

SUPPORTING STATEMENT – PART B

B. COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS

1. Description of the Activity

The potential respondent universe is all Military Caregivers taking care of an Active Duty Service Member at Fort Bragg, Fort Sill, Joint Base San Antonio (JBSA), and Joint Base Lewis-McChord (JBLM). In September 2016, there was a total of 83,000 Soldiers on these four bases. Using estimations of the number of Military Caregivers from the RAND study, it is estimated that 3% of Active Duty Soldiers have a Military Caregiver. Further, it is estimated that each care recipient has an average of 2 Military Caregivers. Therefore, the total number of potential Military Caregivers on these four installations is estimated at 5,000. Although this data collection has never been undertaken before, the response rate is estimated to be 15% based on the typical response rate observed in DoD-wide surveys for Active Duty Service Members.

Potential Respondent Universe at JBLM, JBSA, Fort Bragg, and Fort Sill

Sub-Populations	Total
Soldiers	83,000
Soldiers Expected to Have Caregivers (3% of Soldiers)	2,500
Expected Number of Caregivers (2 per Soldier)	5,000

2. Procedures for the Collection of Information

There is no known database listing of Military Caregivers and apart from the RAND report (AADA file 7), there is very little information about the Military Caregiver population except that it is sizable and in need of help. However, APHC has partnered with subject matter experts in the Office of the Surgeon General to obtain information about the mechanisms and channels through which Caregivers might best be located, although the size of the population can only be estimated per above and by no means can a comprehensive participant listing be derived. It is understood that the lack of sampling will limit the degree of generalizability of results to the remainder of the Military Caregiver population. Therefore, there is not intent to generalize results in absolute terms, but rather to perform a needs assessment of Military Caregivers of a purposive sample at four locations and that respondents will self-select to participate in our survey. However, there is interest in how some constructs (for example, caregiver burden and caregiver health status) may differ across demographic groups (for example, age, sex, or socioeconomic status) to inform how needs differ across these groups and how future program activities may need to be targeted across and tailored to various demographic groups. To that end, demographics data will be used as a grouping variable in some analyses of survey data as well as potentially controlled for in statistical analyses as needed.

The link for the online Caregivers Assessment of Responsibility Evaluation (CARE) will be distributed to the four pilot installations (Fort Bragg, Fort Sill, JBSA, and JBLM) in the

following ways: via email list serv through installation groups such as the Family Readiness Groups; via posters and other marketing on the installation; via the Military Caregivers Program: Heart of Recovery program website; and via online marketing through social media on the installation (Facebook and Twitter) or on Garrison and Military Treatment Facility (MTF) webpages. Respondents will self-select after being reached by the above messaging avenues. However, even after respondents self-select, they will have to meet a series of inclusion criteria. First, all respondents must be eighteen years of age or older (see page 4 of survey screenshots). If respondents report that they are not 18 years of age or older, the survey will end and they will be provided with current information and resources about Military Caregivers (see page 7 of survey screenshots). Second, respondents must be providing care to a Service Member (see page 6 of survey screenshots). If respondents report that they do not provide care to a Service Member, the survey will end and they will be provided with current information and resources about Military Caregivers (see page 8 of survey screenshots). Third, all respondents must be caring for a Service Member who is affiliated with one of the four pilot installations (Fort Bragg, Fort Sill, JBSA, and JBLM) (see page 11 of survey screenshots). If respondents report that they care for a Service Member at any other installation, the survey will end and they will be provided with current information and resources about Military Caregivers (see page 12 of survey screenshots). Lastly, if respondents indicate that they are caring for a Sailor, Airman, or Marine (see page 11 of survey screenshots), and they indicate that their relationship to the care recipient is a unit member (see page 13 of survey screenshots), they will be provided with current information and resources about Military Caregivers (see page 14 of survey screenshots).

Analysts will not know the identities of these individuals. Furthermore, information provided to stakeholders will be statistically summarized with the responses of others, and will not be attributable to any single individual.

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

In order to maximize response rates, multiple channels of communication/marketing have been put in place. In order to deal with non-response, additional online and installation-wide marketing efforts over a course of a month at regular intervals will help encourage response rate, while maintaining the voluntary nature of this survey. In order to ensure the accuracy and reliability of responses, several safeguards have been put in place. First, the survey was designed so that only Military Caregivers of Active Duty Service Members stationed at Fort Bragg, Fort Sill, JBSA, or JBLM will be able to answer survey questions. If other Military Caregivers or non-caregivers attempt to complete the survey, they will be directed to the survey completion page. Second, this survey was field tested by a military caregiver population, which ensures that the appropriate questions are being asked to facilitate accurate and reliable responses.

4. Tests of Procedures

The evaluation team tested the CARE survey among nine individuals who currently provide caregiver support for a Service Member. The purpose of piloting the CARE survey was to ensure the right questions are asked in the most appropriate manner, and to test for internal consistency. Each caregiver received an email describing the field testing process (AADA file 5

SOW, Appendix C), the interview guide (AADA file 5 SOW, Appendix D), an electronic copy of the survey, a consent form, and a tool to identify the best date and time to conduct the telephone interview. During each interview, two evaluators completed the following tasks: 1) facilitation of the telephone interview; and 2) documentation of important information. Please note, no personal identifying information was obtained during these interviews and the notes from each telephone interview will be saved on a secure drive. The survey was modified based on user experiences with the survey and the current survey instrument incorporates final edits.

5. Statistical Consultation and Information Analysis

a. The following people were consulted on the statistical aspects of this design:

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b. The following people were also consulted on the statistical aspects of the design, and will collect and analyze the data:

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