of American citizens. Benchmarks are established for 10-year cycles and the current set of goals is outlined in Healthy People 2030 (HP2030 <https://health.gov/healthypeople>). DoDI 1010.10 states that it is Department policy to “Support the achievement of the Department of Health and Human Services' vision for improving the health of all Americans as outlined in Healthy People 2020.” Data from the HRBS facilitate comparisons to the updated HP2030 objectives.

The 2023 version of the HRBS will assess a number of topics, including substance use and abuse (i.e., alcohol, tobacco, and illicit substances), physical and mental health, suicide, mental health service utilization, sexual health, and current topical issues affecting readiness.

## 2. Use of the Information

Approximately 250,000 randomly selected active-duty service members from the Air Force, Army, Marine Corps, Navy, Space Force, and Coast Guard (excluding those at flag rank [O7 and above] and trainees [e.g., students at military academies]) will be invited by both mail and email to participate in a one-time, web-based, confidential survey. The survey, the HRBS, has been routinely fielded roughly every three years since 1980 and is DoD's flagship self-report survey on the health and health behaviors of service members.

Sample members will receive an initial survey invitation via postal mail as well as via email. Over the course of 12 weeks, respondents will receive one follow up postal letter and up to five reminder emails. These reminders are only sent to those sample members who have not yet completed the survey or opted out of notifications.

The survey, which is web-based and can be taken on a desktop, laptop, or mobile device (e.g., smartphone, tablet), should take approximately 20 minutes to complete. Each respondent receives a unique identification code which will allow him/her to take the survey at a specified website. Once a respondent is finished, he/she submits the survey electronically. The survey will be administered by Westat, RAND's survey vendor. Westat will maintain and clean the responses and provide RAND with a final dataset. We expect roughly 22,100 completed surveys.

## 3. Use of Information Technology

The survey is web-based: 100% of responses will be collected electronically through Westat.

## 4. Non-duplication

The information obtained through this collection is unique and is not already available for use or adaptation from another cleared source.

## 5. Burden on Small Businesses

This information collection does not impose a significant economic impact on a substantial number of small businesses or entities.

## 6. Less Frequent Collection

Historically, the HRBS has been conducted every three to four years, with the most recent surveys in 2015 and 2018. The current survey has already been delayed due to Covid issues. If not completed in 2023, assessment of trends in the health and health behaviors of service members over time will be further limited.

## 7. Paperwork Reduction Act Guidelines

This collection of information does not require collection to be conducted in a manner inconsistent with the guidelines delineated in 5 CFR 1320.5(d)(2).

## 8. Consultation and Public Comments

Part A: PUBLIC NOTICE

A 60-Day Federal Register Notice (FRN) for the collection published on Friday, February 10, 2023. The 60-Day FRN citation is 88 FRN 8826-8827.

No comments were received during the 60-Day Comment Period.

A 30-Day Federal Register Notice for the collection published on (Day of the Week, Month Day, Year). The 30-Day FRN citation is (volume number) FRN (Page number).

## Part B: CONSULTATION

The study sponsor engaged a variety of stakeholders regarding the survey collection and data available. Stakeholders who have been engaged directly include but are not limited to Drug Testing and Program Policy, the service leads at the Alcohol and Substance Misuse Advisory Committee (ASMAC), the Tobacco Subcommittee of the ASMAC, the Defense Suicide Prevention Office, and the Sexual Assault Prevention and Response Office. In the past year, the sponsor has received a variety of direct requests for HRBS findings and data, including requests from Army, Navy, Air Force, Coast Guard, and Uniformed Services University of the Health Sciences.

These stakeholders were an active part of both the 2018 and 2023 HRBS. For the current 2023 HRBS, stakeholders were met with in one-on-one meetings with our team. Survey items and needs were adjudicated with stakeholder groups, and specific items and scales were removed or added at their request based on current stakeholder needs.

### 9. Gifts or Payment

No payments or gifts are being offered to respondents as an incentive to participate in the collection.

### 10. Confidentiality

DHA Privacy determined Privacy Act Statement is not required for this collection because we are not requesting individuals to furnish personal information for a system of records.

DHA Privacy determined a System of Record Notice (SORN) is not required for this collection because records are not retrievable by PII.

DHA Privacy determined A Privacy Impact Assessment (PIA) is not required for this collection because PII is not being collected electronically.

Records Retention and Disposition Schedule.

“As applicable, records will be maintained in accordance with the following records disposition schedules:

**FILE NUMBER:** 905-02

**FILE TITLE:** Quality Assurance Studies and Analyses of Healthcare Quality Standards

**FILE DESCRIPTION:** Files pertaining to the quality assurance analysis of DoD, other federal agency, State and local, and other healthcare standards including studies and analyses that result in issuance of new standards.

**DISPOSITION:** Permanent. Cut off upon completion of standard. Transfer to NARA 25 years after cutoff.

**AUTHORITY:** NC1-330-77-005, item 905-02a and 905-02c

**FILE NUMBER:** 905-03

**FILE TITLE:** Ad Hoc Quality Assurance Studies and Analyses of Healthcare Quality

**FILE DESCRIPTION:** Studies and evaluations on a "when required" basis, not resulting in issuance of new standards.

**DISPOSITION:** Temporary. Cut off upon completion of study. Destroy 5 years after cutoff.

**AUTHORITY:** NC1-330-77-005, item 905-02b”

#### 11. Sensitive Questions

The survey asks respondents to provide their sexual orientation (SO) and transgender identity (GI), as well as experiences with unwanted sexual contact, mental health, sexual behaviors, and substance use. Race/ethnicity will be collected via matched administrative data and is aligned with OMB measurement practices. A 2022 report from the National Academies of Science, Engineering, and Medicine (*Measuring Sex, Gender Identity, and Sexual Orientation*) outlines best practice in measuring SOGI, and the survey items in the HRBS align with them. The HRBS survey is confidential, responses will never be linked to an individual, and RAND has obtained a Certificate of Confidentiality from the National Institutes of Health (NIH). The survey items about health behaviors are routinely asked in nationally representative civilian surveys on health and health behaviors and allow for comparison between the two populations. Service members are asked questions about experiences with family planning, including abortion services. The 2023 HRBS received a request originating from the office of the Under Secretary of Defense for Personnel and Readiness for collection of such information. This data collection is also a matter of interest to the Secretary of Defense and the White House. Proposed questions address pregnancy planning, types of pregnancy outcomes, termination through abortion (past 12 months, since joining the military, and lifetime), the type of service received, the type of facility providing the service, payment for the service, and loss of duty time associated with the service.

#### 12. Respondent Burden and its Labor Costs

##### Part A: ESTIMATION OF RESPONDENT BURDEN

###### 1) Collection Instrument(s)

2023 Health Related Behaviors Survey

a) Number of Respondents: 22,100

b) Number of Responses Per Respondent: 1

c) Number of Total Annual Responses: 22,100

d) Response Time: 20 minutes

e) Respondent Burden Hours: 7,367

2) Total Submission Burden

- a) Total Number of Respondents: 22,100
- b) Total Number of Annual Responses: 22,100
- c) Total Respondent Burden Hours: 7,367

Part B: LABOR COST OF RESPONDENT BURDEN

1) Collection Instrument(s)

2023 Health Related Behaviors Survey

- a) Number of Total Annual Responses: 22,100
- b) Response Time: 20 minutes
- c) Respondent Hourly Wage: See table below.

| <b>Pay Grade</b> | <b>Based on 2022 Monthly Basic Pay Table</b> | <b>Hourly Rate</b> |
|------------------|--|--------------------|
| E1-E4            | \$14.05 (E3, 3 years)                        | \$14.05            |
| E5-E6            | \$22.29 (E6, 8 years)                        | \$22.29            |
| E7-E9            | \$31.17 (E8, 16 years)                       | \$31.17            |
| O1-O3, W1-W5     | \$35.69 (O3, 5 years)                        | \$35.69            |
| O4-O6            | \$52.12 (O6, 10 years)                       | \$52.12            |

d) Labor Burden per Response: See table below.

| <b>Pay Grade</b> | <b>Expected Respondents</b> | <b>Survey Labor Burden</b><br>(Exp. Respondents X Hourly Rate X 20 minutes/60) |
|------------------|-----------------------------|--|
| E1-E4            | 5,397                       | \$25,275.95  |
| E5-E6            | 6,004                       | \$44,609.72  |
| E7-E9            | 4,120                       | \$42,806.80  |
| O1-O3, W1-W5     | 3,218                       | \$38,283.47  |
| O4-O6            | 3,359                       | \$58,357.03  |

e) Total Labor Burden: \$209,332.97

2) Overall Labor Burden

- a) Total Number of Annual Responses: 22,100
- b) Total Labor Burden: \$209,332.97

Source: 2022 Monthly Basic Pay Tables:

<https://www.dfas.mil/Portals/98/Documents/militarymembers/militarymembers/pay-tables/2022%20Military%20Pay%20Tables.pdf?ver=eyZKK478XVelcSQoEG7xFA%3d%3d>

13. Respondent Costs Other Than Burden Hour Costs

There are no annualized costs to respondents other than the labor burden costs addressed in Section 12 of this document to complete this collection.

14. Cost to the Federal Government

Due to the use of contracted staff, the federal government will not incur labor burden.

Part A: LABOR COST TO THE FEDERAL GOVERNMENT

- 1) Collection Instrument  
2023 HRBS Health Related Behavior Survey
  - a) Number of Total Annual Responses: 22,100
  - b) Processing Time per Response: 0
  - c) Hourly Wage of Worker(s) Processing Responses: \$0
  - d) Cost to Process Each Response: \$0
  - e) Total Cost to Process Responses: \$0
  
- 2) Overall Labor Burden to the Federal Government
  - a) Total Number of Annual Responses: 22,100
  - b) Total Labor Burden: 0

Part B: OPERATIONAL AND MAINTENANCE COSTS

- 1) Cost Categories
  - a) Equipment: \$0
  - b) Printing: \$0
  - c) Postage: \$0
  - d) Software Purchases: \$0
  - e) Licensing Costs: \$0
  - f) Other: The total cost of the FFRDC contract supporting this survey is \$2,900,000. The breakdown of the contract was as follows:
    - Labor: \$1,423,646
    - Travel: \$10,036
    - Computing: \$51,818
    - Other Direct Costs: \$7,000
    - Survey: \$900,000
  
- 2) Total Operational and Maintenance Cost: \$2,900,000.

Part C: TOTAL COST TO THE FEDERAL GOVERNMENT

- 1) Total Labor Cost to the Federal Government: \$209,332.97
  
- 2) Total Operational and Maintenance Costs: \$2,900,000.

3) Total Cost to the Federal Government: \$3,109,332.97.

15. Reasons for Change in Burden

This is an existing collection currently in use without an OMB Control Number.

16. Publication of Results

Data collection will begin in April 2023 and end in July 2023. The draft final report is expected to be complete in April 2024. Survey results will be published in a peer-reviewed RAND research report. The tentative title is *The 2023 Health Related Behaviors Survey of Active-Duty Service Members*. Expected publication is July 2024. The final report will present key outcomes by service branch, pay grade (by group), gender, age (by group), and race/ethnicity. Missing data will be imputed. All analyses will be weighted using analytics weights (i.e., non-response X design weights).

17. Non-Display of OMB Expiration Date

We are not seeking approval to omit the display of the expiration date of the OMB approval on the collection instrument.

18. Exceptions to “Certification for Paperwork Reduction Submissions”

We are not requesting any exemptions to the provisions stated in 5 CFR 1320.9.