SUPPORTING STATEMENT - PART A

Upstream risk factors for behavioral health and suicide in military personnel: An examination of social determinants of health – OMB Control Number 0703-SDOH.

1. Need for the Information Collection

The Naval Health Research Center (NHRC) is requesting Office Management and Budget (OMB) clearance for the project entitled “Upstream risk factors for behavioral health and suicide in military personnel: An examination of social determinants of health.” This study is funded by the Military Operational Medicine Research Program (JPC-5). Study investigators at NHRC received $744,000 in funding, which includes a subaward with San Diego State University (SDSU). Dr. Kristen Walter (NHRC) and Dr. Emily Schmied (SDSU) serve as each site’s principal investigator.

Many service members (SM) face adverse social determinants of health (SDOH), such as financial, housing, and food insecurity, isolation or distance from others, and social stressors such as racism and discrimination. Exposure to adverse SDOH may place SM at higher risk for behavioral health symptoms and/or suicidality. To maintain the safety, health, and operational readiness of the Force, early identification of SM who are at risk for behavioral health issues and connecting them to appropriate resources and services is critical. Current models of assessment and treatment miss important upstream risk factors, including SDOH, and may not identify at-risk SM who do not seek care from military treatment facilities or complete regular behavioral health screeners. Additionally, although research in veterans has explored the impact of adverse SDOH, including homelessness and poverty, limited research has been conducted among active duty SM.

The purpose of this project is to develop and implement a cross-cutting, comprehensive behavioral health instrument that assesses the social needs (i.e., SDOH) of active duty Sailors and Marines as upstream risk factors that predict the future development of behavioral health issues, and to identify procedures for linking personnel with services and treatments that can meet their overarching SDOH and behavioral health needs. Specifically, the study aims to (1) develop a cross-cutting, comprehensive assessment of upstream risk factors (i.e., SDOH) for behavioral health issues among Sailors and Marines, (2) administer the assessment to active duty Sailors and Marines, (3) identify the upstream behavioral health risk factors of Sailors and Marines, (4) determine the relationship between social risk factors and future behavioral health issues among Sailors and Marines (5) finalize the instrument, and (6) develop procedures for linking Sailors and Marines to appropriate services and programs based on their reported social and behavioral health needs.

Project aims will be achieved through longitudinal SDOH and behavioral health symptom data collected from up to 1,088 active duty Sailors and Marines. We determined this sample size based on power analyses calculations, which determined that 299 participants would be required to complete study analyses for each branch of service. Accounting for 45% attrition from baseline to the follow-up, which is standard for active duty survey research, we increased the initial target sample size to 544 for each branch of service, totaling a target sample size of 1,088. Ultimately, this project uses a public health approach to understand the adverse SDOH experienced by Sailors and Marines to help prevent behavioral health issues and suicide within the military.

2. Use of the Information

Respondents in this study will include 1,088 active duty Sailors and Marines. Service members are asked to provide data about social needs so that military researchers and DoD stakeholders can better understand these needs and identify ways to address them. The data collection instrument is a cross-cutting, comprehensive assessment of SDOH among active duty Sailors and Marines. The assessment will be completed at two time points: baseline and six-month follow-up. This assessment instrument is designed to help clinicians, health care providers, support staff, leadership, and the Integrated Primary Prevention Workforce (IPPW) identify service members at-risk of developing behavioral health problems. This will increase the opportunity for intervention and prevention of behavioral health issues. Ultimately, study staff will also use the information collected from surveys to identify resources and procedures for referring personnel so that they can meet their overarching social and behavioral health needs. In sum, the information collected from the SDOH assessments will be used to understand the extent of social needs and detect upstream behavioral health risk factors among Sailors and Marines.

Emails for potential eligible participants (i.e., enlisted, female and male Sailors and Marines aged 18 and older) will be obtained through the Defense Manpower Data Center (DMDC) after obtaining the required approvals. A link to the online consent form will be emailed to potential participants and they will be instructed to review the form independently. The consent form will be programmed into an accessible format online on a DoD-approved questionnaire platform (e.g., Qualtrics). Those who are interested in the study will be asked to sign the consent form electronically to indicate their consent; those who do not agree to consent will be thanked for their time and the form will end. Only those who provide consent will be automatically directed to initiate the study assessment. The assessment should take approximately 15-20 minutes to complete. Participants will not be asked to provide any identifying information on the assessment. Instead, they will be prompted to create a personal identification code (PIC; e.g., first two letters of high school, first two letters of mother’s name) that will allow the researchers to merge the questionnaires over time without being able to identify individual participants. All responses will be collected automatically upon completion of each page of the survey.

Following completion of the baseline questionnaire, participants will be immediately redirected to a separate website hosted on the same online platform. Here, they will be prompted to enter the email address from which they received the questionnaire link as a means of verifying that they are an eligible study participant and have completed the questionnaire. Afterwards, they will be asked to check a box to indicate that their participation in the study occurred while they were off duty. If they check the box indicating they were off duty, they will then be prompted to “opt in” or “opt out” of receiving the compensation. Those who indicate their desire to receive the compensation will be asked to confirm what email address they would like to use to receive their $25 gift card code. This extra layer of security is required to separate contact information from study data and to confirm that the participant was off duty when the survey was completed.

Everyone will submit email addresses during the compensation disbursement process following each assessment; thus, all email addresses will be obtained for individuals who have completed the baseline survey, independent of whether they elected to receive compensation. The research team will cross-check the lists of email addresses that were obtained during the eligibility screening process and the baseline questionnaire compensation disbursement process. The follow-up email will be sent only to participants whose email addresses appeared in both lists. We expect that almost all 1,088 participants will receive follow-up survey emails, as attrition for filling out the first survey is likely to be low as it occurs immediately following consent. Importantly, the compensation disbursement process occurs on a different webpage and cannot be connected to survey responses.

Online sign-up data will be handled in a confidential, controlled-access manner on a password protected website, Qualtrics ([www.qualtrics.com](http://www.qualtrics.com)) under the SDSU Qualtrics account. Qualtrics has Federal Risk and Authorization Management Program (FEDRAMP) authorization and uses SSL encryption. Only personnel assigned to assist with data management will have access to these data via the Qualtrics server and will be able to download it; all data are deidentified. All study staff will have current human subjects protection and HIPAA privacy training. Once data collection is complete, all online records will be deleted.

In addition to the initial study invitation email, participants may receive reminders to fill out the surveys via email for both baseline and follow up surveys (which are included in this submission). Gift codes for off-duty survey completion will be sent via email as well.

3. Use of Information Technology

All study surveys will be collected electronically using the online Qualtrics survey platform. Online participation begins with an informed consent form and participants must provide consent before receiving the survey. The informed consent form asks participants to create a personal identification code (PIC; e.g., first two letters of high school, first two letters of mother’s name) that will allow the researchers to merge the questionnaires over time without being able to identify individual participants. We will not ask participants to enter or sign their names to reduce the risk of participant identification and protect participant confidentiality.

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

Both the baseline and six-month follow up surveys will be conducted only once. Therefore, data will be collected from responding service members twice as most.

7.Paperwork Reduction Act Guidelines

We are asking for an exemption from using the Figure 1 Race and Ethnicity Question Format in the 2024 Statistical Policy Directive No. 15: Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity (SPD 15) and request to use the Figure 3 format instead. There are two valid reasons that agencies may seek a waiver request for assessing detailed race/ethnicity reporting categories, including risk of identification due to low cell sizes and undue burden on respondents. We are requesting an exemption to update the race and ethnicity question to Figure 3 based on both of these grounds.

Assessing the minimum reporting categories will provide the level of information needed for our study, protect respondents, and minimize survey burden. We will not be able to report key constructs in a way that would protect identity using the detailed race/ethnicity questions in Figure 1. Therefore, these additional questions pose an undue burden on respondents. Additionally, asking detailed racial/ethnic categories may have the unintended consequence of making respondents less likely to answer other sensitive questions (concerns about being identified, which we already know has been an issue historically on surveys). Thus, if we are required to use the detailed Figure 1 question, we may have more missing data, lower data quality overall, and potentially lower response rates.

This collection of information does not require collection to be conducted in a manner inconsistent with any of 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 Thursday, June 27, 2024. The 60-Day FRN citation is 89 FR 53595.

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

A 30-Day Federal Register Notice for the collection published on Friday, January 10, 2025. The 30-Day FRN citation is 90 FR 1990.

Part B: CONSULTATION

A Military Advisory Board (MAB) was developed in the initial phase of this study with experts from several DoD Divisions, including Navy Suicide Prevention N17, the Health and Resilience Research Office, and Behavioral & Operational Health. MAB members provided consultation on several survey items. We also received feedback from subject matter experts at the Office of Deputy Assistant Secretary of Defense for Military Community and Family Policy.

9. Gifts or Payment

Participants will receive a $15 electronic gift card for their first (i.e., baseline) survey completion, and a $25 electronic gift card for their participation in their second (i.e., follow-up) survey completion. The surveys will cost $0 to the Navy, considering they will be completed during off-duty hours. Gift codes will be sent to participants via email.

10. Confidentiality

A Privacy Act Statement located on all collection instruments and must be read prior to the web-based surveys.

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

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

Project data will be kept for up to six years following project completion and then destroyed.

11. Sensitive Questions

Both surveys are anonymous, and participants are instructed that they do not have to answer any question they do not wish to answer. Each survey asks demographic questions, including questions about race/ethnicity, sexual behavior/attitudes, and general information about finances. To ensure we are adequately developing a social determinants of health assessment that identifies the specific needs of the Navy population, and with sensitivity to diversity, this information is essential to capture. Additionally, each survey has three measures related to mental health symptoms. These questions provide necessary information to help researchers understand which social determinants of health may be risk factors for the development of mental health issues, including suicidal ideation. This information is required for program execution.

12. Respondent Burden and its Labor Costs

Part A: ESTIMATION OF RESPONDENT BURDEN

1. Collection Instrument(s)

**Social Determinants of Health Baseline Survey**

1. Number of Respondents: 1,088
2. Number of Responses Per Respondent: 1
3. Number of Total Annual Responses: 1,088
4. Response Time: 15 minutes
5. Respondent Burden Hours: 272 hours

**Social Determinants of Health Follow-up Survey**

1. Number of Respondents: 599
2. Number of Responses Per Respondent: 1
3. Number of Total Annual Responses: 599
4. Response Time: 15 minutes
5. Respondent Burden Hours: 150 hours
6. Total Submission Burden
	1. Total Number of Respondents: 1,687
	2. Total Number of Annual Responses: 1,687
	3. Total Respondent Burden Hours: 422 hours

Part B: LABOR COST OF RESPONDENT BURDEN

1. Collection Instrument(s)

**Social Determinants of Health Baseline Survey**

1. Number of Total Annual Responses: 1,088
2. Response Time: 15 minutes
3. Respondent Hourly Wage: $15.19
4. Labor Burden per Response: $3.80
5. Total Labor Burden: $4,132

**Social Determinants of Health Follow-up Survey**

1. Number of Total Annual Responses: 599
2. Response Time: 15 minutes
3. Respondent Hourly Wage: $15.19
4. Labor Burden per Response: $3.80
5. Total Labor Burden: $2,275
6. Total Submission Burden
	1. Total Number of Annual Responses: 1,687
	2. Total Labor Burden: $6,407

The Respondent hourly wage was determined by using an average of minimum and maximum earnings for enlisted service members (E1-E4) from the following data source: <https://www.dfas.mil/MilitaryMembers/payentitlements/Pay-Tables/Basic-Pay/EM/>

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

Labor and Operational costs are covered in their entirety by the $744,000 in Military Operational Medicine Research Program grants funds that were awarded to NHRC to conduct this study. This figure includes a subaward with San Diego State University (SDSU).

Part A: LABOR COST TO THE FEDERAL GOVERNMENT

1. Collection Instrument(s)

**Social Determinants of Health Baseline Survey**

1. Number of Total Annual Responses: 1,088
2. Processing Time per Response: 0 hours
3. Hourly Wage of Worker(s) Processing Responses: $0
4. Cost to Process Each Response: $0
5. Total Cost to Process Responses: $0

**Social Determinants of Health Follow-up Survey**

1. Number of Total Annual Responses: 599
2. Processing Time per Response: 0 hours
3. Hourly Wage of Worker(s) Processing Responses: $0
4. Cost to Process Each Response: $0
5. Total Cost to Process Responses: $0
6. Overall Labor Burden to the Federal Government
	1. Total Number of Annual Responses: 1,687
	2. Total Labor Burden: $0

Part B: OPERATIONAL AND MAINTENANCE COSTS

1. Cost Categories
	1. Equipment: $0
	2. Printing: $0
	3. Postage: $0
	4. Software Purchases: $0
	5. Licensing Costs: $0
	6. Other: $0
2. Total Operational and Maintenance Cost: $0

Part C: TOTAL COST TO THE FEDERAL GOVERNMENT

1. Total Labor Cost to the Federal Government: $0
2. Total Operational and Maintenance Costs: $0
3. Total Cost to the Federal Government: $0

15. Reasons for Change in Burden

This is a new collection with a new associated burden.

16. Publication of Results

The results of these surveys will be aggregated and shared via briefings, professional presentations, and scientific manuscripts shared both within and outside of the Department of Defense, including through scientific peer-reviewed journal publications. Results will also be used to inform the development of policies and procedures for linking Sailors and Marines to appropriate services, treatments, and/or programs based on their reported social and BH needs.

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.