

The Office of Force Resiliency (OFR) briefing: “Violence Prevention Cell and Office of People Analytics—Command Climate Assessment and the Defense Organizational Climate Survey” by Dr. Rachel Clare, Evaluation Specialist, OFR, and Dr. Ashlea Klahr, Acting Director, DoD OPA

2 May 2024 | DACODAI Public Meeting

[00:00:03.160] - Speaker 1

Hey, welcome back. This is the DACA die biannual business meeting. We're going to go ahead and start off on the second briefer. The DoD Office of People analytics, accompanied by the Office of Forced Resiliency Violence Prevention Cell, will provide a briefing on the command climate assessment and the Defense Organizational Climate Survey. The briefing will last approximately 30 minutes, after which the chair will initiate the committee's question and answer session. The slide deck for this briefing is located at Tab B Bravo. Today's briefers are Doctor Raquel Lipari, acting division director for the Health and Resilience Division, Office of People analytics, and Doctor Rachel Clare, evaluation specialist, Office of Force Resiliency. Are you both ready? Please do a comps check.

[00:01:01.020] - Speaker 2

Yes. This is Rachel Lepore. I'm ready. And Rachel Clare. Hi.

[00:01:06.870] - Speaker 3

Yep, this is Rachel Clare.

[00:01:09.620] - Speaker 4

Okay, we have the two Rachel's. Thank you very much for joining us this morning, Doctor Leperry, Doctor Claire, thank you very much. We appreciate you adding to the task and responsibilities of the dacronite in examining all the various things that relate to the subjects of diversity and inclusion in the Department of Defense. So we appreciate it and are anxiously waiting to hear from you. So, Doctor Laparo, are you first or Doctor Claire?

[00:01:39.140] - Speaker 2

Yes, Doctor Flower and I are going to be tag teaming this a little bit, so you'll hear from both of us as we go through. If we could go to the next slide. Today we're going to give an overview of the 2023 Defense Organizational Climate Survey and the general CCA process that we went through with the DeoX last year, and provide an update as to what's coming forward in 2024. So, just to level set, I'm Doctor Rachel Opere. I'm the acting director overseeing the Health and Resilience Division in the Office of People

analytics. The Office of People analytics in General was established in 2016 as the research and analysis arm for the DoD, providing a lot of the cross service projects. And we were specifically tasked with advancing the command climate research function within the department. To do this, we've expanded what we call our OPA defense climate portal that has a lot of information. It's two pieces, one that's internal and one that is, and one is that is more geared towards people who are actually working on the collection of the survey data. But there we field the DEox, which we're familiar with, a new project that we stood up based on a recommendation from the IRC, and which is our defense organizational climate pulse, which is the little sister to the DEX, as we like to refer to it.

[00:03:07.410] - Speaker 2

And I'm going to talk to you a little bit about that today, as well as the. We are the repository for the comprehensive integrated primary prevention plans. It's how people submit and get final credit for those plans. And we'll talk a little bit today about how the Sips and the doc P and the DEoCs all fit into the general CCA process. Next slide, and I'm handing it over to Rachel Clare, who will introduce herself as enforced resiliency VPC.

[00:03:38.210] - Speaker 3

Yeah. So, just to give you a little overview of who VPC is, we are also a pretty new office, officially established in 2020, but really full operational capacity only since about 2022. We are focused on integrated primary prevention. And just to break that down a little bit, the integrated part means that we are focused on multiple harmful behaviors. So we're looking across sexual assault, harassment, domestic abuse, child abuse, and suicide to identify shared risk and protective factors. And then the primary prevention part means that we are focused on upstream risk and protective factors. So we're trying to address conditions that might lead to these harmful behaviors occurring before they actually occur, so we can actually prevent them. So the idea is that we're fostering healthier command climates and promoting well being, leading to greater readiness and mission execution. And as I said, hopefully preventing those harmful behaviors from occurring in the first place. We have policy and oversight for the command climate assessment process. Dodi 6400.11, which was released in December of 2022, provides all the policy guidelines for command climate assessments. It was kind of a turning point in the CCA process in that it really brought it into this integrated space.

[00:05:00.220] - Speaker 3

Previously, it had been really focused on just eo issues. But because so many of the factors that are measured on the Deox do really speak to all of these harmful behaviors, it was decided to bring it into the integrated space so that more folks could be brought to the table. So I will turn it over back to Rachel Lupari, and she'll give you a little overview of the Dex.

[00:05:25.840] - Speaker 2

Thank you. Next slide, please. So we wanted to provide an overview of where the Deox fits in the manned climate assessment process. And from the OPA perspective, that really sort of kicks off on August 1 when we begin the fielding of the annual. The annual fielding period for the DeoX. If you're familiar with the Deox from the past, it used to be fielded year round on a continuous basis, and that was occurring when a new commander came into a command, as well as on annually thereafter. Under the Dodi 6400.11, we actually standardized the time period that a DEox is fielded from August to November every year. And we removed the requirement for the change of command Dex. This change in how we run the Deox is gonna help us in terms of improving the data quality and standardization of, of what we're collecting and really focusing in on this one particular time period so that we have, it's gonna, it actually helps us in a lot of ways with regards to waiting and adjusting for non response, a lot of methodological enhancements. And from the field's perspective, we're reducing the burden on the force by removing the requirement for that annual DEox.

[00:06:41.350] - Speaker 2

So we began our process by launching the Deox on August 1. It fields until the end of November. And then the information that's collected during the d ox is used to inform the comprehensive integrated primary prevention plans, which I'm going to just refer to as sips. The sips are uploaded, are to be uploaded into the system of the same portal, defense climate portal that we host by the 31 January annually. And that is I'm going to, I can have let Rachel Claire speak to the actual content of what goes into a Sip. From OPA's perspective, we are the receptacle. We receive them and we document that they have been completed, but the actual content goes along guidelines that come from the office. We come from OFR, VPC, and the services in terms of establishing the actual content of the sips. Then between January and July, this is a time period where commanders may be doing additional data collections. And we stood up the doc p the little sister to the DEOCs as a follow on that people that commanders can use if they want to dig in on something that they've learned during their CCA process that informed the SIP that they uploaded in January, or something that they heard from their Deox results.

[00:08:05.190] - Speaker 2

That information collection that they do during January to July is used to update their SIP plans in, in the end of July. That can provide an opportunity for them to document progress. And then also if there's something, a shift in terms of what they're going to focus on for this year to address the command climate process that's going to occur in that timeframe, and then we're gearing right back up for the beginning of the next data collection for the next year's DEoX. So within our defense climate portal, I've referred to three components. We have the DeoX in there. In general, the dOCPe, which is a voluntary extra data collection that can be engaged in the SIP plan system where those plans are uploaded. Next slide let me talk to you about how the Deox and the Docpe and the sip kind of work together. As you know, the DX has long been a tool for commanders and it is now really focused on being a prevention tool that's proposed, intended to provide reliable and actionable information on the risk and protective factors that the department has identified as being related to strategic target outcomes that we want to either prevent

or bolster, including sexual harassment, sexual assault, racial ethnic discrimination and harassment, retention and readiness and suicide prevention.

[00:09:33.670] - Speaker 2

And this information that you collect from the DoCs is intended to allow commanders to take immediate steps to improve the climate of their unit. It's this really, when we talk about it, we think of it as a check engine light because it is one of these first and primary pieces of information that commanders can use to understand the climate in their unit and to take immediate action. The Doc P is also a prevention tool. It's intended to provide targeted information on select topics that allow commanders to better understand what's going on in their climate or if they, or if they're new into their unit and they want to do a survey to assess the climate of the unit that they're coming into. The DOCP provides an opportunity for them to find, collect a little bit of information on, again, specific topics that might help them as they enter into command. So it can be their opportunity for a change of command data collection and then ultimately the docs. And if they choose to field one, the dOCP are used to inform the Sip plan and they should be able.

[00:10:38.660] - Speaker 4

To.

[00:10:41.060] - Speaker 2

As I said, prevent these negative behaviors from elevating even further and becoming those strategic target outcomes that we are trying to prevent or identify the behaviors that they want to promote within a climate. Either way, both data collections are intended to help support the action planning that goes along with the CCA process. Next slide. So first, now I'm going to talk to you a bit about the Deox in particular and give you a little information about how the 23 fielding period went. Next slide. For those of you who aren't familiar with the docs, it is designed to be a user friendly system. User friendly for survey administrators who set up the Deox to be fielded, as well as the survey takers and the commanders who receive the results of the DEOCs. It is mobile optimized so that it can be taken on any device. It does not require a CAC. That's our way of really making it easy on the force to actually participate in the survey. When it does go out in the field, it's usually a four week period of fielding. The DEox is intended to be a census of a particular unit within the department.

[00:11:58.350] - Speaker 2

And the survey administrator who is fielding that Deox on behalf of a commander, provides a roster of all members of that unit so that we know who is supposed to take the Deox for that particular population. The rosters are, if I include basic information about the people name, first name, last name, and one other identifying piece of information that we can use to make sure we're getting the right people into the right survey, and they have to have at least 50 people in the unit, and that size is really there to help us protect the confidentiality of the respondents. Within two weeks of a DEOCs closing, the survey administrator, the

commander, and the commander's supervisor receive an email with instructions on how to log into the system and receive their results. There you will get the results of your survey if you have at least 16 people who risk completed at least 50% of the survey. So if you have started out with that at least 50 members of the unit, in a unit, you have to have at least 16 of those 15 having responded. It is intended to be designed, it's a little bit tailored to the population.

[00:13:12.390] - Speaker 2

When you establish a Diox registration, you identify whether or not the responding population is primarily military, civilian, or academy students. And then that depends which version of the deox you have. Everyone's getting essentially the same survey, but we like to personalize the experience. So when Deox is set up, you identify the unit that's being taken. And when we ask you about your climate, we ask you about the climate of the unit as the survey administrator has identified that population so that you really understand who you're talking about, we do the same thing and we pipe in the overall commander for a unit. So, you know, when you're rating a leader or providing information about what kind of climate a leader is setting up, what leader we're referring to, that is done through dynamic piping and skip patterns. And then here you see the 19 risk and protective factors that are collected on the DEOCs. The protective factors are listed over here on the. And the box with the Green arrow going up. These are the things that we want to encourage within the climate. And then on the right, you see the behaviors that we want to discourage.

[00:14:22.880] - Speaker 2

We get an overall assessment of the prevalence of these behaviors in the unit within the past three months is typically the timeframe. And all of these are early warning indicators of, as I said, our strategic target outcomes, which are listed up there on the screen. These are the things, as I said, that we either want to promote or we either promote or try to prevent within the climate. And we do so by targeting these risk factors or protective factors that are related to these outcomes. Next slide. In 2023, we did have a very successful annual fielding period. I know one of the things that many people want to know is, how well did you do? It's kind of difficult for us to let you know for 2023 in comparison to prior years because we've made a lot of methodological improvements. As I said, we removed that change of command Deox requirement. So if I look at the number of people who took a deox in 2022 compared to 2023, it's not an apples to apples comparison, because there were a lot of deoxys that were fielded because of change of commands. But we do still track overall how the 23 fielding went.

[00:15:41.830] - Speaker 2

And I would say that we're confident that it was a good administration. We had nearly 2.4 million people who were invited to take a DEoX, and that was across roughly 11,000 registrations. So 11,000 different units that were fielding a DEoX during that timeframe. And we received responses back from over 880,000 service members and DoD civilians and academy students. That represents an overall response rate of roughly 37%. Our target going in was 40%. So we're pretty pleased with how well we did. This was

a new year for many of our organizations. The Dodi 6400.11 expanded the Deox requirement to the civilian population, and this is a population that had not been systematically taking the DEox in the past. So we were very encouraged by the level of participation we saw within the civilian population. And then also, it's the first year we moved to an annual administration that was a. There was some growing pains related to that because there was an ability to take a deox early in 2023 before we shut the system down in anticipation of the shift over to the annual fielding window. But again, looking at the number of units that were surveyed and the responses that we got back, we were very happy and encouraged by that process.

[00:17:10.450] - Speaker 2

And one of the ways that we think that was really successful is that we worked very well, collaborated with the services throughout the annual fielding window to increase the buy in and engagement in the field. We provided biweekly status updates to key stakeholders across the department, allowing them to know how many surveys were in the field, had been completed, or were getting ready to go into the field field, and what the response rates were looking like for each of those statuses. So that they would know if they had anticipated more units having gotten into the field by a particular point in the fielding, they would see that information on a bi weekly basis. We also were partnering with the services because when the Deox fielded last summer, during the annual fielding period, it was also when the workplace and gender relations survey of active duty and reserve members was being fielded as well. And we did cross promotion across the two surveys so that we would let people know that both were going on. And indeed, if you took your docs, you were invited to take a look and see whether or not you were in the w, the workplace and gender relations sample, trying to encourage people to take both of those surveys to get the information we need for the department.

[00:18:28.180] - Speaker 2

And then in addition, one of the interesting things about the DEOCs is that we don't know how many units are intended to take the Dex in any given year. The services determine the level at which the DEox is going to occur, whether that's going to be having it at a brigade level or something higher or something lower. So when we, when what we do is we provide a tracking report to the services on a monthly basis that told them the units and the commanders associated with those units that fielded the DEOCs so they would have that ability to see again if people were missing, if there were any units that should have been taken as survey and they had that information so they could go out and encourage people to field the DEox. The DEox is a two parter. You have to have a unit commander requesting a DEox to be fielded, and then you have to get that service member or DoD civilian to take the survey. We were working very hard during 2023 to address both pieces, to make sure that commanders knew that they, the level at which they were the DEOCs were supposed to be occurring so that they actually fielded the survey when they were supposed to, and that was working directly with the services and then again, trying to get those service members to encourage it, encourage them to take the survey.

[00:19:40.470] - Speaker 2

And we did that through some unusual means. This year, in 2023, we worked with the senior enlisted advisor to the chairman to create a promotional video that promoting taking the DEoX and then distributed that so that we could really again target our population that we know across all of our surveys that are least likely to respond to the DX, which is our enlisted personnel, specifically our junior enlisted. And we saw that it seemed to make a difference. We've had increased participation on the DEoX compared to other surveys that we do. So we're very pleased across that, and there was really just strong departmental support, both with the services and with the department in terms of implementing the annual fielding and the Dodi 6400.11 in general. Next slide.

[00:20:34.460] - Speaker 3

All right, I'm going to speak. This is Rachel Clare. I'm going to speak a little bit more to what Rachel Apari was just talking about and some of the efforts that the department put out this year. As she mentioned, 2023 was a big transition year, so we really wanted to make sure we were doing everything we could to make it successful. So in terms of collaboration, as Rachel was saying, with the services and the other fourth estate agencies was really important. One of the ways we do that is we have a monthly command climate assessment working group that OPA and VPC co chair. We have representatives on that from all of the services, as well as all of the relevant fourth estate agencies and DoD policy offices. That's been a really great touch point for us to get information out to the field, but also to get information back from the field, hear how things are going, where the pain points might be in the next couple of weeks. Here, we actually are going to be doing kind of after action on the 2023 CCA process and hear what they think went well and what we might need to improve for the next round.

[00:21:39.970] - Speaker 3

So that's been a really great forum for us. Our office in particular has been trying to issue additional guidance and clarity on the new policy requirements, and a lot of that too, is also working with the services as works with defense policy. We issue our big department policy, but then all the services have to take it and make it their own. So trying to get those details of how the services are implementing the policy out to folks has been one of our big efforts. We've also presented at several services have prevention meetings. We've presented about the new policy and the requirements at several of those. In terms of outreach, Secretary Austin actually directed the services to come up with a strategy to encourage service member participation, as Rachel was talking about. I think some of those really proved really useful. We have a new website, Prevention mil, where all of the CCA materials are now hosted in one central location, along with other materials about prevention. And as she mentioned, we consolidated into the defense climate portal, where you can get information on the Deox and the DOCP and the SIP plans all in one place.

[00:22:55.220] - Speaker 3

And that's where kind of your central hub for all of all things CCA. One of the big enhancements in the Dodi was also the introduction of a role for the integrated primary prevention workforce, or the IPPW

which is a new workforce that we're standing up who will primarily focus on integrated primary prevention. I think the introduction of this is one of the big, big changes because it's really addressing some pain points that we've heard a lot in years past in terms of folks get their CCA results and they don't necessarily know what to do with them or how to interpret them. Particularly because it was kind of stovepiped before where we had, you know, Eo folks maybe working on it and then they have these issues related to maybe suicide and they're like, I don't have the expertise to address these. The IPPW really can help serve that integrating role in bringing all the relevant partners to the table and looking at what we can do across all of these behaviors to improve command climate. So as I mentioned, they're a new workforce we are currently hiring. We've been doing a lot of recruitment on that front, a lot of events and advertising trying to get people in those roles.

[00:24:11.680] - Speaker 3

The goal is that there'll be IPPW across all levels of the department at locations, all of the department locations. So it's a big effort, but it's ongoing. I think the latest numbers, we are at around 1000 total IPBW. But that's, I think I want to speak editor and I think it's only about half of where we're ultimately going to go, probably less than half. And as Rachel mentioned, there was a number of promotional materials that were created. And then in terms of training, we did several live webinars on the CC administration and the SIP plan, particularly aimed at the new requirements and changes. But there's also asynchronous trainings that are available on our joint knowledge system focused on CCA administration and the SIP plan creation. And those are actually required by policy for folks who are central to the administration or ccas. So those are available for folks to take anytime they want and then they can refer back to them at any time. But there's also a number of like how to guides and templates that are hosted on prevention mil that kind of get into the nitty gritty of, you know, how do you register Deox?

[00:25:22.730] - Speaker 3

How do I get my results? How do I interpret those? OPPA works with us to create a lot of really great materials there. And then we also have an integrated primary prevention leadership toolkit. This is focused broadly on primary prevention and kind of how, what leaders need to know about it. But there is a number of things in there related to ccas too. All right, next slide. So I also wanted to talk briefly, but I think one of the big questions, as I mentioned, is we do the CCA process. We take the Dex and get the results, and then it's kind of like, then what? And until recently that then what? Question was a little fuzzy. So the new policy aims to address this through those sit plans that we've mentioned several times. And really what these are is a roadmap for a military communities, integrated primary prevention over the course of a year. So what it'll do is it'll identify their needs and then they'll identify actions that they'll be taking to address those needs. These are supposed to be developed by the IPPW in collaboration with other prevention stakeholders. So the IPPW is primarily responsible for getting them done, but they're really supposed to be working with the EEO folks, the sapper folks, the suicide prevention folks, bringing all, and leadership, especially leadership bringing all those folks to the table.

[00:26:50.060] - Speaker 3

They cover a fourth estate or a service defined community. So when we say what is a community that is defined by the individual component, but in many cases it's something like an installation, a particular command, a particular agency, something like that. And there's kind of these main components, and each of these components feed into each other. So the first thing they're going to do is this needs assessment, which is basically just an inventory of what's going on in that community, what are the issues that they're seeing. And then based on what needs are identified, they're going to come up with integrated prevention goals. Based on those goals, they'll identify desired outcomes. And based on those, they'll identify what activities they're going to do to promote those outcomes. And then a really critical piece that I think has been missing in the past is an evaluation plan so we can see what's actually working and what's not, and we can adjust. The way that the CCA results fit into this is they get fed into that needs assessment. So they're one of the key data points that are in that needs assessment. The policy requires that they must address any DX factors that do not meet scoring benchmarks that are identified, but they can address any and all of the Dex factors that they want to.

[00:28:06.790] - Speaker 3

They just, you know, are required to address any that don't meet those benchmarks. And they also must assign actions to unit leaders at every echelon in the community. So it's supposed to be kind of a comprehensive plan, and in the sense that all leaders at all levels across the community will be involved and have a role in prevention at that community. I know we're running out of time. So I just also want to mention, you know, in terms of identifying what prevention activities they're going to do. We try to provide a number of resources where they can identify those. But this is definitely one of the places we're still a work in progress. As, as we go through this process and we gather more information, especially from those evaluations about what works and what doesn't, we'll be sharing more of those evidence based practices and making those widely known so folks can, can capitalize on those. All right, I'll turn it back to Rachel to talk about the doc p a little bit more.

[00:29:06.670] - Speaker 2

Thank you. Next slide. Actually, if you could go forward, too. So as I said, the Doc P is considered the little sister to the deox in terms of its fielding. It looks very much the same, the same process of setting up a roster in the way it's fielded. Next slide. It's really intended to be less than ten minutes for a service member or civilian to take the survey, and it is entirely based on the content that the local commander wanted to cover other than the demographic items that we need to just be able to break up the data. Possibly you find out which content you want by selecting the items from a pre approved item bank. These are the keywords that are associated with each of those questions. So you get a sense for the, the breadth of topics that we have available and then if more topics are needed for the DOCP that can be submitted to OPA either from policy offices, the services, or commanders out there in the field. Next slide. These are all the resources that links to the resources that we have available. We wanted to put them out there.

[00:30:16.220] - Speaker 2

So just to have that sense of all the, some of the many things that we're providing for survey administrators, commanders and members of the public to understand what these data collections are and what we can do with them. Next slide. This is our contact information, and at this point, I believe Rachel and I are ready for questions.

[00:30:37.630] - Speaker 4

Great. Thank you. We have one question from Major General Jim Johnson. Jim, go ahead.

[00:30:48.650] - Speaker 5

Well, thanks, sir. Thank you for that presentation. Having served on the independent Review Commission for sexual assault in the military, I appreciate all the work that's gone into the efforts that you're responsible for. I think it's pretty impressive how the department has been hiring the primary prevention force. And hats off to how you're incorporating the surveys. I am curious, though. One of our biggest recommendations was really focused on leadership, and I'm curious that we found probably the largest gap was leaders did not, do not, did not then, do not now have the competencies necessarily to lead a prevention workforce. And so I am curious. I saw it went pretty quick, so I wasn't able to capture that slide. On the leadership toolkit. Do you have a sense that the department has a more rigorous requirement for leaders to gain this competency? Is there something more in place than voluntary toolkit that they can get after? Because we were interested in not just the competency but the accountability. And then not to pile on too much, but one other question about the take rate. Are you looking at anything in industry to increase take rate? Thank you.

[00:32:25.140] - Speaker 2

Rachel. I think the first half of that would be you, but I can speak to what we're doing in terms of having people take the survey. We do watch what's going on. And everyone over here at OPA, we're all survey methodologists who are following the latest in the field in terms of trying to improve people's participation. That is one of the ways we're trying to do that is by reducing barriers to taking it, by increasing the visibility of the deox and what's done with the results. We really, part of the Dodi 6400 requires that the results of the Deox are briefed out to the command. And so that's really promoting the idea of sharing the information. It just doesn't go into a black hole. And then they are supposed to be, and Rachel can speak to this more, identifying what's being done as a result of their input from their doc. So we're really trying to make that link across the whole process. We know that people are more likely to take the survey or any survey if it's really going to impact them, if it's going to impact their community, them personally or their community in a larger sense.

[00:33:30.560] - Speaker 2

So that's one of the things we definitely appreciated the IRC's recommendations related to that, and that is what we're working towards. Rachel, do you want to speak to the commander toolkit?

[00:33:45.390] - Speaker 3

Yeah, I can speak to that. So I definitely understand what you're saying about the leadership, and that has been a big focus for us as well. The new policy, the Dodi 6400.11, actually outlines learning objectives related to integrated primary prevention that are now required to be incorporated into their professional military education, the PME. So those are now required, you know, for the services and folks that this is something that leaders need to be focused on. But then we're also really, with that IPPW, trying to build a partnership like we view them as a resource for the leader rather than. We're trying to not make this an additional burden. We know leaders have a lot on their plates already and, you know, people spend their entire careers focused on primary prevention, so asking them to be experts on this I think is a little unrealistic. But there are some key competencies that we do expect those leaders to have and then trying to build good relationships with the IPW so they can lean on them for those questions that they still might have afterwards or when specific occasions arrives. But yeah.

[00:34:58.400] - Speaker 4

Jim, that was a great question. Ask somewhat a related question to both rachels. Is there a process, maybe I missed it. Is there a process for assimilating and gathering the results of various dhocs in addition to what you provide to the commander, to the unit? Lessons learned, best practices that you see, and particularly from your chart, eight those factors that you want to encourage, those protective factors. Is there a way to share that information? Do you capture that in any way at all?

[00:35:33.640] - Speaker 2

Yes, we have a number of ways that we are leveraging the DEoX to provide information at different levels. So I'm going to talk. One of the things we do is really specifically identified for use in the field, more so than anywhere else, and it's the ability to combine the results of Deox, multiple deoxes. So if you have, if you want to get that installation look, which of course VPC also provides the another way of doing that, but if you want to combine your results with another year or with another unit that, to provide a broader look, you have that ability to do that and get an updated look. And then last year we published for the first time an aggregation of all the results of the GEoX across 2022 so that we can get that service level look to see if we're seeing variations across the services. That report is now published on our OPA Mil and this summer when we launch the Deox, this annual fielding in August, what we're moving towards is including those top level results. So you'll see your service level results in the body of your Diox report so that it's really easy reference for commanders to have a sense for what they're doing and how they look compared to others.

[00:36:51.860] - Speaker 2

In addition, we're doing a work we call our validation work, where we're taking the results from the 22 deocs and we're seeing the how we're trying to quantify their predictive power in terms of those outcomes

that we're trying to either prevent or bolster. And that's an ongoing project that we're doing right now, of the six outcomes, we're hoping to have the research on three, at least three of them completed by this summer. So that when we. When you get your Diox report. I should have said this. When you get your doctor report currently, you get an indicator if you're in the bottom or top, depending the most negative of your. Of you. If your scores are in the bottom compared to all of dod the year before. Right. So that's giving you a benchmark for how you look. It's not a perfect benchmark, because if we're all high performers, then the. You know, if you're just one little bit lower, you could. You could end up with a. With a flag. It doesn't mean you're not doing well. It just means you're not doing well as well as everyone else. This year, we're moving to these data driven thresholds where we're going to say, no, this score is actually problematic.

[00:37:58.720] - Speaker 2

Your score on sexually harassing behaviors is indicative of one of these outcomes, potentially a higher likelihood of these outcomes occurring. And it's not just driven by theory, but it's not going to be driven by data.

[00:38:12.840] - Speaker 4

Great. Thank you very much. I'm curious, for data analysts and statisticians, etcetera, your take rate go of 40% is probably not probably. It is a good number, but I'm interested, since General Austin, the SEC DEF encouraged strategies on how to increase the take rate out in the field, et cetera. Have you heard or seen any good strategies from any one of the services or any one of the resources and call upon the things that really increase the take rate? As I mentioned in a previous session, I'm an engineer. I would love to see. I would never do any engineering analysis based on only 40% of anything. I'd want something more like 80%. But I know that's not realistic in the data world, but have you seen any indicators of things that can increase the tapering?

[00:39:09.410] - Speaker 2

Yes, we actually have. One of the things that we did in 2022, over 2022, was we used the opportunity that we have every year to go out to the service academies, and we studied their process of implementing the DEOCs as a test case at each of the academies to see where. What sort of things they were implementing and whether or not they saw a payoff. And what we really were seeing is that if you have people who are participating in the process, promoting it, the commanders and their leaders at varying levels talking about it, we see higher participation rates, really encouraging people to get out there and take the survey. It does make a difference if you're hearing directly from someone who's really close to you. Right. The closer to you it is. Unfortunately, service level announcements have some power, but hearing from your local commanders makes a much bigger difference. So what we've done is we've really created templates for how to reach out to your people in your DNA population so that you have some of those resources and you don't have to create them all yourself and encouraging commanders to go ahead and do so.

[00:40:22.760] - Speaker 2

Another thing we did is that when you take, when you're fielding a deox, the survey administrator and the commander can go in at any point during the fielding and monitor their response rate to see if they're not getting responses back. That's something that we're really trying to get people into that mode of, like, you have some power, you have agency here, and if not getting the numbers you're looking for, you can extend your fielding period and just stay out in the field longer and you can increase your, your communication. So, and we're also putting together infographics that were designed to, and faqs that are designed to help answer some of those questions that people have. We know if you're taking, everyone who takes a survey has concerns about their privacy and that can be a barrier, especially as we move the docs from a fully anonymous survey to a confidential survey, we were worried we would see a decrease in the number of, in our participation and we really didn't. And we think that's in part due to people being very transparent about the protections that we have in place and what the commanders don't have access to.

[00:41:30.180] - Speaker 2

Great.

[00:41:30.650] - Speaker 4

Thank you. Shirley, did you get a question?

[00:41:32.460] - Speaker 1

Yes, sir. I always get this question and understand that the D ox is still in the beginning stages as a prevention tool. How does Opa and BPC define success? What does success look like and what should we see as the way ahead if that is still having to be? I think we said that three out of the six research topics are being looked at this year. So.

[00:42:11.900] - Speaker 2

Yes, so in terms of the, in terms of what we're looking at, we are, we will have the analysis complete on three out of the six. One of the things that's challenging about doing that validation work is we have to have the outcome measures to be able to study. So, and they have to be in the right temporal order. But we are working hard on that. I think in terms of success, if the DEx is really doing its job, we're going to see numbers improve. Right. Because at the local level. You're going to see your climate estimates and your factor scores are going to get better. One of the ways that we're trying to really help commanders in the field is increasing your access to prior Deox's. It used to be that the Deox was kind of considered a report card on the commander and they kept it a little close build as a result. But what we've done instead is we've moved it to open more transparency when you come into a command and instead of building

your own Deox to get a baseline, you're supposed to look at the last Deox. So you know what you're getting, you know the climate that you're entering into.

[00:43:16.190] - Speaker 2

And we feel that that's going to help in that process of identifying the goal that getting to what is considered the right climate. Right, Rachel, I'm not sure if you want to tie that into the CCA process overall.

[00:43:34.870] - Speaker 3

Yeah, I mean, as Rachel said, I think ultimately the goal is that we will see improvements in these harmful behaviors. That is the ultimate goal, but that is a, that's a long term goal.

[00:43:44.010] - Speaker 2

As we know.

[00:43:44.410] - Speaker 3

These are, these are big, complex issues that we don't expect any one strategy to address. We're going to chip away at them with all these different things we're doing. But with the CCA in particular, some of the shorter term outcomes I think we'll look at too are just basic compliance, like Rachel's been talking about with response rates, making sure people are taking it, but also making sure they're being offered the opportunity to take it. We know we're not 100% there yet, so increasing the number of components and agencies who are actually administering the dex when they're supposed to, and then just overall kind of satisfaction measures with, with the process. Rachel's team also has some user experience kind of surveys that they do. So looking at some of those metrics will be really helpful to us. Like I mentioned, we'll be talking to the CCAw working group here soon to kind of get their perspective on how the process went. So if we can make the general process for the CCA more seamless, I think that'll ultimately help us as well.

[00:44:50.400] - Speaker 4

That's great. Thank you. Are there any other questions from any of our committee members? We have. We still have a little bit of time if necessary. Yes. Doctor Cecilia. Excuse me.

[00:45:04.640] - Speaker 6

Yes. Thank you, sir. Doctor Laplari and Doctor Claire. Thank you so much. Very exciting to hear all the great work you're doing. I am curious about the pulse survey. I know it's fairly new. I didn't see on the slides. When was that made available? First of all, that's my first question.

[00:45:23.660] - Speaker 2

Absolutely. We launched on February 1. Okay.

[00:45:27.110] - Speaker 6

Of this year.

[00:45:27.840] - Speaker 2

Correct. Of this year. It's a brand new.

[00:45:29.450] - Speaker 6

Okay. Okay. So that's gonna, that's. I am curious as to. I saw it's voluntary. With it being volunteer. I know that you're trying to reduce the survey burden. You know, what do you expect as far as usage of the pulse survey? Because it is pretty important.

[00:45:50.680] - Speaker 2

I'm really actually curious and excited around this one as well. We want it because it is a new tool and we made it voluntary instead of required. And Rachel and I could kind of go back and forth on that decision, but we didn't want to make it seem punitive to have to take a survey. We did consider that, that if you got a Deox score of x, you were going to have to take a doc p instead. We wanted to present it as an opportunity for commanders to dig in on something in particular that they were looking for. We are seeing people using it, getting the word out there. It's intended it won't be fielded during the Deox annual fielding period. You're supposed to have a buffer in between around it. So it's hard because this year's the first time out of the gate, but I think in like the first two months, we had like 50 month and a half, we had like 50 people, 50 units, take one for something that was brand new out of the gate. I was actually pretty pleased with that. And we are. One of the things we're doing over here at OPA is we've started what we call our office hours, where we take a topic every once a month and we dig in and try to promote it and then answer people's questions about how to use it.

[00:47:04.590] - Speaker 2

And the doctor was one we just did last month. And so we had a. We had, I think it was like over 150 attendees trying to learn how, what a doc P was and how they could use it to inform their CCA process. So we have a lot of hope for this one.

[00:47:21.630] - Speaker 6

Thank you so much, Doctor Lapari. I really appreciate you responding to my question.

[00:47:26.710] - Speaker 4

Great. Any other questions? Doctor Lupari, Doctor Clare, let me ask a question or two, one of which I'm almost reluctant to ask, but I will ask here a second. I'm wondering, are there any disparities in the organizations that really take advantage of DIY to really jump behind and take the survey as an example, are you finding any differences between the take rates. And using this from war fighting organizations versus support organizations, I'm wondering if there is any disparity in anything you're seeing depending on the type or mission of the particular organization.

[00:48:12.570] - Speaker 2

Now, I have not examined that, but that is a lovely topic and I really appreciate that as an idea, we have some capability to do that kind of analysis. Given when you register for a dex, you do indicate what sort of a unit it. Pretty broad categories, but that's something we could do. Rachel, I don't know if that's anything that you have looked at within the OC efforts, if that's something you could speak to. If not, I'll just put it as a takeaway for OPA to see what we can do.

[00:48:45.240] - Speaker 3

I don't think we've particularly looked at that. That is a really great question. I will say the one area we've noticed, I think particularly with this round, is with our fourth estate. Like civilian agencies, under the old policy there, it was optional for them to do the DEOCs. And under the new policy it's required. And I think that requirement maybe wasn't clearly communicated. So we had some struggles, I'll just say with the fourth estate agencies in terms of them not knowing that they're supposed to do Deox or not knowing quite how to do it. So that's one area that we're really going to provide a lot of extra support to in this next round, is making sure all those civilian focused agencies are prepared and have what they need to be able to do the CCA process.

[00:49:32.340] - Speaker 4

Good. Well, one reason for asking that question, and even one of the reasons why this, this particular daclid organization exists is because, I don't need to tell you, you guys, for sure, in today's environment, there's more pushback, if you will, of things that people, I hate to say this word when I say it, that people consider to be woke in the military. And some people will consider this sort of social scientist looking at the data and assessing climate as being something that's not pure war fighting that people should be focusing on. So I'm wondering if you're getting any pushback along those lines and that sort of related to my previous question. If you aren't, I'm glad.

[00:50:19.370] - Speaker 2

Rachel, I don't think we received a lot of pushback related to taking the Deox. I mean, we get a little of that all the time when there's something going on in the world, and we know that there, particularly when you think about the deox and the timing of it last October there, we had events in the world where our

forces were gearing up and taking action. And we know that that's harder. But if you need to defer and do it later in the window or earlier in the window, that's available as well. And in terms of that tracking piece, which we are, we are looking at compliance. We saw that we had high response rates across all the services. You know, I mean, roughly equivalent response rates across the services. So I'm feeling pretty confident. Rachel, I don't know if you had anything, any concerns that came in through BPC.

[00:51:11.850] - Speaker 3

You know, I don't think we've really gotten that specific concern, surprisingly, because we do get that with some of the other prevention work we do. And I think that's because there is this understanding that command climate is broader maybe than D and I, you know, there's portions of the DX that speak specifically to that, but there's also a lot of just kind of general morale. How are things going? So I think people really value those and they don't necessarily even realize that those are also related to D and I. So it's kind of, it's kind of almost a hidden part of the deox, I think, for some folks. But yeah, I think we have generally gotten positive feedback about how valuable people find it and not a ton of pushback. I mean, I think there's always, you know, if you look through the comments, you'll find some naysayers here and there, but not kind of at a really widespread level.

[00:52:02.160] - Speaker 4

Well, that's great. Well, let me see any other questions from any of our committee members. Well, Rachel and Rachel. Doctor Lapard. Doctor Claire. This was fantastic. It certainly helped inform me. I never really knew all the background and information about diat and how it's being utilized, but more importantly, how it can be utilized to really support organizations in the military. So I really appreciate you talking to us and you've been very, very helpful. Thank you.

[00:52:33.450] - Speaker 2

Thank you for having us today.

[00:52:35.130] - Speaker 1

Yep.

[00:52:35.500] - Speaker 3

Thank you for the opportunity.

[00:52:37.530] - Speaker 4

Thank you.

[00:52:40.010] - Speaker 1

All right. At this time I have a special announcement that the next briefer, the chief talent management officer, had a conflict and unable to attend, but he will provide an update at the next scheduled meeting. The briefing will be rescheduled for the five and 6 December meeting as a result. Sir, would you like to go ahead and continue on or should we just take a break and close out the meeting? But, you know, if we don't have a briefer for the next hour, you have that option to go ahead and continue to.

[00:53:20.090] - Speaker 4

Well, I'll tell you what I'll do in terms of taking a break for the public, because we don't have a third briefer as planned today, we're going to close the public session for today and recall we are on for a second day tomorrow. We do have a set of briefers, and then we're going to go into our administrative session with the members. But this will be the end of the public session. I'm sorry, you have comments?

[00:53:46.030] - Speaker 1

Yes. Before we end, we just want to talk about the public comments. Just to mention that, ladies and gentlemen, we will now talk about our public comments, and as outlined in today's agenda, the staff received about 26 written comments, and we thank you so much for your feedback and overwhelming input. The committee members, these comments are located in Tab J. If you have not already reviewed all of these public comments, please review them during the administrative time later today within your subcommittees. And as General Lyles has stated, he has concluded the public comment period as well as today's public agenda. The public portion of the meeting will resume tomorrow morning at 0900 or 09:00 a.m. Thanks again to all of our briefers, panelists, and attendees. We ask that members of the members, we just thank you so much for your participation today, and we will now transition into the administrative time for the remainder of the day.

[00:54:53.610] - Speaker 4

Thank you, everybody. And I will just as a closing comment, just a reminder that we seriously take all the comments that we get and written comments, obviously, sometimes each one of us hear individual verbal comments from associates or friends or people that we run into. We take every one of those seriously. They are in our database. At least the written ones are in our website. For the public to hear what the comments might be and what people are thinking about this particular important topic in some form or another, we will act upon or at least certainly consider and respond to those comments in terms of our ultimate recommendations for this particular organization. So your comments are very, very much welcome, and I hope you will continue providing those to us. So that ends today's public session. We will convene again tomorrow in public for the DACA Dye members. We're going to take a 15 minutes break, and we'll come back to start our administrative session a little bit earlier since we don't have a brief third briefer. So about a 15 minutes break.