MEASURING THE 'LEADING PEOPLE' ORGANIZATIONAL HEALTH OF AMC WINGS ON A NON-INTERFERENCE BASIS

GRADUATE RESEARCH PAPER

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AFIT-ENS-MS-16-J-028

DEPARTMENT OF THE AIR FORCE
AIR UNIVERSITY

AIR FORCE INSTITUTE OF TECHNOLOGY

Wright-Patterson Air Force Base, Ohio

AFIT-ENS-MS-16-J-028

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GRADUATE RESEARCH PAPER

Presented to the Faculty

Department of Operational Sciences

Graduate School of Engineering and Management

Air Force Institute of Technology

Air University

Air Education and Training Command

In Partial Fulfillment of the Requirements for the

Degree of Master of Science in Logistics

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June 2016

AFIT-ENS-MS-16-J-028

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Abstract

This graduate research paper investigated the utility of available objective indicators (metrics) related to the Air Force Inspection System major graded area of Leading People to measure the health of Air Mobility Command (AMC) wings on a quarterly or more frequent rhythm. The Leading People major graded area accounts for a majority of Inspector General Evaluation Management System recorded deficiencies. A panel of experts participated in three rounds of a Delphi study to quantify their perception of the value and subsequent agreement on a list of 51 objective indicators. The list of metrics were derived from a variety of sources and inputs survey participants. The panel of experts were selected from four subgroups (senior raters, squadron commanders, Air Mobility Command inspectors, and wing inspectors) to ensure diversity of perspective. Quantifiable data was evaluated using mean and standard deviation values. Metrics were categorized using a tiered structure to indicate high value and high concurrence, as indicated by the panel, resulting in functionally applicable consensus. Blending top tier metrics with subjective inputs from on-site leadership and/or subject matter experts into the frequent reporting processes should enable AMC senior leaders to better evaluate the holistic health of each wing in real-time, thereby, elevating situation awareness and aiding in more informed decision making. The research focus on non-interference metrics will improve situational awareness while minimizing the allocation of resources and negative impact to the 'white space' of AMC wings.

To my loving wife and two wonderful children.
Your continued love, patience, and support made this possible.

Acknowledgments

I would like to thank my faculty advisor, Dr. Joseph Huscroft. Your support to the development of this Graduate Research Paper has been outstanding.

I would also like to thank my sponsor, Brig Gen James Jacobson, Air Mobility Command Inspector General, AMC/IG, for his guidance and direction on this topic.

Furthermore, I would like to thank Lt Col Brett Fish, Deputy Division Chief, Analysis & Future Programs, HQ AMC/IG, for providing me with a tremendous amount of information and support to learn a previously unfamiliar subject matter.

Finally I would like to thank the panel of experts across AMC that took the time out of their busy schedules to complete three rounds of surveys to make this research possible.

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MEASURING THE 'LEADING PEOPLE' ORGANIZATIONAL HEALTH OF AMC WINGS ON A NON-INTERFERENCE BASIS

I. Introduction

"War is ninety percent information." Napoleon Bonaparte

General Issue

Almost unanimously military leaders prefer to make informed decisions. Within the Air Mobility Command (AMC), there has been a distinct shift to make more data-driven decisions based on a blend of objective indicators and subjective inputs from appointed leaders or subject matter experts (Camm, Werber, Kim, Wilke, & Rudavsky, 2013). Synthesized, these inputs allow for a holistic view of an organization's health and strong understanding of inherent risk. There exists an abundance of objective metrics and subjective inputs, with only a small amount being elevated to inform AMC senior leaders. Currently, Air Mobility Command wings *frequently* report (on a quarterly or more often timeframe) basic classified operational capability metrics (i.e. ART – AEF reporting tool, SORTS – status of resources and training systems, and DRRS – defense readiness reporting system) and give subjective inputs related to assessment of risk and status of airmen assigned, equipment in inventory, installation issues, and mission execution capability (AMC/IG, 2015). These operational capability metrics "provide limited insight into the Health of the Wing" which results in a largely subjective perspective of the holistic health of an AMC wing (AMC/IG, 2015). Other primary

inputs to AMC senior leaders come from significantly more comprehensive *periodically* scheduled inspections and evaluations commonly performed by the AMC/IG office and functional area managers on a semi-annual or less frequent schedule (SAF/IGI, 2015). Effectively incorporating valuable, additional metrics from AMC wings into the frequent reporting rhythm should allow AMC senior leaders to better evaluate the holistic health of each wing in real-time, thereby, elevating situation awareness and aiding in more informed decision making. In a resource constrained environment, it is ever more imperative to find adequate metrics from amongst those already tracked or recorded. Finding adequate, existing metrics allows for more thorough assessment of wing health on a non-interference basis. Further separating these non-interference metrics to align with the new Air Force Inspection System (AFIS) major graded area (MGA) categories will allow for seamless integration into the frequent reporting process and aggregation with periodic inspections and evaluations to track long-term trends.

Wing Health

For the purpose of this research, the term 'wing' is interchangeable with stand-along groups or units that report directly to Air Mobility Command. The term health is more naturally used to describe a biological organism, but has since expanded to describe organizational health. Within the Air Force alone, various interpretations of the health of Air Force wings have been used. In a 2009 research sponsored by Air Force Inspection Agency, the health of an AMC wing was determined by the quantity of 'white space' between inspection intervals (Riney, 2015). This lack of 'white space' led, in part, to the

2011 RAND Project Air Force (PAF) study *Enhancing SAF/IG's Ability to Meet Its Title 10 Responsibilities* which resulted in the overhaul of the AFIS (Camm, Werber, Kim, Wilke, & Rudavsky, 2013). AFI 90-201, *The Air Force Inspection System*, excerpted below, references wing health, but never defines it (SAF/IGI, 2015).

> **AFI 90-201 5.4. Self-Assessment Program Guidelines.** Commanders are responsible for unit self-assessment, not IGs. Led by unit commanders, IAW 10 USC § 8583 /G-Series orders, and AFI 1-2, *Commanders Responsibilities*, self-assessment provides commanders with a means for internal assessment of a Wing's overall health and complements external assessments (SAF/IGI, 2015).

Perhaps the most generally applicable definition of health came from Webster's Dictionary as defined as, "the general condition or state" (Merriam-Webster, 2016). For this research, the health of an AMC wing is defined as the wing's overall effectiveness within each MGA. This broad definition is suitable for any AMC wing and aligns well with the new AFIS.

Non-interference and Frequent Versus Periodic Metrics

Non-interference metrics offer value to the holistic perspective of organizational health and are already tracked by a functional office or a significant quantity of AMC wings. These indicators are recorded or monitored for different reasons such as, By Law or Higher Headquarters (HHQ) requirements, wing commander emphasis, cultural inertia, functional area emphasis, common practice, lessons learned, etc. A majority of

non-interference metrics are inherently objective and exist as data points in a variety of databases, both locally and centralized.

For this study, *frequently* reportable metrics are defined as measures that are captured or valuable if reported on a quarterly or more often basis. Conversely, *periodically* reportable metrics are less frequent than quarterly and generally describe more thorough organizational assessment or evaluations, such as a Unit Evaluation Inspection (UEI), Commander's Inspection Report (CCIR), climate assessment survey, or various other functional inspections.

The Impact of the New AFIS

The goal of the new AFIS was intended to reduce the burden from IG assessments and functional area managers "while at the same time improving the quality of oversight the inspection system provides" (Camm, Werber, Kim, Wilke, & Rudavsky, 2013). This was done by essentially shifting a significant portion of the evaluation responsibility from Inspector General and functional area offices to individual wings. To assist wings in executing self-evaluation programs, the Air Force Inspector General office categorized all evaluation criteria into four MGAs: Executing the Mission, Managing Resources, Improving the Unit, and Leading People (SAF/IGI, 2015). Wings are now responsible for monitoring their own individual health, while Inspector General and functional area offices validate a wing's evaluation capability and give assistance and guidance as warranted. Currently, self-evaluation results are reported to AMC from subordinate wings in the form of a CCIR annually, and a major command inspector general (MAJCOM/IG) led capstone UEI

occurs biennially (SAF/IGI, 2015). Additionally, wings must comply with a bevy of functional inspections that occur semi-annually or longer in frequency (SAF/IGI, 2015).

Monthly evaluations are reported from each wing and delivered to HHQ, but this process has a reduced scope that includes only: commander's risk assessment, objective readiness metrics (ART/SORTS/DRRS), and subjective inputs via the AEIM (airmen, equipment, installation, and mission) triangle. Wings are required to brief their 'health of the wing' (HoW) quarterly. HoW reporting is similar to the monthly reporting, but allows for dialogue among AMC wing commanders and senior leadership.

Problem Statement

The AMC/CC has a weakly supported perception to the current holistic health (specifically the Leading People MGA) of its wings, which may lead to unknown risk conditions and poorly informed decision making. The resulting lack of situational awareness of wing health may not be new, but the significant change to the AFIS has placed increased emphasis on continual evaluation practices to maintain a consistent state of readiness and situational awareness of risk. Additionally, in the wake of constrained budgets and reduced resources, margins to overcome unknown risk or uniformed decisions have dwindled. Similarly, resources are frequently unavailable to create additional performance tracking programs and processes. From July 2013 through Nov 2015, the Leading People MGA accounted for the highest percentage of deficiencies recorded in the Inspector General Evaluation Management System (IGEMS) database

(AMC/IG, 2016). It is imperative to research and identify accurate, frequent measures of health of AMC wings.

Research Objectives

The goal of this research is to find valuable, non-interference measures to more holistically assess the health of the Leading People MGA within AMC wings. This requires a comprehensive review of currently available and frequently measured metrics of the Leading People health of AMC wings. Multiple Leading People health metrics exist, but are most commonly utilized only within functional areas of expertise or at the wing level and below.

The diverse panel of experts being used to determine the value and efficacy of each metric will be derived from leadership and inspector positions. Their inputs on initial and subsequent rounds of surveys, listed later in the methodology portion, will determine if adequate, non-interference metrics exist to measure the Leading People health of AMC wings and how best to integrate them into the current reporting process.

Research Questions

- Do frequently reportable and valuable, non-interference metrics related to the Leading People MGA exist?
- Can consensus among a diverse panel of experts be realistically attained?
- Are objective indicators alone enough to determine the health of a wing?

- Can better decisions be made based on incorporation of valuable, non-interference metrics into the current health of the wing frequent reporting process?
- Should valuable, non-interference measures exist that can be used to more holistically assess the health of the Leading People MGA within AMC wings?

Research Focus

The research scope is bounded to AMC wings and the Leading People MGA while leveraging the AFIS and expertise from key personnel within AMC. AMC currently has 17 subordinate wings and 3 direct reporting groups that are located across the globe. Each organization is unique, yet has similarities with each other. This will allow a reasonable chance to find uniform Leading People measures across all these organizations. The focus on Leading People was justified by historically poor performance. From July 2013 through Nov 2015, the Leading People MGA accounted for the highest percentage of deficiencies recorded in the IGEMS database (57% of total, 22% of critical, 47% of significant, and 58% of minor) (AMC/IG, 2016). Mission-related metrics are captured and utilized at high rates because, for the most part, they are easily quantified, intuitive, and non-evolutionary. As a result, Leading People metrics have been significantly neglected or relegated to subjective assessments and lower-frequency trend measurements. This de-emphasis coupled with a high rate of personnel movement and the impact of societal dynamics results in a risk assessment that is lagging and marginally useful to leadership, outside of long-term strategic decisions within specific functional areas. Survey panel experts came from four main subgroups: senior raters

(wing commanders and stand-alone group commanders), squadron commanders, wing inspector general personnel, and AMC inspector general personnel. The assumption is that stand-alone group commanders fulfill similar functions to traditional wing commanders. These subgroup participants will be currently in their position or have previously held the position after the new AFIS was implemented. This will eliminate inputs from personnel unfamiliar with the Leading People MGA, the new AFIS, or AMC.

Assumptions/Limitations

It is assumed access to specific functional area databases will not impede garnering the required metrics and that those metrics will remain available indefinitely (i.e. that the functional are manager will not cease to capture certain metrics). Also, that each AMC wing will be measurable against each other in most categories.

Poor metric performance does not necessarily indicate poor leadership, only potential for risk. General Wilbur Creech, previous commander of Tactical Air Command once said, "There are no poor outfits, just poor leaders….The leadership makes all the difference—always" (Camm, Werber, Kim, Wilke, & Rudavsky, 2013). I respectfully disagree and conclude that leaders, and thus commanders, have influence over many areas, but they do not possess total control of all influences and inputs, and thereby are not absolutely responsible. For example, a commander can cultivate a strong culture of zero tolerance for illegal drug usage, but if an airmen within the organization is predisposed to substance deviance (i.e. family history, mental illness, etc.), their actions may be beyond leadership influence. It is impossible to determine what percentage of

this situation the commander could even influence. Hence, a high "Drug usage incident" rate indicates risk, but not necessarily leadership fault.

To protect the confidentiality of the participants in this research, the researcher did not ask for personally identifiable information on the survey, only minor demographical information was requested to analyze answers based on specific groups such as rank and military career information. Additionally, it is assumed that each survey participant did not apply undue bias toward certain subject matter areas or skew the data deliberately, and that the sample size was representative of the entire population within AMC. Panel attrition was anticipated because temporary duty, deployments, disinterest, and demanding schedules may prevent a respondent from completing all three rounds of the survey.

Implications

The impact of this research will enhance AMC/CC situational awareness of subordinate wings and thus allow for a more comprehensive perspective of the holistic health and risk within AMC wings. This will result in better-informed decision-making related to wing tasking and resource distribution. The AMC/IG and other functional areas will be informed enough to offer more deliberate support and guidance, thereby reducing unnecessary efforts. Additionally, the AMC/IG will be able to pare and tailor the size and composition of UEI capstone support teams or potentially lengthening the time between some evaluations.

Although the scope is limited to AMC and the Leading People MGA, research methodology could be similarly applied to other MAJCOMs and other MGAs to more accurately assess the health of organizational wings.

II. Literature Review

Chapter Overview

The literature review was comprised of supporting documents that can be categorized into areas of regulations, the new AFIS, evidence-based management, the AF/IG UEI Handbook, the Delphi Method, and the Likert Scale. Applicable regulations, handbooks, and existing indicators were all from Department of Defense sources and present pertinent data related to the current evaluation system. The new AFIS literature is the RAND PAF's 2011 study of the AFIS and their resultant recommendations. Evidence-based management literature was from civilian business sources and offers insight into gains and pitfalls associated with reliance on objective data. The Delphi and Likert scale literature contained critical data on research methodology listed later within this paper.

Regulatory Guidance

The primary applicable regulation pertaining to the AFIS is Air Force Instruction 90-201, *The Air Force Inspection System*. It describes the AFIS as "a single coherent, integrated, and synchronized system of inspections conducted on behalf of the Secretary of the Air Force, the Chief of Staff of the Air Force and commanders at all levels" (SAF/IGI, 2015). It clearly dictated the responsibility and scope of each subordinate wing within AMC to conduct self-inspections and report results. It also detailed evaluation methodology and required areas of evaluation. It stated the overall objective of the AFIS is "to enable and strengthen commanders' mission effectiveness and

efficiency" and "…identify issues interfering with readiness, economy, efficiency, discipline, effectiveness, compliance, performance, surety, and management excellence" (SAF/IGI, 2015). It further specified all functional area managers will communicate any *perceived risk* to the MAJCOM/IG and effected wings (SAF/IGI, 2015). This designated the MAJCOM/IG office as a collection point for identified risk, and by extension, wing health.

AFI 90-201 delineates inspections into two major categories, internal and external. "Internal Inspections are the foundation of the AFIS, promoting responsibility and accountability within the unit and allowing commanders to control the depth, scope and frequency of inspections" (SAF/IGI, 2015). "External inspections serve two purposes. First, they provide an independent, transparent and accountable assessment of readiness, economy, efficiency and state of discipline. Additionally, external inspections are used to validate and verify the internal inspections process" (SAF/IGI, 2015). The primary external inspection is a UEI. The purpose of the UEI is to identify "areas where the risks from undetected non-compliance are greatest – helping the Wing Commander identify blind spots, poorly focused, or misaimed sensors" (SAF/IGI, 2015). It further emphasizes the use of "risk-based criteria" for command decision-making (SAF/IGI, 2015). With the emphasis on internal inspections, the preponderance of risk detection and reporting responsibility rests with the wing commander. Regulations do not mandate the method, threshold, or timeframe by which the wing commander must convey perceived risk to the MAJCOM/IG office.

Categories for evaluation are separated into four MGAs: Managing Resources, Leading People, Improving the Unit, and Executing the Mission. These four areas are further separated into multiple subcategories with brief descriptions. From AFI90-201 Table A4.1. *AFIS Major Graded Areas Breakout*, the Leading People MGA and the five subcategories are as follows:

> **MGA 2: Leading People -** Leading People shows that an established and maintained effective communication process is in place and ensures unit members are well disciplined, trained and provided opportunities for personal and professional development. Wing leadership and supervisors should also foster leading by personal example, paying attention to the welfare and morale of their subordinates, as well as, enforcing cultural standards on conduct, performance, and discipline as outlined in AFI 1-1. Additionally, include the unit climate which fosters good order and discipline, teamwork, cohesion and trust. A healthy climate ensures members are treated with dignity, respect, and inclusion, and does not tolerate harassment, assault, or unlawful discrimination of any kind.
> **2.1. Communication -** Communication will show a developed two-way vertical and lateral communication system which is agile enough to respond to changes in the environment in a timely manner. In order to develop understanding, intent, and trust communication systems must be able to transmit the Commander's goals, priorities, values, and expectations, while also encouraging feedback.
> **2.2. Discipline -** Discipline will show a cultivated culture of compliance and accountability while promoting unit and mission pride. Command climate, customs and courtesies, uniform wear, physical fitness, and attention to detail are some indicators of the overall discipline of a unit.
> **2.3. Training -** Unit training should take a building block approach. Individuals must be proficient in career-field specific skills before incorporating those skills into team and unit training. Unit training spanning the entire scope of the unit mission should include total force, joint, or partner-nation opportunities whenever possible. Training should replicate the distributed, chaotic and uncertain nature of expected operating environments.
> **2.4. Development -** Deliberate processes of preparing Airmen through the Continuum of Learning with the required competencies to meet the challenges of current and future operating environments. The unit should have a process to promote institutional development which results in leadership, management, and warrior ethos proficiency. Development of an individual is two-fold: professional and personal.
> **2.5. Quality of Life Engagement -** Quality of Life Engagement will show that Commanders and supervisors are engaged in the lives of their subordinates, where appropriate, to improve quality of life and promote unit morale. Additionally, it will be evident that Commanders and supervisors are aware of both on- and off-duty factors affecting the culture and morale of their units (SAF/IGI, 2015).

The New AFIS

In the years prior to the AFIS overhaul in 2011, oversight activities by the IG and functional area managers had expanded dramatically, causing a significant burden to individual Air Force wings (Camm, Werber, Kim, Wilke, & Rudavsky, 2013). For example, in 1947, the Air Force conducted just six types of inspection, but in 2010, the number had grown to over 97 (Camm, Werber, Kim, Wilke, & Rudavsky, 2013). This resulted in a wing commander having an inspection on 57 percent of the days of the year, leaving just 43 percent available for 'white space' to concentrate on wing requirements (Camm, Werber, Kim, Wilke, & Rudavsky, 2013). In 2010, SAF/IG commissioned RAND PAF to study the current AFIS and outside inspection practices, then report recommendations to the cross-functional headquarters Air Force Inspection System Improvement Tiger Team, led by SAF/IG (Camm, Werber, Kim, Wilke, & Rudavsky, 2013). The specific project was called "Enhancing SAF/IGs Ability to Meet Its Title 10 Responsibilities" (Camm, Werber, Kim, Wilke, & Rudavsky, 2013). The focus was on "reducing the burden…on inspected units and increasing the quality of relevant information…for commanders throughout the Air Force" (Camm, Werber, Kim, Wilke, & Rudavsky, 2013). The RAND study found that the Federal Aviation Administration inspection system relied heavily on a risk management system, with identifying risk as critical for mitigation and decision-making (Camm, Werber, Kim, Wilke, & Rudavsky, 2013).

RAND, in conjunction with SAF/IG, cited the requirement for quantitative and qualitative measures to create a "robust picture of the status of leadership and discipline

within a wing" (Camm, Werber, Kim, Wilke, & Rudavsky, 2013). It was further directed to use existing measures, such as "naturally occurring data sources or systemic data collection efforts already in place," to cost-effectively perceive potential risk and determine how best to allocate limited resources (Camm, Werber, Kim, Wilke, & Rudavsky, 2013). This best reflects the goal of measuring the health of AMC wings on a non-interference basis.

Evidence-based Management

Evidence-based management, as it name implies, encourages the use objective data to make decisions, but does not exclude subjective inputs. In their 2006 article, *Evidence-Based Management,* J. Pfeffer and R. Sutton attempt to misspell difficulties to effectively incorporating objective indicators. Their seven top paradigm barriers are: there's too much evidence; there's not enough good evidence; the evidence doesn't quite apply; people are trying to mislead you; you are trying to mislead you; the side effects outweigh the cure; and stories are more persuasive (Pfeffer & Sutton, 2006). Most organizations within the Air Mobility Command face these issues as well.

In Steven Kerr's iconic article, *On the Folly of Rewarding A, While Hoping for B*, he outlines the need, and poor application examples, of reward systems to align with desired outcomes. The results of AFIS periodic evaluations (e.g. UEI) and performance metrics can easily be interpreted as a 'grade' for wing commander performance, and thereby, are classifiable as a reward system. Two of Kerr's four causes to a "fouled-up reward systems" are a "fascination with an "objective" criterion" and an "overemphasis

on highly visible behaviors" (Kerr, 1995). He states "simple, quantifiable standards" are only successful in "highly predictable areas within an organization, but are likely to cause goal displacement when applied anywhere else" (Kerr, 1995). Kerr states that mostly hidden tasks, such as teambuilding, are less likely to be rewarded because they are not highly visible. He uses a simple sports analogies that scoring is easily observable, but the support structure and supporting actives from the entire team are widely overlooked (Kerr, 1995).

The Inspector General Unit Effectiveness Inspection Handbook

Under the new AFIS, the Unit Effectiveness Inspection is a continual evaluation over a prescribed period of time (24-30 month cycle for active duty wings), designed to be more of a "photo album" rather than a "snapshot" (SAF/IGI, 2015). It is used to "validate and verify a Wing's CCIP for accuracy, adequacy and relevance, and provide an independent assessment of the Wing's resource management, leadership, process improvement efforts and ability to execute the mission" (SAF/IGI, 2015). The SAF/IG office publishes a UEI handbook to convey proven techniques and recommendations to conduct successful UEIs (SAF/IG, 2015). As with other directive guidance, MAJCOMs commonly create a supplement this publication. Tab 3 of the UEI Handbook contains the Master Question File (MQF) (SAF/IG, 2015). Questions within the MQF are used as prompts for inspectors to assist in application of risk based sampling strategies (SAF/IG, 2015). Within this handbook, and applicable supplements, specific metrics are listed as recommended objective indicators for comparison against answers to questions from the

Master Question File (SAF/IG, 2015). These objective indicators that are accessible on a non-interference basis were included in this research.

Delphi Method

A plethora of measures exist within the Air Mobility Command. Determining what measures are valuable to reflect organization's health and lead to an understanding of inherent risk, is extremely difficult and requires inputs from subject matter experts. A method to yield a singular output from a group of inputs is the Delphi survey method. The Delphi Method was created by the RAND Corporation in the 1950s as a "means to handle opinions rather than objective facts," but has been modified for application in management disciplines to garner group consensus of the relative significance of an issue" (Schmidt, 1997).

The goal of the Delphi Method is to select a panel of experts, and through rounds of questioning, focus the group to an approximate consensus on an issue. The panel of experts can be subdivided into smaller subgroups. The panel members stay anonymous to avoid any affect to other panel members. As a unique element to a Delphi survey, panel members receive controlled feedback during each subsequent round of the survey (Schmidt, 1997). This controlled data allows for a panel member to change or retain their original view (Schmidt, 1997). The Delphi method can be utilized to collect both qualitative and quantitative data.

The Likert Scale

To assign quantitative values to survey questions, responses require a numerical scale. A common scale, frequently paired with a Delphi survey, but specifically designed to measure attitudes was developed by Rensis Likert, with scales of concurrence varying from choices as low as two to as high as 19 (Likert, 1932). Using the Likert scale rating system aids the researcher in determining the level of separation of importance and/or agreement related to a particular issue or subject. A more simplistic, hierarchical, or ordinal-based ranking system, will result in a ranking, but will not determine the level of sensitivity between ranks (Vagias, 2006). Multiple studies have been conducted to determine exactly what scale (particular sensitivity) is most appropriate for the type of survey being conducted (Vagias, 2006). Various factors influences the ideal scale, but the five choice scale resulted in the fastest survey completion times (Vagias, 2006).

Summary

There is no shortage of information available, but in the environment of ever decreasing resources, it is imperative to identify risk, and thereby the health of AMC wings within the enterprise in an efficient manner. Multiple reasons and obstacles surround the appropriate application of objective indicators. The scope of this research will be limited to the Leading People major graded area. The Delphi method coupled with a Likert scale will allow a panel of subject matter experts to determine what non-interference metrics are best suited for this task.

III. Methodology

Chapter Overview

Determining the Leading People health of a wing using non-interference measures within the new AFIS construct had not been attempted. Qualitative inputs were required to determine if a particular measure is worthy of consideration. A Delphi study of a panel of subject matter experts yielded the necessary qualitative data for this research. The panel of experts consisted of four subgroups (senior raters, squadron commanders, MAJCOM/IG personnel, and Wing/IG personnel). This study used three rounds of surveys to garner expert opinions and determine their concurrence amongst themselves. Surveys were created electronically using the Survey Monkey website and distributed via personal email. Two separate surveys were created for two major subgroups of commanders and inspectors to garner specific demographics and allow more detailed analysis. Statistical data will be presented in simplistic terms to prevent mathematical jargon becoming a barrier to applications.

Delphi Survey

The Delphi survey for this research consisted of three rounds. The first round determined the *list* of non-interference measures by allowing the panel to submit recommendations and evaluate currently existing non-interference metrics. Round 2 of the survey presented the Round 1 resultant list of non-interference metrics for the panel to rate their level of importance using a Likert scale of 1 through 7. Round 3 presented the means from the overall panel and of each four subgroup and asked for their individual

level of agreement with the overall panel mean using a Likert scale of 1 through 5. All surveys were divided into five subsection corresponding to the five subcategories of the Leading People MGA (communication, discipline, training, development, and quality of life) and referenced the applicable definition from AFI 90-201 at the beginning of each subsection. Each round asked for basic demographic data and allowed respondents to submit freeform comments at the end of the survey. Demographic data was used to determine the responses from each four subgroups. Comments aided in expanding depth of perspective into the concerns, quantitative responses, and recommendations of survey panel members.

Survey Participants

Survey panel experts consisted of four subgroups (senior raters, squadron commanders, AMC/IG personnel, and Wing/IG personnel). These particular groups were selected due to the *diversity of interaction* they have to the Leading People MGA. Presumably, strong conclusions can be drawn in instances where consensus exists amongst these diverse groups. Senior raters invited to participate included current AMC wing commanders and direct reporting group commanders (e.g. the 43 Airlift Group at Fort Bragg, NC). Senior raters were invited to participate via direct email communication. Squadron commanders invited were current AMC squadron commanders that included a mix of rated and non-rated positions, however this was not captured in the survey demographics. Squadron commanders were invited to participate via direct email communication. The survey was sent via email to the MAJCOM/IG

office, then distributed via inter-office channels. MAJCOM/IG personnel were all currently in their positions. Wing/IG personnel invited, similar to senior raters, were limited to AMC units. The survey was sent via email to Wing/IG offices, then distributed via inter-office channels. The quantity of personnel invited from each subgroup was chosen to produce similarly sized subgroups. The panel was given between approximately one to two weeks to respond. All panel experts either currently hold their subgroup position or held the position after the new AFIS was implemented, thereby removing any false results related to lack of familiarity with major graded areas and the new AFIS construct.

Round One

Round 1 determined the list of non-interference metrics by allowing the panel to submit recommendations and respond using a binary "yes or no" response if they perceived the currently existing non-interference metrics presented had value. All panel recommended metrics that were feasible (i.e. able to be retrieved on a non-interference basis, as described in Chapter 1) and all existing non-interference metrics that any panel member deemed to have value comprised the final list of metrics for consideration in Rounds 2 and 3. The survey was sent out via email to approximately 80 individuals for their direct responses or distribution within their respective IG offices.

Existing Indicators

Existing indicators for this study were derived from the aforementioned UEI Handbook, notes from the AMC Readiness and Compliance Working Group (RCWG),

and responses from AMC wings to a mandatory call for data from AMC analysis division, AMC/A9. The RCWG included members from across AMC staff and discussed and annotated potential measures of wing health that are already tracked across AMC wings (McDade, 2015). An outcome from further AMC exploration into determining wing health and RCWG discussion, AMC/A9 requested all AMC wings and stand-alone groups relay what metrics they already track. Metrics applicable to the Leading People MGA were used in this research to conserve effort requested of the panel of experts and ensure maximization of considerable metrics. The frequently used ART, SORTS, and DRRS were not included as they are not applicable to the Leading People MGA.

Round 1 Survey Questions

Survey questions fell into two basic categories, evaluating existing metrics or recommending metrics. The entire Round 1 questionnaire for commanders is in Appendix A. The entire Round 1 questionnaire for inspectors only differs from the commander survey in the demographic questions, listed in Appendix B. Instructions and two example questions are listed below:

In your opinion, are the following measures/metrics valuable to determine the health of an AMC wing's "Leading People" major graded area (MGA) on a quarterly or more frequent rhythm? Future survey rounds will determine amount of value.

As a refresher, MGA "Leading People" encompasses: communication, discipline, training, development, and quality of life engagement.

AFI 90-201 2.2. Discipline - Discipline will show a cultivated culture of compliance and accountability while promoting unit and mission pride. Command climate, customs and courtesies, uniform wear, physical fitness, and attention to detail are some indicators of the overall discipline of a unit.

9. Article 15 rate.

- ◯ Yes
- ◯ No

10. Courts-martial rate.

- ◯ Yes
- ◯ No

Round Two

Round 1 solidified the listing of non-interference Leading People metrics for Round 2 and 3. Round 2 garnered the perceived value of each metric presented to the survey panel. The full list of metrics is listed in the Analysis and Results section. Since the survey was anonymous and to ensure continuity of the survey, panel participants were asked if they responded in previous rounds.

Round 2 Survey Questions

Round 2 questions asked the panel to indicate how valuable each measure was to determine the Leading People health of an AMC wing using a scale of 1 through 7 (1 – not valuable; 2 – minimally valuable; 3 – somewhat valuable; 4 – neutral; 5 – moderately valuable; 6 – very valuable; 7 – extremely valuable). Choices were selectable via a dropdown menu. Use of a dropdown menu reduced the perception of overall survey

length and unnecessary wording. The entire Round 2 questionnaire for commanders is in Appendix C. The entire Round 2 questionnaire for inspectors only differs from the commander survey in the demographic questions, listed in Appendix D. Instructions and two example questions are listed below:

Please indicate how valuable the following measures/metrics indicate the health of an AMC wing's "Leading People" major graded area (MGA) on a quarterly or more frequent rhythm?
Use the following scale for all questions.
1 - Not valuable
2 - Minimally valuable
3 - Somewhat valuable
4 - Neutral
5 - Moderately valuable
6 - Very valuable
7 - Extremely valuable

AFI90-201 2.4. Development - Deliberate processes of preparing Airmen through the Continuum of Learning with the required competencies to meet the challenges of current and future operating environments. The unit should have a process to promote institutional development which results in leadership, management, and warrior ethos proficiency. Development of an individual is two-fold: professional and personal.

33. Percentage of eligibles enrolled in PME.

34. Percentage of eligibles completed PME.

Round 3

Round 2 garnered the perceived value of each metric presented to the survey panel. Round 3 presented the mean scores from the overall panel and each of the four subgroups. Participants were asked to indicate their level of concurrence with the overall panel mean score. Mean scores and concurrence ratings are listed in the Analysis and Results section and applicable appendices. Since the survey was anonymous, panel members were asked if they participated in previous rounds to ensure continuity of the

survey panel. The entire Round 3 questionnaire for commanders is in Appendix E. The entire Round 3 questionnaire for inspectors only differs from the commander survey in the demographic questions, listed in Appendix F.

Mean Calculation

A basic mean, or average, calculation was used. Only panel members that participated in previous rounds were included. If a panel member declined to answer the denominator reduced accordingly.

Round 3 Survey Questions

Round 3 questions asked the panel to indicate how much they agreed with the overall panel mean using a scale of 1 through 5 (1 – strongly disagree; 2 – disagree; 3 – neutral; 4 – agree; 5 – strongly agree). Choices were selectable via a dropdown menu. Use of a dropdown menu reduced the perception of overall survey length and unnecessary wording. Instructions and two example questions are listed below:

Please indicate your level of concurrence with the panel's total mean value of a specific measures/metrics to indicate the health of an AMC wing's "Leading People" major graded area (MGA) on a quarterly or more frequent rhythm?

Value Scale.
1 - Not valuable
2 - Minimally valuable
3 - Somewhat valuable
4 - Neutral
5 - Moderately valuable
6 - Very valuable
7 - Extremely valuable

Concurrence Scale.
1 - Strongly Disagree
2 - Disagree
3 - Neutral
4 - Agree
5 - Strongly Agree

33. Percentage officers completed advanced academic degrees or higher.

Total mean = 3.53
Senior Rater mean = 3.63
Squadron CC mean = 3.40
MAJCOM IG mean = 3.22
Wing IG mean = 3.89

Please indicate your level of concurrence with the panel's Total mean.

(Optional) Please explain if you disagree with panel's total mean value.

34. Percentage of enlisted completed CCAF or higher.

Total mean = 4.53
Senior Rater mean = 4.25
Squadron CC mean = 5.20
MAJCOM IG mean = 3.56
Wing IG mean = 5.11

Please indicate your level of concurrence with the panel's Total mean.

Summary

This chapter presented methodology and examples used to conduct this research. Something fairly unique to this research was the introduction of a significant number of measures during Round 1 of the survey to reduce effort requested of survey participants and ensure maximization of metrics included. There is clear progression between all three survey rounds and the complete battery of survey questions are listed in the corresponding appendices. Expert panel members were selected due to the diversity of interaction they have to the Leading People MGA, such that, strong conclusions can be drawn in instances where consensus exists.

IV. Analysis and Results

Chapter Overview

The overall purpose of this research is to facilitate effective incorporation of valuable, additional metrics from AMC wings into the frequent reporting rhythm, thereby, giving AMC senior leaders a better perspective of the Leading People health of each wing in real-time, resulting in an elevated situational awareness and aiding in more informed decision making. Critical to this success was reasonable participation from the four diverse subgroups within the panel of experts and results that show clear consensus among panelists. The Delphi study for this research spanned approximately two months. Panel participation dropped off continually throughout the survey period, but retained a fairly equal distribution between each subgroup. Responses throughout the survey process were anonymous, voluntary, and limited to one survey per person. Accuracy of this data relied on validity of inputs from panel members, and trusts that data was not manipulated. Survey responses from participants who were not involved in previous rounds or were incomprehensible were removed from consideration. For example, a respondent identified themselves as the rank of E-7, but also indicated they had commanded at the wing level, hence their survey results were removed from the study. Precision of survey distribution reduced potential for inaccurate inputs. Once the list of measures was finalized in Round 1, the mean and standard deviation of Likert scale responses in Round 2 and 3 were used to categorize metrics based on value and concurrence.

Results

Survey participation for each round and subgroup are annotated in Table 1. Complete results from Round 1, 2, and 3 can be found in Appendices H, I, and J, respectively. Listed in this section are excerpts of results deemed worthy for discussion and consideration. Based on the resultant perceived value (mean and standard dev) and concurrence, metrics were separated into four tiered categories. For this categorization, *high value* is considered a mean value ≥ 4.5 and a standard deviation ≤ 1.5, while *high concurrence* is considered a mean value ≥ 3.5 and a standard deviation ≤ 1. Categorizations of metrics are listed in Table 2 and pairs of individual metrics to specific category are listed in Table 3. The entirety of tiered ranking and raw data are listed in Appendix K, Table 10, which highlights with a green background values that fall in the 'high value' and 'high concurrence' ranges. This tier system is designed to blend value and concurrence to synthesize consensus as the primary indicator of significance.

Table 1 Survey Participation.

	Round 1	Round 2	Round 3
Total	60	39	32
Senior Raters	13	9	9
Squadron CC	14	10	10
MAJCOM/IG	16	11	5
Wing/IG	17	9	8

Table 2 Tiered Metrics Categories.

	Tier 1	Tier 2	Tier 3	Tier 4
High Total Panel Value	X			
High Total Panel Concurrence	X			
High Value by ≥ 2 Subgroups		X		
High Concurrence by ≥ 2 Subgroups		X		
High Value by 1 Subgroups			X	
High Concurrence by 1 Subgroups			X	
High Value by 0 Subgroups				X
High Concurrence by 0 Subgroups				X

Table 3 Tiered Listing of Non-interference Metrics.

Tier	Metric
1	CDC status (completion, enrollment, upgrade training, pass rate).
1	Percentage of eligibles completed PME.
1	Physical fitness pass rate.
1	Safety mishap rates.
1	Sponsor contact prior to 30 days of RNLTD.
1	Voluntary retention rates (separations, 7-day opt, reenlistments, etc.).
2	Administrative separation rate.
2	EO complaints.
2	IMR (individual medical readiness) rate.
2	Percentage of enlisted completed CCAF or higher.
2	Personnel TDY rates.
3	Article 15 rate.
3	Average of use/lose leave.
3	Courts-martial rate.
3	Discrepancy compliance timeliness rate (IGEMS, MICT).
3	DLC (duty limiting condition) rate.
3	Drug usage incidents.

Table 3 Tiered Listing of Non-interference Metrics, cont.

Tier	Metric
3	Face-to-face suicide prevention training completion.
3	GTC delinquencies.
3	IG complaints.
3	IGEMS or MICT open discrepancies/observations.
3	Milpay discrepancies.
3	Non-judicial punishment actions taken.
3	Percentage of personnel with a UIF.
3	Security incidents.
3	Social media activity.
3	Suicide and suicide attempt rate.
3	TFAT/ADLS CBT completion statistics.
3	Timeliness of reports (OPRs/EPRs, civilian appraisals, Decs, etc.).
4	ADAPT referrals.
4	Article 15 timeliness.
4	Climate assessment on-time completion rate.
4	Climate assessment participation rate.
4	Court martial timeliness.
4	DHA (deployment health assessment) overdue rate.
4	Domestic violence incidents.
4	Family advocacy referrals.
4	Obesity rates.
4	Percentage of eligibles completed supervisor safety training.
4	Percentage of eligibles enrolled in PME.
4	Percentage of MRT (master resilience training) qualified personnel.
4	Percentage of personnel seen by Chaplain Corps.
4	Percentage officers completed advanced academic degrees or higher.
4	Physical fitness currency rate.
4	Random anti-terrorism measures completed.
4	Resiliency training completion.
4	SAPR training completion.
4	Sexual assault rate.
4	SF reported crime rate.
4	Timeliness of TMT taskers.

Round 1 Data and Comments

Round 1 presented participants with a list of existing non-interference metrics (described in Chapter 3) and requested recommendations for other metrics. Some of the

metrics recommended, but deemed unusable were, exhaustion rate, job satisfaction rate, pers tempo, "Unit Group/Wing/AF Award Win Rate," and 360 Degree Feedback. It is worthy of note that the 360 Degree Feedback program is still in its infancy and should be considered for future research. Some commentary from participants reflected a general angst that objective metrics will inevitably be used as an evaluation leadership.

Complete Round 1 survey results and comments are listed in Appendix H. Panel members were asked to respond using a binary "yes or no" response if the currently existing non-interference measures presented were valuable. Responses were evaluated using the mean and standard deviation by assigning a value of "1" for each "Yes" response and a value of "2" for each "No" response. The top and bottom five performing existing metrics are listed in Table 4.

Table 4 Round 1 Top and Bottom Performers.

ROUND 1 TOP AND BOTTOM PERFORMERS										
Question asked: In your opinion, are the following measures/metrics valuable to determine the health of an AMC wing's "Leading People" major graded area (MGA) on a quarterly or more frequent rhythm? Yes = 1 No = 2										
	Total Panel		Senior Raters		Sq/ CCs		MAJCOM/ IG		Wing/ IG	
Metrics Presented	Mean	Std Dev	Mean	Std Dev	Mean	Std Dev	Mean	Std Dev	Mean	Std Dev
Personnel TDY rates.	1.08	0.27	1.15	0.38	1.50	0.52	1.09	0.30	1.06	0.24
Physical fitness pass rate.	1.11	0.32	1.00	0.00	1.17	0.39	1.09	0.30	1.00	0.00
Percentage of eligibles completed PME.	1.17	0.38	1.08	0.28	1.33	0.49	1.08	0.29	1.00	0.00
Suicide and suicide attempt rate.	1.17	0.38	1.31	0.48	1.33	0.49	1.09	0.30	1.06	0.24
Voluntary retention rates (separations, 7-day opt, reenlistments, etc.).	1.19	0.39	1.23	0.44	1.50	0.52	1.18	0.40	1.00	0.00
Climate assessment on-time completion rate.	1.58	0.50	1.77	0.44	1.58	0.51	1.55	0.52	1.47	0.51
Tobacco free airmen rates.	1.62	0.49	1.69	0.48	1.83	0.39	1.64	0.50	1.71	0.47
Percentage of personnel seen by Chaplain Corps.	1.64	0.48	1.85	0.38	1.75	0.45	1.73	0.47	1.94	0.24
Family advocacy referrals.	1.64	0.48	1.77	0.44	1.50	0.52	1.64	0.50	1.65	0.49
Percentage of eligibles completed supervisor safety training.	1.72	0.45	1.62	0.51	1.50	0.52	1.55	0.52	1.71	0.47

Round 2 Data and Comments

Round 2 asked participants to assign a level of value to each metric based on their perception of how well each measure indicates the Leading People health of an AMC wing using a Likert-type scale of 1 through 7 (1 – not valuable; 2 – minimally valuable; 3 – somewhat valuable; 4 – neutral; 5 – moderately valuable; 6 – very valuable; 7 – extremely valuable). The mean response score for all questions from each subgroup was

4.444 for senior raters, 4.016 for squadron commanders, 3.871 for AMC inspectors, and 4.427 for wing inspectors.

Comments from the commander subgroups raised concerns about the applicability of any specific metric to all AMC units, previous studies, and the value of a metric in a group versus stand-alone. For example, participants indicated the metric "Sponsor contact prior to 30 days of RNLTD" is more significant to overseas than continental United States locations. Additionally, participants commented that if measured as a stand-alone metric, their perception of value is relatively low, but when combined with other metrics, synergy will effectively increase their perspective of the value of a metric. Comments from inspectors focused on improper categorization of the metrics and the stressed emphasis on retention as a measure of wing health. Some inspector participants stated that some of the presented metrics fall into other MGAs. For example, the metrics "Court martial timeliness" and "Article 15 timeliness," were recommended for inclusion into the Improving the Unit major graded area, specifically the Key Work Process subsection (SAF/IGI, 2015). Additionally, inspectors submitted comments emphasizing the premise that in a broken wing "people vote with their feet", and recommended focusing attention on retention rates, cross training requests, use/lose leave, and personnel temporary duty (TDY) rates. Complete Round 2 survey results and comments are listed in Appendix I. The top and bottom five performing existing metrics are listed in Table 5.

Table 5 Round 2 Top and Bottom Performers.

ROUND 2 TOP AND BOTTOM PERFORMERS

Question asked: Please indicate how valuable the following measures/metrics indicate the health of an AMC wing's "Leading People" major graded area (MGA) on a quarterly or more frequent rhythm?

Use the following scale for all questions.

1 - Not valuable
2 - Minimally valuable
3 - Somewhat valuable
4 - Neutral
5 - Moderately valuable
6 - Very valuable
7 - Extremely valuable

	Total Panel		Senior Raters		Sq/CCs		MAJCOM/IG		Wing/IG	
Metrics Presented	Mean	Std Dev	Mean	Std Dev	Mean	Std Dev	Mean	Std Dev	Mean	Std Dev
Personnel TDY rates.	5.78	1.17	5.50	0.76	6.30	0.67	5.44	1.94	5.78	0.83
Physical fitness pass rate.	5.61	1.29	5.75	1.98	5.90	0.74	5.22	1.20	5.56	1.24
Voluntary retention rates (separations, 7-day opt, reenlistments, etc.).	5.44	1.08	5.13	1.13	6.10	0.99	5.33	0.87	5.11	1.17
CDC status (completion, enrollment, upgrade training, pass rate).	5.42	1.16	6.00	1.31	5.10	1.20	5.00	1.22	5.67	0.71
Safety mishap rates.	5.42	1.25	5.50	1.60	5.70	1.16	4.78	1.48	5.67	0.50
Percentage of eligibles completed supervisor safety training.	3.11	1.75	3.63	2.00	2.20	1.32	3.33	2.12	3.44	1.42
Percentage of MRT (master resilience training) qualified personnel.	3.08	1.65	3.88	1.96	2.00	1.05	3.33	1.66	3.33	1.50
Tobacco free airmen rates.	2.97	1.80	3.50	2.07	2.70	1.77	2.11	1.76	3.67	1.41
DHA (deployment health assessment) overdue rate.	2.92	1.89	2.63	1.92	2.30	1.83	3.22	1.92	3.56	1.94
Climate assessment on-time completion rate.	2.53	1.76	2.88	1.46	1.70	1.57	2.33	1.58	3.33	2.18

Round 3 Data and Comments

Round 3 presented the mean values compiled for the entire panel and subgroups and asked participants to indicate their level of concurrence with the overall panel mean

using a Likert-type scale of 1 through 5 (1 – strongly disagree; 2 – disagree; 3 – neutral; 4 – agree; 5 – strongly agree). The mean response score for all questions from each subgroup was 3.438 for senior raters, 3.726 for squadron commanders, 3.197 for AMC inspectors, and 3.821 for wing inspectors. Unique to Round 3 was the ability to submit comments after each question, rather than at the end of the survey. This led to robust commentary from the panel, particularly the commander subgroups.

Commander participants submitted comments related to input control and output relevance of some of the presented metrics. Metric output relevance comments focused on accountability versus deviance, frequency, and peer comparability. For example, a commander response to the "Article 15 rate" stated,

> While useful, this metric can fluctuate wildly and have a lot of variance in meaning due to the wide range of Art 15 offenses. Just knowing that you hand out Art 15s at X rate, doesn't really tell you anything about discipline. It tells you more about the deviance rate of the assigned population.

Another commander response stated that the extremely low frequency of sexual assaults makes the "Sexual assault rate" metric so rare as to be statistically insignificant. Metric input control comments focused on the limited control a wing has to influence a metric. For example, a commander response to the "Courts-martial rate" stated,

> This is largely out of control of an individual wing; too many factors can contribute to courts-martial rate, and criminals often cannot be prevented from committing crimes.

Another commander response to all the presented metrics stated,

> Consider that for every proposed metric, if there is not a clearly defined Gaussian distribution (normally distributed data or bell curve) associated with the data - across the NAF or AF - then you would be wrong to make inferences from any one wing's data. Why? Many of the numbers are just too small, but many also

> are confounded by multiple variables you cannot control for. For example, Article 15 rates in one wing mean something very different than another's - tenants, the demographics of an older (staff) or younger (BMT) population, effectiveness of the JAG, individual Commander preferences, etc. The best measures IMO are those measuring primary mission accomplishment. Go one step further and look at the other data for those units getting the mission done - perhaps they trade performance in a lower priority area (which you might measure) for more effective mission performance. That is overly simplistic, but it is one example of confounding a set of data with the introduction of other variables.

Of note is the disparity between inspector and commander comments related to the "Climate assessment participation rate" metric. An inspector response stated, "high (climate assessment) participation rate usually equates to communication and leadership relationship with airmen," while a commander response stated, "can't force people to complete." Complete Round 3 survey results and selected comments are listed in Appendix J. The top and bottom five performing existing metrics are listed in Table 6.

Table 6 Round 3 Top and Bottom Performers.

ROUND 3 TOP AND BOTTOM PERFORMERS										
Question asked: Please indicate your level of concurrence with the panel's total mean value of a specific measures/metrics to indicate the health of an AMC wing's "Leading People" major graded area (MGA) on a quarterly or more frequent rhythm? Concurrence Scale. 1 - Strongly Disagree 2 - Disagree 3 - Neutral 4 - Agree 5 - Strongly Agree										
	Total Panel		**Senior Raters**		**Sq/ CCs**		**MAJCOM/ IG**		**Wing/ IG**	
Metrics Presented	Mean	Std Dev	Mean	Std Dev	Mean	Std Dev	Mean	Std Dev	Mean	Std Dev
Personnel TDY rates.	4.07	1.02	3.67	1.12	4.33	0.50	3.33	2.08	4.57	0.53
Physical fitness pass rate.	4.00	0.77	4.11	0.60	4.11	0.33	3.00	1.73	4.14	0.69
CDC status (completion, enrollment, upgrade training, pass rate).	3.97	0.81	4.22	0.44	3.78	0.83	3.40	0.55	4.29	1.11
IMR (individual medical readiness) rate.	3.89	0.79	3.78	0.67	4.11	0.33	3.00	1.73	4.14	0.69
Average of use/ lose leave.	3.89	0.88	3.78	0.83	4.11	0.60	3.00	1.73	4.14	0.69
Percentage of personnel seen by Chaplain Corps.	3.32	0.77	3.11	0.78	3.56	0.73	3.00	1.00	3.43	0.79
Tobacco free airmen rates.	3.30	0.91	3.38	0.92	3.44	0.53	2.00	1.00	3.57	0.98
Sexual assault rate.	3.28	0.84	3.38	1.06	3.11	0.78	3.20	0.84	3.43	0.79
Resiliency training completion.	3.24	0.79	3.38	0.74	3.11	0.93	3.20	0.84	3.29	0.76
Climate assessment participation rate.	3.11	0.74	3.11	0.78	3.11	0.78	2.67	0.58	3.29	0.76

Analysis

Applicability of Non-interference Metrics

Ascertaining the applicability of each metric, as it pertains to each AMC unit, requires determinations of feasibility, standards, conveyance methodology, and frequency. Use of any of the presented metrics requires the decision to use blanket

AMC-wide or tailored metric standards for each wing. Some metrics are tracked by individual wings and some already aggregated in central databases. The list of presented metrics may not be feasible at all wings, since some are not already tracked at certain wings. Selection of the conveyance method to gather any selected metrics data could affect the level of interference to wings. Emphasis should be placed on direct pull from central databases (similar to ART/SORTS/DRRS) to prevent additional tasking to AMC wings. This research focused on a metric reporting rhythm of quarterly or more frequent.

Survey Length and Format

Reports from survey participants indicated each survey took between 5 to 15 minutes. The limited length of the survey likely led to sustained participation. Based on the results, optional comment blocks after each question in Round 1 and Round 2 would likely have resulted in increased level of subjective inputs from the panel. Based on direct participant comments to the researcher, panel members seemed to spend minimal time reading the instructions and liberally applied individual heuristics to interpret the questions and formulate responses.

Mean Response Scores of Subgroups

Mean response scores (MRS) were calculated by averaging all responses from a subgroup for a specific survey round. For example, senior raters in Round 2 submitted 410 quantitative values (on a scale of 1 through 7) resulting in a sum of 1822 and a MRS of 4.444. Counterintuitively, MAJCOM inspectors had a significantly lower MRS (3.888) for all responses in Round 2, while senior raters had the highest (4.444). Round 2 commentary from commanders expressed concern, bordering on consternation, related to

a potential increase in emphasis on objective metrics that would have, presumably, resulted in a decrease in the senior rater MRS. Both MAJCOM inspectors and senior raters had the lowest MRS of concurrence in Round 3, demonstrating the subgroups do not consistently respond with a higher or lower average score. Therefore, their responses represent a diversity of perceptions and not a scaled analog of each other.

Investigative Questions Answered

- Do frequently reportable and valuable, non-interference metrics related to the Leading People MGA exist?
    - Yes. Tier 1 and Tier 2 metrics have high value and high concurrence.
- Can consensus among a diverse panel of experts be realistically attained?
    - Yes. Taking the overall perceived value and panel concurrence, multiple tiers of metrics were created to describe the level of consensus.
- Are objective indicators alone enough to determine the health of a wing?
    - No. Although beneficial and non-biased, objective indicators leave many areas of wing health unexplained and as such are not adequate stand-alone determinants.
- Can better decisions be made based on incorporation of valuable, non-interference metrics into the current health of the wing frequent reporting process?
    - Potentially. Blending quality objective and subjective indicators inevitably results in a more informed decision. An informed decision *is*

not essential and by itself does guarantee a 'better' decision. In theory, it *increases the probability* of making a better decision.

- Should valuable, non-interference measures exist that can be used to more holistically assess the health of the Leading People MGA within AMC wings?
    - Yes. Using panel consensus as a determinant incorporate the most agreed upon metrics. Additional steps are needed to determine the feasibility of each metric. Care should be taken to ensure inclusion of metrics does not drive undesired leadership behaviors.

Summary

This chapter included the results and analysis of the participant comments, quantitative responses, and statistical analysis from all three rounds of Delphi questionnaires. The panel's level of perceived value and panel concurrence were represented by the mean and standard deviation. The applicability of the presented metrics and the survey length and format underwent scrutiny to find some metrics may have limited feasibility and some responses may be inaccurate to a participant's actual perception. This chapter answered the research questions formulated to meet the research objective.

V. Conclusions and Recommendations

Chapter Overview

This chapter represents conclusions, significance, and recommendations from the research conducted. Conclusions cover reliability of data, barriers to consensus, and the use and climate of objective metrics. The results from the research directly inform what metrics to include into the current reporting cycle and future evaluation practices. Recommendations for future research includes expanding the current methodology, formatting of frequent reporting, and revisiting the 'white space' dilemma that prompted the overhaul of the AFIS.

Conclusions of Research

Conclusions from this research focus on the reliability of data, barriers to consensus, and the use and climate of objective metrics. Traditionally, inputs are solicited as to whether or not to include specific metrics into frequent reporting processes, but the decision authority is granted to the most senior leadership or functional experts rather than efforts to attain comprehensive consensus. The three round Delphi study completed by four subgroups was an effective methodology that resulted in *functionally applicable consensus*. The diverse subgroup perspectives on the value, meaning, and categorization of the presented Leading People non-interference metrics resulted in confirmed positive, but potentially false negative identification for consensus. For example, a few participants indicated that the "Article 15 timeliness" metric did not fit

within the Leading People MGA and scored the value of that metrics very low. This was significant in relegating it to Tier 4 status based not on value, but on categorization. This action of participants indicating a low perceived value based on their opinion of improper categorization of metrics, rather than value, reflects an inconsistent corporate knowledge of the new AFIS. This creates potential barriers to consensus resulting in valuable metrics being overlooked. Despite these and other barriers to consensus, it is clear absolute agreement amongst the four diverse subgroups is unrealistic.

Additionally, information technology (IT) systems and survey structure presented difficulties to gather and retain survey data. Various participants cited difficulties accessing the Survey Monkey web-based survey tool via Department of Defense non-secure internet protocol router connections. This most likely resulted in lost opportunity for input or potentially duplicate inputs, if the participant completed a second survey via a separate computer internet protocol address. If the anonymity of the research was removed, this IT shortfall could have been avoided by completing the survey via an individual interview methodology. The increased quantity and precision of comments in Round 3 is likely a direct result from the inclusion of open comment sections immediately following each question. This resulted in excellent insight into the quantitative response given and would likely have resulted in similar insights if used in Round 1 and 2.

The appropriateness of use and the climate surrounding objective metrics are key considerations to the successful application of the consensus attained from this research. Objective indicators are essential and must be integrated with subjective inputs from on-

site leadership and/or on-site functional experts to synthesize the holistic health of an AMC wing. Poor performance of any valuable objective metric indicates potential for risk and warrants further investigation and/or commitment of resources for improvement. Responses by commander participants indicate a general mistrust of the usage of objective indicators. This is likely resultant from the perception that objective indicators will be used a measurement of leadership, rather than an identification of potential risk to make more informed decisions. As deftly identified by some panel members, commander influence is simply one of many variables that can effect metric performance. As described Kerr's article, it is likely, any objective metric added to the frequent reporting process will see an increase in prioritization and have the potential to absorb resources previously allocated elsewhere. Inspector comments seemed to indicate inclusion of objective metrics will reduce potentially biased subjective inputs. For example, does a commander's risk assessment simply blend personal perception and the data available or does it allow too much for personal biases to 'spin' or temper objective metrics?

Significance of Research

Due to time and resource constraints, limited audience inputs are generally solicited as to whether or not to include specific metrics into frequent reporting processes, but the decision authority is granted to the most senior leadership or functional experts rather than efforts to attain comprehensive consensus. The three round Delphi study completed anonymously by four diverse subgroups was an effective methodology that

resulted in functionally applicable consensus. While unanimous consensus was not attained, significant agreement was found through the chains of command (from policy/guidance level to tactical/execution level) and evaluation (from inspector to operator). Moreover, each subgroup was unaware of the other three subgroups during Rounds 1 and 2, removing inadvertent bias.

A four tiered system was created to rank order the panel's perceived value and concurrence of the presented metrics. This rank ordered listing allows for easy hierarchical visualization and inclusion into any monitoring or reporting process.

Recommendations for Action

Integrate Tier 1 and Tier 2 metrics into the current HoW reporting cycle. Ascertaining the applicability of each metric, as it pertains to each AMC unit, requires determinations of feasibility, standards, conveyance methodology, and frequency. To prevent undue emphasis and apply historical considerations, create upper and lower control boundaries for each wing. Incorporate Tier 1 and Tier 2 metrics into the Risk Based Sampling Strategy employed by AMC/IG.

Recommendations for Future Research

This research covered one AFIS major graded area, but could be applied to the other three AFIS major graded areas or other MAJCOMs. As the AFIS presents a method of continual evaluation, it also presents a method of continual risk assessment. The current health of the wing reporting AEIM triangle could be restructured to align with the AFIS MGAs as they represent a new cultural way of categorizing risk. An

original intent of the new AFIS was to improve the health of Air Force wings by increasing the 'white space' between inspections (Camm, Werber, Kim, Wilke, & Rudavsky, 2013). With a natural inclination to increase requirements levied upon wings over time, the actual available 'white space' following the implementation of the new AFIS requires research. Once fully operationally capable, the 360 Degree Feedback program may represent a valuable, non-interference metric and warrants future consideration.

Summary

Conclusions from this research identify functionally applicable consensus between four diverse subgroups of experts on the value of Leading People non-interference metrics. This resulted in a tiered ranking structure. Blending top tier metrics with subjective inputs from on-site leadership and/or subject matter experts into the frequent reporting processes should enable AMC senior leaders to better evaluate the holistic health of each wing in real-time, thereby, elevating situation awareness and aiding in more informed decision making. The research focus on non-interference metrics will improve situational awareness while minimizing the allocation of resources and negative impact to the 'white space' of AMC wings.

Appendix A. Commander Survey Round 1

Measuring AMC Wing Health ("Leading People" -- AFIS MGA 2) Commander's Survey Round 1

Background

You are receiving this questionnaire as an expert in how best to measure "Leading People" (AF Inspection System - Major Graded Area 2) organizational health within Air Mobility Command (AMC) wings on a quarterly or more frequent rhythm. By responding, you have the unique opportunity to influence the future development of evaluations within AMC.

Please note the following:

PURPOSE: Find a non-interference set of measures to assess the health of AMC wings. The specific purpose of this Delphi Study is to gain perspective from experts in leadership and inspector positions within the AMC community.

BENEFITS and RISKS: There are no personal benefits or risks for participating in this study. Your participation in completing this questionnaire should take less than 10 minutes per round.

CONFIDENTIALITY: All survey responses are confidential. Your identity will not be associated with any responses you give in the final research report. No individual data will be reported; only data in aggregate will be made public. I understand that the names and associated data I collect must be protected at all times, only be known to the researcher, and managed according to the Air Force Institute of Technology (AFIT) interview protocol. At the conclusion of the study, all data will be turned over to the advisor and all other copies will be destroyed.

PARTICIPATION: Your participation in this study is completely voluntary. You have the right to decline to answer any question, to refuse to participate or to withdraw at any time. Your decision of whether or not to participate will not result in any penalty or loss of benefits to which you are otherwise entitled. Completion of the questionnaire implies your consent to participate.

INSTRUCTIONS:

Please complete this survey by 20 January 2016.

This survey is an instrument of a Delphi study. The surveys are designed to focus on problems, opportunities and solutions. Each survey round is developed based on the group results of the previous questionnaire. The process continues until sufficient data has been collected to answer the primary research question.

This survey is expected to take 3 rounds with the panel. Again, the questionnaire is non-attributional, so please elaborate fully on your answers. Subsequent rounds will be announced as needed and all research will conclude by March 2016.

Round 1 requests a small amount of demographic information which will shape the questions on subsequent rounds.

CONTACT: If you have questions about this survey please contact Maj Adam King by email at adam.king.3@us.af.mil

Measuring AMC Wing Health
("Leading People" -- AFIS MGA 2)
Commander's Survey
Round 1

Demographics

Demographics

1. What is your age?

2. What is your Rank?

3. Do you have experience performing Inspector General duties (WIT, Wg/IG, AMC/IG, etc.)?

- Yes
- No

4. What level of command have you held?

- none or not applicable
- Squadron
- Group
- Wing
- Prefer not to answer

Other (please specify)

5. Are you currently a commander?

- Yes
- No
- Prefer not to answer

6. Which Major Commands have you served under?

- [ ] (AMC) Air Mobility Command
- [ ] (ACC) Air Combat Command
- [ ] (AETC) Air Education and Training Command
- [ ] (PACAF) Pacific Air Forces
- [ ] (USAFE) United States Air Forces in Europe
- [ ] (AFCENT) United States Air Force Central Command
- [ ] Other (please specify)

Measuring AMC Wing Health
("Leading People" -- AFIS MGA 2)
Commander's Survey
Round 1

Which measures are valuable?

In your opinion, are the following measures/metrics valuable to determine the health of an AMC wing's "Leading People" major graded area (MGA) on a quarterly or more frequent rhythm? Future survey rounds will determine amount of value.

As a refresher, MGA "Leading People" encompasses: communication, discipline, training, development, and quality of life engagement.

Measuring AMC Wing Health
("Leading People" -- AFIS MGA 2)
Commander's Survey
Round 1

Communication

AFI90-201 2.1. Communication - Communication will show a developed two-way vertical and lateral communication system which is agile enough to respond to changes in the environment in a timely manner. In order to develop understanding, intent, and trust communication systems must be able to transmit the Commander's goals, priorities, values, and expectations, while also encouraging feedback.

7. Social media activity.

- ◯ Yes
- ◯ No

8. Sponsor contact prior to 30 days of RNLTD.

- ◯ Yes
- ◯ No

Measuring AMC Wing Health ("Leading People" -- AFIS MGA 2) Commander's Survey Round 1

Discipline

AFI 90-201 2.2. Discipline - Discipline will show a cultivated culture of compliance and accountability while promoting unit and mission pride. Command climate, customs and courtesies, uniform wear, physical fitness, and attention to detail are some indicators of the overall discipline of a unit.

9. Article 15 rate.

- ◯ Yes
- ◯ No

10. Courts-martial rate.

- ◯ Yes
- ◯ No

11. Administrative separation rate.

- ◯ Yes
- ◯ No

12. Discrepancy compliance timeliness rate (IGEMS, MICT).

- ◯ Yes
- ◯ No

13. IGEMS or MICT open discrepancies/observations.

- ◯ Yes
- ◯ No

14. Random anti-terrorism measures completed.

- ◯ Yes
- ◯ No

15. Percentage of personnel with a UIF.

- ◯ Yes
- ◯ No

16. Drug usage incidents.

- ◯ Yes
- ◯ No

17. Safety mishap rates.

- ◯ Yes
- ◯ No

18. Court martial timeliness.

- ◯ Yes
- ◯ No

19. Article 15 timeliness.

- ◯ Yes
- ◯ No

20. Security incidents.

- ◯ Yes
- ◯ No

21. Timeliness of reports (OPRs/EPRs, civilian appraisals, Decs, etc.).

- ◯ Yes
- ◯ No

22. Sexual assault rate.

- ◯ Yes
- ◯ No

23. Non-judicial punishment actions taken.

- ◯ Yes
- ◯ No

24. Timeliness of TMT taskers.

- ◯ Yes
- ◯ No

25. GTC delinquencies.

- ◯ Yes
- ◯ No

26. DHA (deployment health assessment) overdue rate.

- ◯ Yes
- ◯ No

Measuring AMC Wing Health
("Leading People" -- AFIS MGA 2)
Commander's Survey
Round 1

Training

AFI 90-201 2.3. Training - Unit training should take a building block approach. Individuals must be proficient in career-field specific skills before incorporating those skills into team and unit training. Unit training spanning the entire scope of the unit mission should include total force, joint, or partner-nation opportunities whenever possible. Training should replicate the distributed, chaotic and uncertain nature of expected operating environments.

27. Resiliency training completion.

- ◯ Yes
- ◯ No

28. SAPR training completion.

- ◯ Yes
- ◯ No

29. Face-to-face suicide prevention training completion.

- ◯ Yes
- ◯ No

30. TFAT/ADLS CBT completion statistics.

- ◯ Yes
- ◯ No

31. CDC status (completion, enrollment, upgrade training, pass rate).

- ◯ Yes
- ◯ No

Measuring AMC Wing Health ("Leading People" -- AFIS MGA 2) Commander's Survey Round 1

Development

AFI90-201 2.4. Development - Deliberate processes of preparing Airmen through the Continuum of Learning with the required competencies to meet the challenges of current and future operating environments. The unit should have a process to promote institutional development which results in leadership, management, and warrior ethos proficiency. Development of an individual is two-fold: professional and personal.

32. Percentage of eligibles enrolled in PME.

- ◯ Yes
- ◯ No

33. Percentage of eligibles completed PME.

- Yes
- No

34. Percentage of MRT (master resilience training) qualified personnel.

- Yes
- No

35. Percentage officers completed advanced academic degrees or higher.

- Yes
- No

36. Percentage of enlisted completed CCAF or higher.

- Yes
- No

Measuring AMC Wing Health ("Leading People" -- AFIS MGA 2) Commander's Survey Round 1

Quality of Life

AFI 90-201 2.5. Quality of Life Engagement - Quality of Life Engagement will show that Commanders and supervisors are engaged in the lives of their subordinates, where appropriate, to improve quality of life and promote unit morale. Additionally, it will be evident that Commanders and supervisors are aware of both on- and off-duty factors affecting the culture and morale of their units.

37. Milpay discrepancies.

- Yes
- No

38. Average of use/lose leave.

- Yes
- No

39. Percentage of personnel seen by Chaplain Corps.

- ◯ Yes
- ◯ No

40. Percentage of eligibles completed supervisor safety training.

- ◯ Yes
- ◯ No

41. Tobacco free airmen rates.

- ◯ Yes
- ◯ No

42. Obesity rates.

- ◯ Yes
- ◯ No

43. IMR (individual medical readiness) rate.

- ◯ Yes
- ◯ No

44. Physical fitness pass rate.

- ◯ Yes
- ◯ No

45. Personnel TDY rates.

- ◯ Yes
- ◯ No

46. Domestic violence incidents.

- ◯ Yes
- ◯ No

47. DLC (duty limiting condition) rate.

- ◯ Yes
- ◯ No

48. Suicide and suicide attempt rate.

- ◯ Yes
- ◯ No

49. ADAPT referrals.

- ◯ Yes
- ◯ No

50. Family advocacy referrals.

- ◯ Yes
- ◯ No

51. EO complaints.

- ◯ Yes
- ◯ No

52. IG complaints.

- ◯ Yes
- ◯ No

53. Voluntary retention rates (separations, 7-day opt, reenlistments, etc.).

- ◯ Yes
- ◯ No

54. Climate assessment participation rate.

- ◯ Yes
- ◯ No

55. Physical fitness currency rate.

- ◯ Yes
- ◯ No

56. SF reported crime rate.

- ◯ Yes
- ◯ No

57. Climate assessment on-time completion rate.

- ◯ Yes
- ◯ No

Measuring AMC Wing Health ("Leading People" -- AFIS MGA 2) Commander's Survey Round 1

(Optional) Recommendations for additional measures.

Additional measures

58. (Optional) Please list any measures/metrics, not already listed, that are valuable to determine the health of an AMC wing's "Leading People" major graded area (MGA) on a quarterly or more frequent rhythm.

Appendix B. Inspector Survey Round 1

Measuring AMC Wing Health
("Leading People" -- AFIS MGA 2)
Inspector's Survey
Round 1

Demographics

Demographics

1. What is your age?

2. What is your Rank?

3. Do you have experience performing Inspector General duties (WIT, Wg/IG, AMC/IG, etc.)?

- Yes
- No

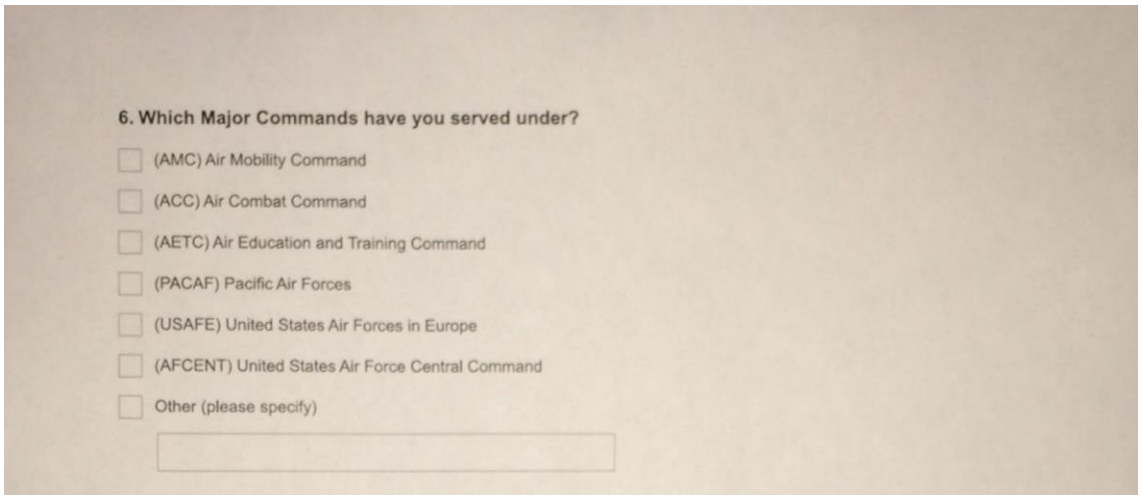
4. What level of command have you held?

- none or not applicable
- Squadron
- Group
- Wing
- Prefer not to answer

Other (please specify)

5. Are you currently in an Inspector General position? If so, at what level.

- No
- MAJCOM
- NAF
- Wing
- Other



6. Which Major Commands have you served under?

- [ ] (AMC) Air Mobility Command
- [ ] (ACC) Air Combat Command
- [ ] (AETC) Air Education and Training Command
- [ ] (PACAF) Pacific Air Forces
- [ ] (USAFE) United States Air Forces in Europe
- [ ] (AFCENT) United States Air Force Central Command
- [ ] Other (please specify)

Appendix C. Commander Survey Round 2

Measuring AMC Wing Health ("Leading People" -- AFIS MGA 2) Commander's Survey Round 2

Background

You are receiving this questionnaire as an expert in how best to measure "Leading People" (AF Inspection System - Major Graded Area 2) organizational health within Air Mobility Command (AMC) wings on a quarterly or more frequent rhythm. By responding, you have the unique opportunity to influence the future development of evaluations within AMC.

Please note the following:

PURPOSE: Find a non-interference set of measures to assess the health of AMC wings. The specific purpose of this Delphi Study is to gain perspective from experts in leadership and inspector positions within the AMC community.

BENEFITS and RISKS: There are no personal benefits or risks for participating in this study. Your participation in completing this questionnaire should take less than 10 minutes per round.

CONFIDENTIALITY: All survey responses are confidential. Your identity will not be associated with any responses you give in the final research report. No individual data will be reported; only data in aggregate will be made public. I understand that the names and associated data I collect must be protected at all times, only be known to the researcher, and managed according to the Air Force Institute of Technology (AFIT) interview protocol. At the conclusion of the study, all data will be turned over to the advisor and all other copies will be destroyed.

PARTICIPATION: Your participation in this study is completely voluntary. You have the right to decline to answer any question, to refuse to participate or to withdraw at any time. Your decision of whether or not to participate will not result in any penalty or loss of benefits to which you are otherwise entitled. Completion of the questionnaire implies your consent to participate.

INSTRUCTIONS:

Please complete this survey by 5 February 2016.

This survey is an instrument of a Delphi study. Each survey round is developed based on the group results of the previous questionnaire. Round 2 uses a Likert-type level of importance scale of 1 through 7 to assess value of measures/metrics..

This survey is the second of three rounds. Again, the questionnaire is non-attributional. Subsequent rounds will be announced as needed and all research will conclude by March 2016.

A small amount of demographic information is collected to help shape conclusions and future research.

CONTACT: If you have questions about this survey please contact Maj Adam King by email at adam.king.3@us.af.mil

Measuring AMC Wing Health
("Leading People" -- AFIS MGA 2)
Commander's Survey
Round 2

Demographics

Demographics

1. You are beginning Round 2 of this survey. Did you participate in Round 1 of this survey?

- ◯ Yes
- ◯ No

2. What is your age?

3. What is your Rank?

4. Do you have experience performing Inspector General duties (WIT, Wg/IG, AMC/IG, etc.)?

- ◯ Yes
- ◯ No

5. What level of command have you held?

- ☐ none or not applicable
- ☐ Squadron
- ☐ Group
- ☐ Wing
- ☐ Prefer not to answer

Other (please specify)

6. Are you currently a commander?

- ◯ Yes
- ◯ No
- ◯ Prefer not to answer

7. Which Major Commands have you served under?

- ☐ (AMC) Air Mobility Command
- ☐ (ACC) Air Combat Command
- ☐ (AETC) Air Education and Training Command
- ☐ (PACAF) Pacific Air Forces
- ☐ (USAFE) United States Air Forces in Europe
- ☐ (AFCENT) United States Air Force Central Command
- ☐ (AFMC) Air Force Materiel Command
- ☐ (AFSOC) Air Force Special Operations Command
- ☐ (PACOM) Pacific Command
- ☐ HQ USAF
- ☐ Other (please specify)

Measuring AMC Wing Health
("Leading People" -- AFIS MGA 2)
Commander's Survey
Round 2

How valuable are the measures/metrics?

Please indicate how valuable the following measures/metrics indicate the health of an AMC wing's "Leading People" major graded area (MGA) on a quarterly or more frequent rhythm?
Use the following scale for all questions.
1 - Not valuable
2 - Minimally valuable
3 - Somewhat valuable
4 - Neutral
5 - Moderately valuable
6 - Very valuable
7 - Extremely valuable

Measuring AMC Wing Health ("Leading People" -- AFIS MGA 2) Commander's Survey Round 2

Communication

AFI90-201 2.1. Communication - Communication will show a developed two-way vertical and lateral communication system which is agile enough to respond to changes in the environment in a timely manner. In order to develop understanding, intent, and trust communication systems must be able to transmit the Commander's goals, priorities, values, and expectations, while also encouraging feedback.

8. Social media activity.

9. Sponsor contact prior to 30 days of RNLTD.

Measuring AMC Wing Health ("Leading People" -- AFIS MGA 2) Commander's Survey Round 2

Discipline

AFI 90-201 2.2. Discipline - Discipline will show a cultivated culture of compliance and accountability while promoting unit and mission pride. Command climate, customs and courtesies, uniform wear, physical fitness, and attention to detail are some indicators of the overall discipline of a unit.

10. Article 15 rate.

11. Courts-martial rate.

12. Administrative separation rate.

13. Discrepancy compliance timeliness rate (IGEMS, MICT).

14. IGEMS or MICT open discrepancies/observations.

15. Random anti-terrorism measures completed.

16. Percentage of personnel with a UIF.

17. Drug usage incidents.

18. Safety mishap rates.

19. Court martial timeliness.

20. Article 15 timeliness.

21. Security incidents.

22. Timeliness of reports (OPRs/EPRs, civilian appraisals, Decs, etc.).

23. Sexual assault rate.

24. Non-judicial punishment actions taken.

25. Timeliness of TMT taskers.

26. GTC delinquencies.

27. DHA (deployment health assessment) overdue rate.

Measuring AMC Wing Health ("Leading People" -- AFIS MGA 2) Commander's Survey Round 2

Training

AFI 90-201 2.3. Training - Unit training should take a building block approach. Individuals must be proficient in career-field specific skills before incorporating those skills into team and unit training. Unit training spanning the entire scope of the unit mission should include total force, joint, or partner-nation opportunities whenever possible. Training should replicate the distributed, chaotic and uncertain nature of expected operating environments.

28. Resiliency training completion.

29. SAPR training completion.

30. Face-to-face suicide prevention training completion.

31. TFAT/ADLS CBT completion statistics.

32. CDC status (completion, enrollment, upgrade training, pass rate).

Measuring AMC Wing Health
("Leading People" -- AFIS MGA 2)
Commander's Survey
Round 2

Development

AFI90-201 2.4. Development - Deliberate processes of preparing Airmen through the Continuum of Learning with the required competencies to meet the challenges of current and future operating environments. The unit should have a process to promote institutional development which results in leadership, management, and warrior ethos proficiency. Development of an individual is two-fold: professional and personal.

33. Percentage of eligibles enrolled in PME.

34. Percentage of eligibles completed PME.

35. Percentage of MRT (master resilience training) qualified personnel.

36. Percentage officers completed advanced academic degrees or higher.

37. Percentage of enlisted completed CCAF or higher.

Measuring AMC Wing Health
("Leading People" -- AFIS MGA 2)
Commander's Survey
Round 2

Quality of Life

AFI 90-201 2.5. Quality of Life Engagement - Quality of Life Engagement will show that Commanders and supervisors are engaged in the lives of their subordinates, where appropriate, to improve quality of life and promote unit morale. Additionally, it will be evident that Commanders and supervisors are aware of both on- and off-duty factors affecting the culture and morale of their units.

38. Milpay discrepancies.

39. Average of use/lose leave.

40. Percentage of personnel seen by Chaplain Corps.

41. Percentage of eligibles completed supervisor safety training.

42. Tobacco free airmen rates.

43. Obesity rates.

44. IMR (individual medical readiness) rate.

45. Physical fitness pass rate.

46. Personnel TDY rates.

47. Domestic violence incidents.

48. DLC (duty limiting condition) rate.

49. Suicide and suicide attempt rate.

50. ADAPT referrals.

51. Family advocacy referrals.

52. EO complaints.

53. IG complaints.

54. Voluntary retention rates (separations, 7-day opt, reenlistments, etc.).

55. Climate assessment participation rate.

56. Physical fitness currency rate.

57. SF reported crime rate.

58. Climate assessment on-time completion rate.

Measuring AMC Wing Health
("Leading People" -- AFIS MGA 2)
Commander's Survey
Round 2

(Optional) Comments/feedback

(Optional) Comments/feedback

59. (Optional) Please list any comments or feedback you have related to survey.

Appendix D. Inspector Survey Round 2

Measuring AMC Wing Health
("Leading People" -- AFIS MGA 2)
Inspector's Survey
Round 2

Demographics

Demographics

1. You are beginning Round 2 of this survey. Did you participate in Round 1 of this survey?

- ◯ Yes
- ◯ No

2. What is your age?

3. What is your Rank?

4. Do you have experience performing Inspector General duties (WIT, Wg/IG, AMC/IG, etc.)?

- ◯ Yes
- ◯ No

5. What level of command have you held?

- ☐ none or not applicable
- ☐ Squadron
- ☐ Group
- ☐ Wing
- ☐ Prefer not to answer

Other (please specify)

6. Are you currently in an Inspector General position? If so, at what level.

- ○ No
- ○ MAJCOM
- ○ NAF
- ○ Wing
- ○ Other

7. Which Major Commands have you served under?

- ☐ (AMC) Air Mobility Command
- ☐ (ACC) Air Combat Command
- ☐ (AETC) Air Education and Training Command
- ☐ (PACAF) Pacific Air Forces
- ☐ (USAFE) United States Air Forces in Europe
- ☐ (AFCENT) United States Air Force Central Command
- ☐ (AFMC) Air Force Materiel Command
- ☐ (AFSOC) Air Force Special Operations Command
- ☐ (PACOM) Pacific Command
- ☐ HQ USAF
- ☐ Other (please specify)

Appendix E. Commander Survey Round 3

Measuring AMC Wing Health ("Leading People" -- AFIS MGA 2) Commander's Survey Round 3

Background

You are receiving this questionnaire as an expert in how best to measure "Leading People" (AF Inspection System - Major Graded Area 2) organizational health within Air Mobility Command (AMC) wings on a quarterly or more frequent rhythm. By responding, you have the unique opportunity to influence the future development of evaluations within AMC.

THIS IS THE FINAL ROUND AND I THANK YOU VERY MUCH FOR YOUR TIME AND INPUT!

Round 3 uses a Likert-type level of agreement scale of 1 through 5 to assess concurrence based on the quantitative scores of measures/metrics from Round 2. The entire panel consists of 4 subgroups, Senior Rating Commanders, Squadron Commanders, AMC IG personnel, and Wing IG personnel. The mean (i.e. average) scores for the total panel and each subgroup are listed before each question. If you disagree with the panel's total mean, please include comments why.

Please complete this survey by 23 February 2016.

Please note the following (nothing has changed from previous rounds):

PURPOSE: Find a non-interference set of measures to assess the health of AMC wings. The specific purpose of this Delphi Study is to gain perspective from experts in leadership and inspector positions within the AMC community.

BENEFITS and RISKS: There are no personal benefits or risks for participating in this study. Your participation in completing this questionnaire should take less than 10 minutes per round.

CONFIDENTIALITY: All survey responses are confidential. Your identity will not be associated with any responses you give in the final research report. No individual data will be reported; only data in aggregate will be made public. I understand that the names and associated data I collect must be protected at all times, only be known to the researcher, and managed according to the Air Force Institute of Technology (AFIT) interview protocol. At the conclusion of the study, all data will be turned over to the adviser and all other copies will be destroyed.

PARTICIPATION: Your participation in this study is completely voluntary. You have the right to decline to answer any question, to refuse to participate or to withdraw at any time. Your decision of whether or not to participate will not result in any penalty or loss of benefits to which you are otherwise entitled. Completion of the questionnaire implies your consent to participate.

DETAILS: This survey is an instrument of a Delphi study. Each survey round is developed based on the group results of the previous questionnaire. This survey is the third of three rounds. Again, the questionnaire is non-attributional. Subsequent rounds will be announced as needed and all research will conclude by March 2016. A small amount of demographic information is collected to help shape conclusions and future research.

CONTACT: If you have questions about this survey please contact Maj Adam King by email at adam.king.3@us.af.mil

Measuring AMC Wing Health ("Leading People" -- AFIS MGA 2) Commander's Survey Round 3

Demographics

Demographics

1. You are beginning Round 3 of this survey. Did you participate in Round 2 of this survey?

- ◯ Yes
- ◯ No

2. What is your Rank?

3. What level of command have you held?

- ☐ none or not applicable
- ☐ Squadron
- ☐ Group
- ☐ Wing
- ☐ Prefer not to answer

Other (please specify)

4. Are you currently a commander?

- ◯ Yes
- ◯ No
- ◯ Prefer not to answer

Measuring AMC Wing Health ("Leading People" -- AFIS MGA 2) Commander's Survey Round 3

Instructions

Please indicate your level of concurrence with the panel's total mean value of a specific measures/metrics to indicate the health of an AMC wing's "Leading People" major graded area (MGA) on a quarterly or more frequent rhythm?

Value Scale.
1 - Not valuable
2 - Minimally valuable
3 - Somewhat valuable
4 - Neutral
5 - Moderately valuable
6 - Very valuable
7 - Extremely valuable

Concurrence Scale.
1 - Strongly Disagree
2 - Disagree
3 - Neutral
4 - Agree
5 - Strongly Agree

Measuring AMC Wing Health ("Leading People" -- AFIS MGA 2) Commander's Survey Round 3

Communication

(For Reference Only)

AFI90-201 2.1. Communication - Communication will show a developed two-way vertical and lateral communication system which is agile enough to respond to changes in the environment in a timely manner. In order to develop understanding, intent, and trust communication systems must be able to transmit the Commander's goals, priorities, values, and expectations, while also encouraging feedback.

Please indicate your level of concurrence with the panel's total mean value of a specific measures/metrics to indicate the health of an AMC wing's "Leading People" major graded area (MGA) on a quarterly or more frequent rhythm?

Value Scale.
1 - Not valuable
2 - Minimally valuable
3 - Somewhat valuable
4 - Neutral
5 - Moderately valuable
6 - Very valuable
7 - Extremely valuable

Concurrence Scale.
1 - Strongly Disagree
2 - Disagree
3 - Neutral
4 - Agree
5 - Strongly Agree

---

5. Social media activity.

Total mean = 4.19
Senior Rater mean = 5.33
Squadron CC mean = 4.30
MAJCOM IG mean = 3.67
Wing IG mean = 3.44

Please indicate your level of concurrence with the panel's Total mean.

(Optional) Please explain if you disagree with panel's total mean value.

6. Sponsor contact prior to 30 days of RNLTD.

Total mean = 4.86
Senior Rater mean = 4.78
Squadron CC mean = 5.10
MAJCOM IG mean = 4.67
Wing IG mean = 4.89

Please indicate your level of concurrence with the panel's Total mean.

(Optional) Please explain if you disagree with panel's total mean value.

Measuring AMC Wing Health ("Leading People" -- AFIS MGA 2) Commander's Survey Round 3

Discipline

(For Reference Only)
AFI 90-201 2.2. Discipline - Discipline will show a cultivated culture of compliance and accountability while promoting unit and mission pride. Command climate, customs and courtesies, uniform wear, physical fitness, and attention to detail are some indicators of the overall discipline of a unit.

Please indicate your level of concurrence with the panel's total mean value of a specific measures/metrics to indicate the health of an AMC wing's "Leading People" major graded area (MGA) on a quarterly or more frequent rhythm?

Value Scale.
1 - Not valuable
2 - Minimally valuable
3 - Somewhat valuable
4 - Neutral
5 - Moderately valuable
6 - Very valuable
7 - Extremely valuable

Concurrence Scale.
1 - Strongly Disagree
2 - Disagree
3 - Neutral
4 - Agree
5 - Strongly Agree

---

7. Article 15 rate.

Total mean = 4.57
Senior Rater mean = 4.50
Squadron CC mean = 4.90
MAJCOM IG mean = 4.00
Wing IG mean = 4.89

Please indicate your level of concurrence with the panel's Total mean.

(Optional) Please explain if you disagree with panel's total mean value.

8. Courts-martial rate.

Total mean = 4.34
Senior Rater mean = 3.88
Squadron CC mean = 4.70
MAJCOM IG mean = 3.89
Wing IG mean = 4.89

Please indicate your level of concurrence with the panel's Total mean.

(Optional) Please explain if you disagree with panel's total mean value.

9. Administrative separation rate.

Total mean = 4.51
Senior Rater mean = 4.88
Squadron CC mean = 4.50
MAJCOM IG mean = 3.78
Wing IG mean = 4.89

Please indicate your level of concurrence with the panel's Total mean.

(Optional) Please explain if you disagree with panel's total mean value.

10. Discrepancy compliance timeliness rate (IGEMS, MICT).

Total mean = 4.38
Senior Rater mean = 4.25
Squadron CC mean = 3.70
MAJCOM IG mean = 4.22
Wing IG mean = 5.33

Please indicate your level of concurrence with the panel's Total mean.

(Optional) Please explain if you disagree with panel's total mean value.

11. IGEMS or MICT open discrepancies/observations.

Total mean = 3.95
Senior Rater mean = 4.25
Squadron CC mean = 2.90
MAJCOM IG mean = 3.89
Wing IG mean = 4.78

Please indicate your level of concurrence with the panel's Total mean.

(Optional) Please explain if you disagree with panel's total mean value.

12. Random anti-terrorism measures completed.

Total mean = 3.27
Senior Rater mean = 3.50
Squadron CC mean = 2.70
MAJCOM IG mean = 3.22
Wing IG mean = 3.67

Please indicate your level of concurrence with the panel's Total mean.

(Optional) Please explain if you disagree with panel's total mean value.

13. Percentage of personnel with a UIF.

Total mean = 3.91
Senior Rater mean = 3.38
Squadron CC mean = 4.70
MAJCOM IG mean = 3.44
Wing IG mean = 4.11

Please indicate your level of concurrence with the panel's Total mean.

(Optional) Please explain if you disagree with panel's total mean value.

14. Drug usage incidents.

Total mean = 4.26
Senior Rater mean = 4.75
Squadron CC mean = 4.50
MAJCOM IG mean = 3.56
Wing IG mean = 4.22

Please indicate your level of concurrence with the panel's Total mean.

(Optional) Please explain if you disagree with panel's total mean value.

15. Safety mishap rates.

Total mean = 5.41
Senior Rater mean = 5.50
Squadron CC mean = 5.70
MAJCOM IG mean = 4.78
Wing IG mean = 5.67

Please indicate your level of concurrence with the panel's Total mean.

(Optional) Please explain if you disagree with panel's total mean value.

16. Court martial timeliness.

Total mean = 3.19
Senior Rater mean = 4.00
Squadron CC mean = 2.00
MAJCOM IG mean = 3.00
Wing IG mean = 3.78

Please indicate your level of concurrence with the panel's Total mean.

(Optional) Please explain if you disagree with panel's total mean value.

17. Article 15 timeliness.

Total mean = 3.32
Senior Rater mean = 4.38
Squadron CC mean = 2.00
MAJCOM IG mean = 3.11
Wing IG mean = 3.78

Please indicate your level of concurrence with the panel's Total mean.

(Optional) Please explain if you disagree with panel's total mean value.

18. Security incidents.

Total mean = 4.41
Senior Rater mean = 5.38
Squadron CC mean = 3.60
MAJCOM IG mean = 3.78
Wing IG mean = 4.89

Please indicate your level of concurrence with the panel's Total mean.

(Optional) Please explain if you disagree with panel's total mean value.

19. Timeliness of reports (OPRs/EPRs, civilian appraisals, Decs, etc.).

Total mean = 4.42
Senior Rater mean = 5.13
Squadron CC mean = 3.90
MAJCOM IG mean = 4.11
Wing IG mean = 4.56

Please indicate your level of concurrence with the panel's Total mean.

(Optional) Please explain if you disagree with panel's total mean value.

20. Sexual assault rate.

Total mean = 4.33
Senior Rater mean = 4.63
Squadron CC mean = 4.80
MAJCOM IG mean = 3.89
Wing IG mean = 4.00

Please indicate your level of concurrence with the panel's Total mean.

(Optional) Please explain if you disagree with panel's total mean value.

21. Non-judicial punishment actions taken.

Total mean = 4.40
Senior Rater mean = 4.38
Squadron CC mean = 4.90
MAJCOM IG mean = 4.00
Wing IG mean = 4.33

Please indicate your level of concurrence with the panel's Total mean.

(Optional) Please explain if you disagree with panel's total mean value.

22. Timeliness of TMT taskers.

Total mean = 3.41
Senior Rater mean = 4.13
Squadron CC mean = 2.40
MAJCOM IG mean = 3.44
Wing IG mean = 3.67

Please indicate your level of concurrence with the panel's Total mean.

(Optional) Please explain if you disagree with panel's total mean value.

23. GTC delinquencies.

Total mean = 4.39
Senior Rater mean = 4.25
Squadron CC mean = 4.30
MAJCOM IG mean = 3.78
Wing IG mean = 5.22

Please indicate your level of concurrence with the panel's Total mean.

(Optional) Please explain if you disagree with panel's total mean value.

24. DHA (deployment health assessment) overdue rate.

Total mean = 2.93
Senior Rater mean = 2.63
Squadron CC mean = 2.30
MAJCOM IG mean = 3.22
Wing IG mean = 3.56

Please indicate your level of concurrence with the panel's Total mean.

(Optional) Please explain if you disagree with panel's total mean value.

Measuring AMC Wing Health ("Leading People" -- AFIS MGA 2) Commander's Survey Round 3

Training

(For Reference Only)

AFI 90-201 2.3. Training - Unit training should take a building block approach. Individuals must be proficient in career-field specific skills before incorporating those skills into team and unit training. Unit training spanning the entire scope of the unit mission should include total force, joint, or partner-nation opportunities whenever possible. Training should replicate the distributed, chaotic and uncertain nature of expected operating environments.

Please indicate your level of concurrence with the panel's total mean value of a specific measures/metrics to indicate the health of an AMC wing's "Leading People" major graded area (MGA) on a quarterly or more frequent rhythm?

Value Scale.
1 - Not valuable
2 - Minimally valuable
3 - Somewhat valuable
4 - Neutral
5 - Moderately valuable
6 - Very valuable
7 - Extremely valuable

Concurrence Scale.
1 - Strongly Disagree
2 - Disagree
3 - Neutral
4 - Agree
5 - Strongly Agree

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25. Resiliency training completion.

Total mean = 3.36
Senior Rater mean = 3.50
Squadron CC mean = 2.40
MAJCOM IG mean = 3.33
Wing IG mean = 4.22

Please indicate your level of concurrence with the panel's Total mean.

(Optional) Please explain if you disagree with panel's total mean value.

26. SAPR training completion.

Total mean = 3.33
Senior Rater mean = 3.50
Squadron CC mean = 2.60
MAJCOM IG mean = 3.11
Wing IG mean = 4.11

Please indicate your level of concurrence with the panel's Total mean.

(Optional) Please explain if you disagree with panel's total mean value.

27. Face-to-face suicide prevention training completion.

Total mean = 4.06
Senior Rater mean = 3.50
Squadron CC mean = 4.30
MAJCOM IG mean = 3.33
Wing IG mean = 5.11

Please indicate your level of concurrence with the panel's Total mean.

(Optional) Please explain if you disagree with panel's total mean value.

28. TFAT/ADLS CBT completion statistics.

Total mean = 4.29
Senior Rater mean = 4.13
Squadron CC mean = 3.60
MAJCOM IG mean = 4.00
Wing IG mean = 5.44

Please indicate your level of concurrence with the panel's Total mean.

(Optional) Please explain if you disagree with panel's total mean value.

29. CDC status (completion, enrollment, upgrade training, pass rate).

Total mean = 5.44
Senior Rater mean = 6.00
Squadron CC mean = 5.10
MAJCOM IG mean = 5.00
Wing IG mean = 5.67

Please indicate your level of concurrence with the panel's Total mean.

(Optional) Please explain if you disagree with panel's total mean value.

Measuring AMC Wing Health ("Leading People" -- AFIS MGA 2) Commander's Survey Round 3

Development

(For Reference Only)
AFI90-201 2.4. Development - Deliberate processes of preparing Airmen through the Continuum of Learning with the required competencies to meet the challenges of current and future operating environments. The unit should have a process to promote institutional development which results in leadership, management, and warrior ethos proficiency. Development of an individual is two-fold: professional and personal.

Please indicate your level of concurrence with the panel's total mean value of a specific measures/metrics to indicate the health of an AMC wing's "Leading People" major graded area (MGA) on a quarterly or more frequent rhythm?

Value Scale.
1 - Not valuable
2 - Minimally valuable
3 - Somewhat valuable
4 - Neutral
5 - Moderately valuable
6 - Very valuable
7 - Extremely valuable

Concurrence Scale.
1 - Strongly Disagree
2 - Disagree
3 - Neutral
4 - Agree
5 - Strongly Agree

30. Percentage of eligibles enrolled in PME.

Total mean = 4.10
Senior Rater mean = 4.50
Squadron CC mean = 3.90
MAJCOM IG mean = 3.67
Wing IG mean = 4.33

Please indicate your level of concurrence with the panel's Total mean.

(Optional) Please explain if you disagree with panel's total mean value.

31. Percentage of eligibles completed PME.

Total mean = 4.80
Senior Rater mean = 4.25
Squadron CC mean = 5.40
MAJCOM IG mean = 4.44
Wing IG mean = 5.11

Please indicate your level of concurrence with the panel's Total mean.

(Optional) Please explain if you disagree with panel's total mean value.

32. Percentage of MRT (master resilience training) qualified personnel.

Total mean = 3.14
Senior Rater mean = 3.88
Squadron CC mean = 2.00
MAJCOM IG mean = 3.33
Wing IG mean = 3.33

Please indicate your level of concurrence with the panel's Total mean.

(Optional) Please explain if you disagree with panel's total mean value.

33. Percentage officers completed advanced academic degrees or higher.

Total mean = 3.53
Senior Rater mean = 3.63
Squadron CC mean = 3.40
MAJCOM IG mean = 3.22
Wing IG mean = 3.89

Please indicate your level of concurrence with the panel's Total mean.

(Optional) Please explain if you disagree with panel's total mean value.

34. Percentage of enlisted completed CCAF or higher.

Total mean = 4.53
Senior Rater mean = 4.25
Squadron CC mean = 5.20
MAJCOM IG mean = 3.56
Wing IG mean = 5.11

Please indicate your level of concurrence with the panel's Total mean.

Measuring AMC Wing Health ("Leading People" -- AFIS MGA 2) Commander's Survey Round 3

Quality of Life

(For Reference Only)
AFI 90-201 2.5. Quality of Life Engagement - Quality of Life Engagement will show that Commanders and supervisors are engaged in the lives of their subordinates, where appropriate, to improve quality of life and promote unit morale. Additionally, it will be evident that Commanders and supervisors are aware of both on- and off-duty factors affecting the culture and morale of their units.

Please indicate your level of concurrence with the panel's total mean value of a specific measures/metrics to indicate the health of an AMC wing's "Leading People" major graded area (MGA) on a quarterly or more frequent rhythm?

Value Scale.
1 - Not valuable
2 - Minimally valuable
3 - Somewhat valuable
4 - Neutral
5 - Moderately valuable
6 - Very valuable
7 - Extremely valuable

Concurrence Scale.
1 - Strongly Disagree
2 - Disagree
3 - Neutral
4 - Agree
5 - Strongly Agree

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35. Milpay discrepancies.

Total mean = 4.30
Senior Rater mean = 4.63
Squadron CC mean = 4.80
MAJCOM IG mean = 4.00
Wing IG mean = 3.78

Please indicate your level of concurrence with the panel's Total mean.

(Optional) Please explain if you disagree with panel's total mean value.

36. Average of use/lose leave.

Total mean = 4.97
Senior Rater mean = 4.38
Squadron CC mean = 5.50
MAJCOM IG mean = 4.78
Wing IG mean = 5.22

Please indicate your level of concurrence with the panel's Total mean.

(Optional) Please explain if you disagree with panel's total mean value.

37. Percentage of personnel seen by Chaplain Corps.

Total mean = 3.44
Senior Rater mean = 4.38
Squadron CC mean = 2.50
MAJCOM IG mean = 3.22
Wing IG mean = 3.67

Please indicate your level of concurrence with the panel's Total mean.

(Optional) Please explain if you disagree with panel's total mean value.

38. Percentage of eligibles completed supervisor safety training.

Total mean = 3.15
Senior Rater mean = 3.63
Squadron CC mean = 2.20
MAJCOM IG mean = 3.33
Wing IG mean = 3.44

Please indicate your level of concurrence with the panel's Total mean.

(Optional) Please explain if you disagree with panel's total mean value.

39. Tobacco free airmen rates.

Total mean = 2.99
Senior Rater mean = 3.50
Squadron CC mean = 2.70
MAJCOM IG mean = 2.11
Wing IG mean = 3.67

Please indicate your level of concurrence with the panel's Total mean.

(Optional) Please explain if you disagree with panel's total mean value.

40. Obesity rates.

Total mean = 3.97
Senior Rater mean = 4.38
Squadron CC mean = 4.00
MAJCOM IG mean = 3.63
Wing IG mean = 3.89

Please indicate your level of concurrence with the panel's Total mean.

(Optional) Please explain if you disagree with panel's total mean value.

41. IMR (individual medical readiness) rate.

Total mean = 5.22
Senior Rater mean = 4.63
Squadron CC mean = 5.70
MAJCOM IG mean = 4.44
Wing IG mean = 6.11

Please indicate your level of concurrence with the panel's Total mean.

(Optional) Please explain if you disagree with panel's total mean value.

42. Physical fitness pass rate.

Total mean = 5.61
Senior Rater mean = 5.75
Squadron CC mean = 5.90
MAJCOM IG mean = 5.22
Wing IG mean = 5.56

Please indicate your level of concurrence with the panel's Total mean.

(Optional) Please explain if you disagree with panel's total mean value.

43. Personnel TDY rates.

Total mean = 5.76
Senior Rater mean = 5.50
Squadron CC mean = 6.30
MAJCOM IG mean = 5.44
Wing IG mean = 5.78

Please indicate your level of concurrence with the panel's Total mean.

(Optional) Please explain if you disagree with panel's total mean value.

44. Domestic violence incidents.

Total mean = 4.07
Senior Rater mean = 4.63
Squadron CC mean = 4.20
MAJCOM IG mean = 3.89
Wing IG mean = 3.56

Please indicate your level of concurrence with the panel's Total mean.

(Optional) Please explain if you disagree with panel's total mean value.

45. DLC (duty limiting condition) rate.

Total mean = 5.00
Senior Rater mean = 5.13
Squadron CC mean = 5.10
MAJCOM IG mean = 4.56
Wing IG mean = 5.22

Please indicate your level of concurrence with the panel's Total mean.

(Optional) Please explain if you disagree with panel's total mean value.

46. Suicide and suicide attempt rate.

Total mean = 4.79
Senior Rater mean = 5.38
Squadron CC mean = 5.30
MAJCOM IG mean = 4.25
Wing IG mean = 4.22

Please indicate your level of concurrence with the panel's Total mean.

(Optional) Please explain if you disagree with panel's total mean value.

47. ADAPT referrals.

Total mean = 3.91
Senior Rater mean = 5.13
Squadron CC mean = 3.50
MAJCOM IG mean = 3.78
Wing IG mean = 3.22

Please indicate your level of concurrence with the panel's Total mean.

(Optional) Please explain if you disagree with panel's total mean value.

48. Family advocacy referrals.

Total mean = 3.73
Senior Rater mean = 5.00
Squadron CC mean = 3.60
MAJCOM IG mean = 3.33
Wing IG mean = 3.00

Please indicate your level of concurrence with the panel's Total mean.

(Optional) Please explain if you disagree with panel's total mean value.

49. EO complaints.

Total mean = 4.81
Senior Rater mean = 4.88
Squadron CC mean = 4.70
MAJCOM IG mean = 4.44
Wing IG mean = 5.22

Please indicate your level of concurrence with the panel's Total mean.

(Optional) Please explain if you disagree with panel's total mean value.

50. IG complaints.

Total mean = 4.68
Senior Rater mean = 4.25
Squadron CC mean = 4.70
MAJCOM IG mean = 4.67
Wing IG mean = 5.11

Please indicate your level of concurrence with the panel's Total mean.

(Optional) Please explain if you disagree with panel's total mean value.

51. Voluntary retention rates (separations, 7-day opt, reenlistments, etc.).

Total mean = 5.42
Senior Rater mean = 5.13
Squadron CC mean = 6.10
MAJCOM IG mean = 5.33
Wing IG mean = 5.11

Please indicate your level of concurrence with the panel's Total mean.

(Optional) Please explain if you disagree with panel's total mean value.

52. Climate assessment participation rate.

Total mean = 3.86
Senior Rater mean = 4.63
Squadron CC mean = 2.60
MAJCOM IG mean = 4.22
Wing IG mean = 4.00

Please indicate your level of concurrence with the panel's Total mean.

(Optional) Please explain if you disagree with panel's total mean value.

53. Physical fitness currency rate.

Total mean = 4.75
Senior Rater mean = 5.13
Squadron CC mean = 4.70
MAJCOM IG mean = 4.50
Wing IG mean = 4.67

Please indicate your level of concurrence with the panel's Total mean.

(Optional) Please explain if you disagree with panel's total mean value.

54. SF reported crime rate.

Total mean = 3.62
Senior Rater mean = 4.63
Squadron CC mean = 3.20
MAJCOM IG mean = 3.56
Wing IG mean = 3.11

Please indicate your level of concurrence with the panel's Total mean.

(Optional) Please explain if you disagree with panel's total mean value.

55. Climate assessment on-time completion rate.

Total mean = 2.56
Senior Rater mean = 2.88
Squadron CC mean = 1.70
MAJCOM IG mean = 2.33
Wing IG mean = 3.33

Please indicate your level of concurrence with the panel's Total mean.

(Optional) Please explain if you disagree with panel's total mean value.

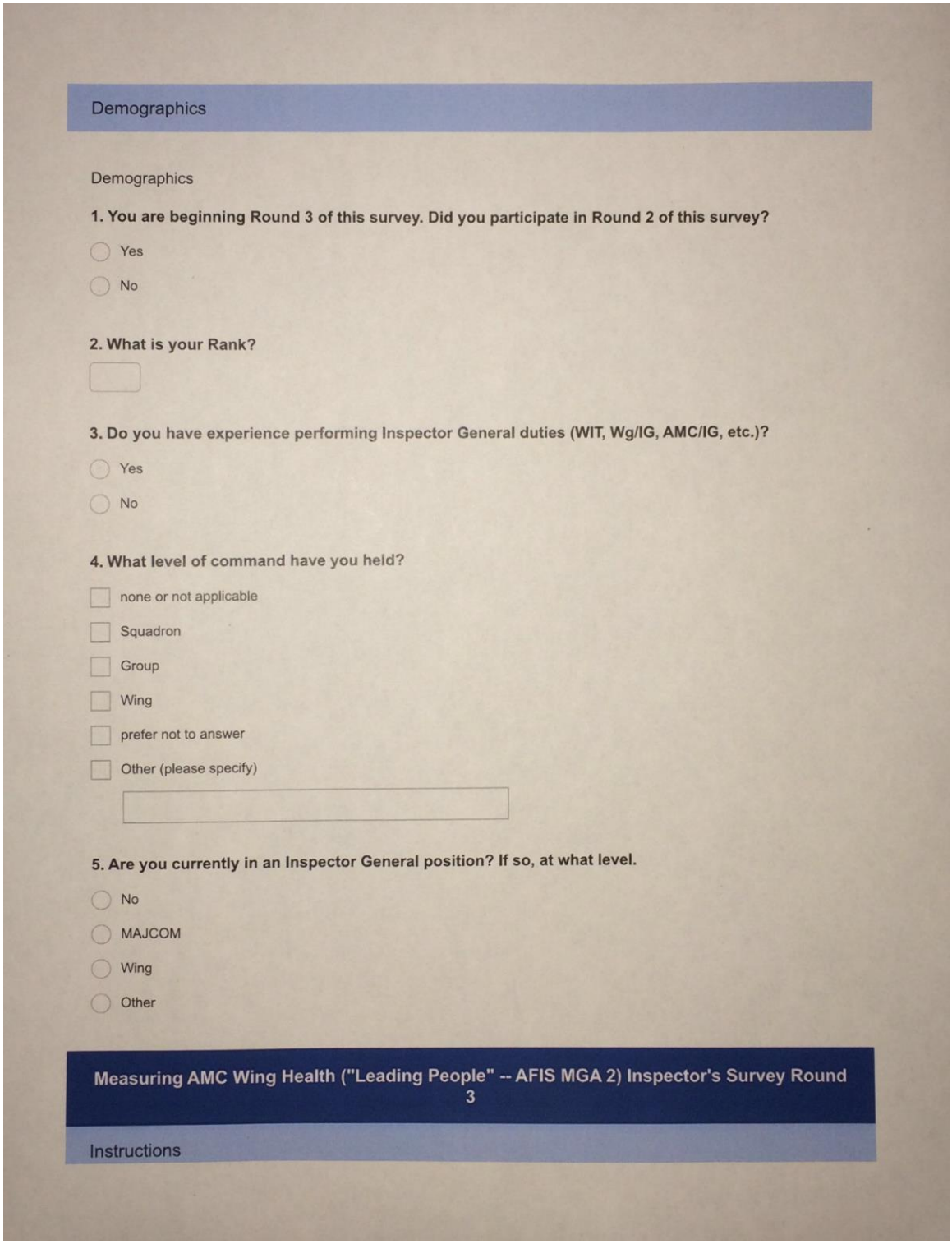
Measuring AMC Wing Health ("Leading People" -- AFIS MGA 2) Commander's Survey Round 3

(Optional) Comments/feedback

(Optional) Comments/feedback

56. (Optional) Please list any comments or feedback you have related to survey.

Appendix F. Inspector Survey Round 3



Demographics

Demographics

1. You are beginning Round 3 of this survey. Did you participate in Round 2 of this survey?

- ◯ Yes
- ◯ No

2. What is your Rank?

3. Do you have experience performing Inspector General duties (WIT, Wg/IG, AMC/IG, etc.)?

- ◯ Yes
- ◯ No

4. What level of command have you held?

- ☐ none or not applicable
- ☐ Squadron
- ☐ Group
- ☐ Wing
- ☐ prefer not to answer
- ☐ Other (please specify)

5. Are you currently in an Inspector General position? If so, at what level.

- ◯ No
- ◯ MAJCOM
- ◯ Wing
- ◯ Other

Measuring AMC Wing Health ("Leading People" -- AFIS MGA 2) Inspector's Survey Round 3

Instructions

Appendix G. Likert Scale Response Anchors

Level of Acceptability
- 1 – Totally unacceptable
- 2 – Unacceptable
- 3 – Slightly unacceptable
- 4 – Neutral
- 5 – Slightly acceptable
- 6 – Acceptable
- 7 – Perfectly Acceptable

Level of Appropriateness
- 1 – Absolutely inappropriate
- 2 – Inappropriate
- 3 – Slightly inappropriate
- 4 – Neutral
- 5 – Slightly appropriate
- 6 – Appropriate
- 7 – Absolutely appropriate

Level of Importance
- 1 – Not at all important
- 2 – Low importance
- 3 – Slightly important
- 4 – Neutral
- 5 – Moderately important
- 6 – Very important
- 7 – Extremely important

Level of Agreement
- 1 – Strongly disagree
- 2 – Disagree
- 3 – Somewhat disagree
- 4 – Neither agree or disagree
- 5 – Somewhat agree
- 6 – Agree
- 7 – Strongly agree

Knowledge of Action
- 1 – Never true
- 2 – Rarely true
- 3 – Sometimes but infrequently true
- 4 – Neutral
- 5 – Sometimes true
- 6 – Usually true
- 7 – Always true

Reflect Me?
- 1 – Very untrue of me
- 2 – Untrue of me
- 3 – Somewhat untrue of me
- 4 – Neutral
- 5 – Somewhat true of me
- 6 – True of me
- 7 – Very true of me

My beliefs
- 1 – Very untrue of what I believe
- 2 – Untrue of what I believe
- 3 – Somewhat untrue of what I believe
- 4 – Neutral
- 5 – Somewhat true of what I believe
- 6 – True of what I believe
- 7 – Very true of what I believe

Priority:
- 1 – Not a priority
- 2 – Low priority
- 3 – Somewhat priority
- 4 – Neutral
- 5 – Moderate Priority
- 6 – High priority
- 7 – Essential priority

Level of Concern
- 1 – not at all concerned
- 2 – Slightly concerned
- 3 – Somewhat concerned
- 4 – Moderately concerned
- 5 – Extremely concerned

Priority Level
- 1 – Not a priority
- 2 – Low priority
- 3 – Medium priority
- 4 – High priority
- 5 – Essential

Level of Problem
- 1 – Not at all a problem
- 2 – Minor problem
- 3 – Moderate problem
- 4 – Serious problem

Affect on X
- 1 – No affect
- 2 – Minor affect
- 3 – Neutral
- 4 – Moderate affect
- 5 – Major affect

Level of Consideration
- 1 – Would not consider
- 2 – Might or might not consider
- 3 – Definitely consider

Level of Support/Opposition
- 1 – Strongly oppose
- 2 – Somewhat oppose
- 3 – neutral
- 4 – Somewhat favor
- 5 – Strongly favor

Level of Probability
- 1 – Not probable
- 2 – Somewhat improbable
- 3 – Neutral
- 4 – Somewhat probable
- 5 – Very probable

Level of Agreement
- 1 – Strongly disagree
- 2 – Disagree
- 3 – Neither agree or disagree
- 4 – Agree
- 5 – Strongly agree

Level of Desirability
- 1 – Very undesirable
- 2 – Undesirable
- 3 – neutral
- 4 – Desirable
- 5 – Very desirable

Level of Participation
- 1 – No, and not considered
- 2 – No, but considered
- 3 – Yes

Frequency – 5 point
- 1 – Never
- 2 – Rarely
- 3 – Sometimes
- 4 – Often
- 5 – Always

Frequency
- 1 – Never
- 2 – Rarely
- 3 – Occasionally
- 4 – A moderate amount
- 5 – A great deal

Frequency of Use
- 1 – Never
- 2 – Almost never
- 3 – Occasionally/Sometimes
- 4 – Almost every time
- 5 – Every time

Appendix H. Round 1 Results

Complete listing of comments and recommended metrics.

From commander survey:

- job satisfaction rate
- I disagreed with the majority of the measures because they do not reflect leadership, only administration and possibly management at best.
- 360 Feedback
- Exhaustion Rate
- Pers Tempo - how do you measure the time of Sq personnel

From inspector survey

- A sub MGA of Leading People, Discipline, is Compliance...Are airmen following AFI and TO guidance Good metric for this: MSEP Summary , ATSEV, SEB, TRB, Safety Reports
- Unit Group/Wing/AF Award Win Rate
- Home station awards and recognition programs, decorations

Table 7 Round 1 Survey Results.

ROUND 1 SURVEY RESULTS

Question asked: In your opinion, are the following measures/metrics valuable to determine the health of an AMC wing's "Leading People" major graded area (MGA) on a quarterly or more frequent rhythm?
Yes = 1
No = 2

	Total Panel		Senior Raters		Sq/CCs		MAJCOM/IG		Wing/IG	
Metrics Presented	Mean	Std Dev	Mean	Std Dev	Mean	Std Dev	Mean	Std Dev	Mean	Std Dev
Personnel TDY rates.	1.08	0.27	1.15	0.38	1.50	0.52	1.09	0.30	1.06	0.24
Physical fitness pass rate.	1.11	0.32	1.00	0.00	1.17	0.39	1.09	0.30	1.00	0.00
Percentage of eligibles completed PME.	1.17	0.38	1.08	0.28	1.33	0.49	1.08	0.29	1.00	0.00
Suicide and suicide attempt rate.	1.17	0.38	1.31	0.48	1.33	0.49	1.09	0.30	1.06	0.24
Voluntary retention rates (separations, 7-day opt, reenlistments, etc.).	1.19	0.39	1.23	0.44	1.50	0.52	1.18	0.40	1.00	0.00
Social media activity.	1.20	0.40	1.43	0.51	1.31	0.48	1.25	0.45	1.47	0.51
Discrepancy compliance timeliness rate (IGEMS, MICT).	1.20	0.40	1.31	0.48	1.25	0.45	1.23	0.44	1.00	0.00
Court martial timeliness.	1.22	0.42	1.62	0.51	1.25	0.45	1.54	0.52	1.06	0.24
Timeliness of reports (OPRs/EPRs, civilian appraisals, Decs, etc.).	1.22	0.42	1.08	0.28	1.33	0.49	1.31	0.48	1.06	0.24
Sexual assault rate.	1.22	0.42	1.31	0.48	1.45	0.52	1.38	0.51	1.12	0.33
Percentage of eligibles enrolled in PME.	1.24	0.43	1.15	0.38	1.50	0.52	1.25	0.45	1.35	0.49
Article 15 rate.	1.25	0.43	1.31	0.48	1.50	0.52	1.23	0.44	1.24	0.44
Security incidents.	1.25	0.44	1.38	0.51	1.17	0.39	1.15	0.38	1.18	0.39
Safety mishap rates.	1.27	0.45	1.23	0.44	1.08	0.29	1.23	0.44	1.12	0.33
TFAT/ADLS CBT completion statistics.	1.27	0.45	1.46	0.52	1.50	0.52	1.31	0.48	1.18	0.39
CDC status (completion, enrollment, upgrade training, pass rate).	1.27	0.45	1.15	0.38	1.17	0.39	1.15	0.38	1.06	0.24
IG complaints.	1.28	0.45	1.23	0.44	1.42	0.51	1.09	0.30	1.24	0.44
IGEMS or MICT open discrepancies/observations.	1.29	0.46	1.54	0.52	1.33	0.49	1.46	0.52	1.18	0.39
Non-judicial punishment actions taken.	1.30	0.46	1.42	0.51	1.42	0.51	1.38	0.51	1.12	0.33

Table 7 Round 1 Survey Results, cont.

ROUND 1 SURVEY RESULTS

Question asked: In your opinion, are the following measures/metrics valuable to determine the health of an AMC wing's "Leading People" major graded area (MGA) on a quarterly or more frequent rhythm?

Yes = 1

No = 2

	Total Panel		Senior Raters		Sq/ CCs		MAJCOM/ IG		Wing/ IG	
Metrics Presented	Mean	Std Dev	Mean	Std Dev	Mean	Std Dev	Mean	Std Dev	Mean	Std Dev
Percentage of enlisted completed CCAF or higher.	1.30	0.46	1.00	0.00	1.33	0.49	1.25	0.45	1.06	0.24
Sponsor contact prior to 30 days of RNLTD.	1.30	0.46	1.21	0.43	1.31	0.48	1.25	0.45	1.24	0.44
IMR (individual medical readiness) rate.	1.30	0.46	1.15	0.38	1.25	0.45	1.18	0.40	1.00	0.00
Courts-martial rate.	1.31	0.47	1.46	0.52	1.50	0.52	1.23	0.44	1.24	0.44
Administrative separation rate.	1.31	0.47	1.31	0.48	1.33	0.49	1.15	0.38	1.18	0.39
Climate assessment participation rate.	1.32	0.47	1.54	0.52	1.50	0.52	1.27	0.47	1.29	0.47
Physical fitness currency rate.	1.32	0.47	1.15	0.38	1.25	0.45	1.18	0.40	1.12	0.33
DLC (duty limiting condition) rate.	1.33	0.47	1.23	0.44	1.33	0.49	1.27	0.47	1.18	0.39
Face-to-face suicide prevention training completion.	1.33	0.47	1.31	0.48	1.33	0.49	1.23	0.44	1.18	0.39
Domestic violence incidents.	1.34	0.48	1.50	0.52	1.42	0.51	1.36	0.50	1.35	0.49
Percentage of personnel with a UIF.	1.35	0.48	1.31	0.48	1.67	0.49	1.23	0.44	1.24	0.44
Average of use/ lose leave.	1.35	0.48	1.31	0.48	1.50	0.52	1.18	0.40	1.06	0.24
EO complaints.	1.36	0.48	1.38	0.51	1.42	0.51	1.09	0.30	1.12	0.33
SF reported crime rate.	1.36	0.48	1.77	0.44	1.58	0.51	1.45	0.52	1.53	0.51
Drug usage incidents.	1.36	0.49	1.31	0.48	1.50	0.52	1.31	0.48	1.24	0.44
Article 15 timeliness.	1.36	0.49	1.54	0.52	1.17	0.39	1.54	0.52	1.12	0.33
DHA (deployment health assessment) overdue rate.	1.38	0.49	1.69	0.48	1.33	0.49	1.69	0.48	1.35	0.49
Milpay discrepancies.	1.40	0.49	1.69	0.48	1.55	0.52	1.45	0.52	1.71	0.47
ADAPT referrals.	1.40	0.49	1.77	0.44	1.50	0.52	1.45	0.52	1.47	0.51
GTC delinquencies.	1.40	0.49	1.31	0.48	1.17	0.39	1.23	0.44	1.12	0.33
SAPR training completion.	1.40	0.49	1.54	0.52	1.42	0.51	1.31	0.48	1.24	0.44
Resiliency training completion.	1.44	0.50	1.62	0.51	1.50	0.52	1.38	0.51	1.35	0.49

Table 7 Round 1 Survey Results, cont.

ROUND 1 SURVEY RESULTS

Question asked: In your opinion, are the following measures/metrics valuable to determine the health of an AMC wing's "Leading People" major graded area (MGA) on a quarterly or more frequent rhythm?
Yes = 1
No = 2

	Total Panel		Senior Raters		Sq/CCs		MAJCOM/IG		Wing/IG	
Metrics Presented	Mean	Std Dev	Mean	Std Dev	Mean	Std Dev	Mean	Std Dev	Mean	Std Dev
Timeliness of TMT taskers.	1.44	0.50	1.77	0.44	1.58	0.51	1.62	0.51	1.35	0.49
Obesity rates.	1.47	0.50	1.54	0.52	1.58	0.51	1.27	0.47	1.18	0.39
Percentage of MRT (master resilience training) qualified personnel.	1.50	0.50	1.69	0.48	1.75	0.45	1.50	0.52	1.94	0.24
Random anti-terrorism measures completed.	1.51	0.50	1.54	0.52	1.42	0.51	1.54	0.52	1.59	0.51
Percentage officers completed advanced academic degrees or higher.	1.57	0.50	1.38	0.51	1.58	0.51	1.33	0.49	1.53	0.51
Climate assessment on-time completion rate.	1.58	0.50	1.77	0.44	1.58	0.51	1.55	0.52	1.47	0.51
Tobacco free airmen rates.	1.62	0.49	1.69	0.48	1.83	0.39	1.64	0.50	1.71	0.47
Percentage of personnel seen by Chaplain Corps.	1.64	0.48	1.85	0.38	1.75	0.45	1.73	0.47	1.94	0.24
Family advocacy referrals.	1.64	0.48	1.77	0.44	1.50	0.52	1.64	0.50	1.65	0.49
Percentage of eligibles completed supervisor safety training.	1.72	0.45	1.62	0.51	1.50	0.52	1.55	0.52	1.71	0.47

Appendix I. Round 2 Results

Round 2 Results

Complete listing of comments.

From commander survey:

- Questions answered based on the assumption you were asking how much the specified metrics correlated to accurately measuring the 'health' of a wing. Has a study ever been done or provided that defines the correlation between these metrics and a specified 'health' of a wing? Has a study been done to determine if these metrics are still relevant? I disagreed with the majority of the measures because they do not reflect leadership, only administration and possibly management at best.

- Some of these are minimally valuable alone, but more valuable when viewed in the context of a larger set of aggregated data. Most of the measures offered have little direct relation to the topic listed at the top. I believe this is because those measures/things al existed prior to AFIS, and we might be trying to make use of them in the context of AFIS. Exhaustion Rate

- For sponsor question, it depends on the member and location. Going overseas, having a good sponsor is key at any rank. For stateside moves, the more often you move, decreases the need for a sponsor.

From inspector survey

- The very best way to measure Health of the Wing is to see how people vote. They vote with their feet. Retention, PCS and Cross train requests, use or lose leave and TDY rates are a good way to see if the wing is being broken.

- You have fallen into the fatal flaw of MGA 2 - Disciple. What you have identified in questions 10 - 27 are largely the way a Sq/CC or 1st Sgt looks at Disciple. As defined in AFI 1-2 and in the IG guidance provided to MAJCOM and Wing IGs, we consider Discipline as 1. Compliance (do Airmen follow rule when they know they exist, largely AFI and TO adherence vice criminal activity). 2. Pride (how do Airmen feel about the workplace, is the workplace professional and clean, are unit/individual accomplishments rewarded (awards given / winners displayed / acknowledged). 3. Accountability (equal punishment across the unit, to

Airmen know the difference between a mistake and crime). 4. Customs and Courtesies, wear of the uniform (just like you read about). 5. Attention to detail (this is where we may look at OPR/EPR/GTC timeliness rates) ... You asked a lot of process questions -- from a UEI inspector standpoint, I really don't care what the issue is (OPR/EPR/Art 15/Courts Martial timeliness) I care about the process and "why" they are meeting timelines or not ... MGA3 Process Operations.

- For 28 - 31 ... care very little about completion rates. Care a lot more about talking with 30-40 Airmen and asking them if they know what to do in those situations ... the effect is far more important than the mechanism
- For 46 … are they covering a manning issue with TDY rates? Are the being good stewards of Airmen's Time (MGA 1)
- For 52/53 ... dangerous metric ... are their problem? Or is there a culture that reporting is ok? Or is the EO or IG non responsive and Airmen will not go there?

Table 8 Round 2 Survey Results.

ROUND 2 SURVEY RESULTS

Question asked: Please indicate how valuable the following measures/metrics indicate the health of an AMC wing's "Leading People" major graded area (MGA) on a quarterly or more frequent rhythm?

Use the following scale for all questions.

1 - Not valuable
2 - Minimally valuable
3 - Somewhat valuable
4 - Neutral
5 - Moderately valuable
6 - Very valuable
7 - Extremely valuable

	Total Panel		Senior Raters		Sq/CCs		MAJCOM/IG		Wing/IG	
Metrics Presented	Mean	Std Dev	Mean	Std Dev	Mean	Std Dev	Mean	Std Dev	Mean	Std Dev
Personnel TDY rates.	5.78	1.17	5.50	0.76	6.30	0.67	5.44	1.94	5.78	0.83
Physical fitness pass rate.	5.61	1.29	5.75	1.98	5.90	0.74	5.22	1.20	5.56	1.24
Voluntary retention rates (separations, 7-day opt, reenlistments, etc.).	5.44	1.08	5.13	1.13	6.10	0.99	5.33	0.87	5.11	1.17
CDC status (completion, enrollment, upgrade training, pass rate).	5.42	1.16	6.00	1.31	5.10	1.20	5.00	1.22	5.67	0.71
Safety mishap rates.	5.42	1.25	5.50	1.60	5.70	1.16	4.78	1.48	5.67	0.50
IMR (individual medical readiness) rate.	5.25	1.57	4.63	2.13	5.70	1.06	4.44	1.74	6.11	0.60
DLC (duty limiting condition) rate.	5.00	1.71	5.13	2.36	5.10	1.52	4.56	1.81	5.22	1.30
Average of use/lose leave.	5.00	1.74	4.38	1.92	5.50	1.43	4.78	2.11	5.22	1.56
Sponsor contact prior to 30 days of RNLTD.	4.86	1.44	4.78	1.86	5.10	1.37	4.67	1.66	4.89	0.93
Percentage of eligibles completed PME.	4.83	1.28	4.25	1.98	5.40	0.52	4.44	1.24	5.11	0.93
EO complaints.	4.81	1.53	4.88	1.96	4.70	1.25	4.44	1.74	5.22	1.30
Suicide and suicide attempt rate.	4.80	1.57	5.38	1.60	5.30	1.34	4.25	1.75	4.22	1.48
Physical fitness currency rate.	4.74	1.80	5.13	2.03	4.70	1.70	4.50	2.07	4.67	1.73
IG complaints.	4.69	1.51	4.25	1.83	4.70	1.06	4.67	1.66	5.11	1.62
Article 15 rate.	4.58	1.59	4.50	1.69	4.90	1.37	4.00	2.06	4.89	1.27
Percentage of enlisted completed CCAF or higher.	4.56	1.59	4.25	2.25	5.20	0.63	3.56	1.74	5.11	1.05
Administrative separation rate.	4.50	1.50	4.88	1.73	4.50	1.27	3.78	1.92	4.89	0.93
Non-judicial punishment actions taken.	4.42	1.61	4.38	2.13	4.90	1.37	4.00	1.87	4.33	1.12

Table 8 Round 2 Survey Results, cont.

ROUND 2 SURVEY RESULTS

Question asked: Please indicate how valuable the following measures/metrics indicate the health of an AMC wing's "Leading People" major graded area (MGA) on a quarterly or more frequent rhythm?

Use the following scale for all questions.

1 - Not valuable
2 - Minimally valuable
3 - Somewhat valuable
4 - Neutral
5 - Moderately valuable
6 - Very valuable
7 - Extremely valuable

	Total Panel		Senior Raters		Sq/CCs		MAJCOM/IG		Wing/IG	
Metrics Presented	Mean	Std Dev	Mean	Std Dev	Mean	Std Dev	Mean	Std Dev	Mean	Std Dev
Timeliness of reports (OPRs/EPRs, civilian appraisals, Decs, etc.).	4.39	1.59	5.13	1.73	3.90	1.66	4.11	1.62	4.56	1.33
GTC delinquencies.	4.39	1.76	4.25	1.75	4.30	1.77	3.78	2.05	5.22	1.39
Discrepancy compliance timeliness rate (IGEMS, MICT).	4.36	1.55	4.25	1.83	3.70	1.42	4.22	1.64	5.33	1.00
Courts-martial rate.	4.36	1.62	3.88	1.55	4.70	1.64	3.89	1.96	4.89	1.27
Security incidents.	4.36	1.64	5.38	1.60	3.60	1.58	3.78	1.64	4.89	1.27
Sexual assault rate.	4.33	1.67	4.63	2.33	4.80	1.23	3.89	1.83	4.00	1.32
Milpay discrepancies.	4.31	1.64	4.63	2.07	4.80	1.32	4.00	1.87	3.78	1.30
TFAT/ADLS CBT completion statistics.	4.28	1.65	4.13	1.89	3.60	1.35	4.00	1.80	5.44	1.13
Drug usage incidents.	4.25	1.56	4.75	1.91	4.50	1.27	3.56	1.81	4.22	1.20
Social media activity.	4.19	1.65	5.33	1.00	4.30	1.42	3.67	1.73	3.44	1.88
Percentage of eligibles enrolled in PME.	4.08	1.56	4.50	2.00	3.90	1.79	3.67	1.12	4.33	1.32
Face-to-face suicide prevention training completion.	4.08	1.89	3.50	2.33	4.30	2.00	3.33	1.73	5.11	1.05
Domestic violence incidents.	4.06	1.67	4.63	2.13	4.20	1.55	3.89	1.76	3.56	1.33
Obesity rates.	3.97	2.01	4.38	2.62	4.00	1.94	3.63	2.13	3.89	1.62
Percentage of personnel with a UIF.	3.94	1.64	3.38	1.85	4.70	1.34	3.44	1.88	4.11	1.36
IGEMS or MICT open discrepancies/observations.	3.92	1.76	4.25	1.83	2.90	1.52	3.89	1.90	4.78	1.48
ADAPT referrals.	3.86	1.69	5.13	1.89	3.50	1.51	3.78	1.86	3.22	1.09
Climate assessment participation rate.	3.81	1.91	4.63	1.92	2.60	1.84	4.22	1.56	4.00	1.94
Family advocacy referrals.	3.69	1.70	5.00	1.85	3.60	1.51	3.33	1.73	3.00	1.32

Table 8 Round 2 Survey Results, cont.

ROUND 2 SURVEY RESULTS

Question asked: Please indicate how valuable the following measures/metrics indicate the health of an AMC wing's "Leading People" major graded area (MGA) on a quarterly or more frequent rhythm?

Use the following scale for all questions.

1 - Not valuable
2 - Minimally valuable
3 - Somewhat valuable
4 - Neutral
5 - Moderately valuable
6 - Very valuable
7 - Extremely valuable

	Total Panel		Senior Raters		Sq/CCs		MAJCOM/IG		Wing/IG	
Metrics Presented	Mean	Std Dev	Mean	Std Dev	Mean	Std Dev	Mean	Std Dev	Mean	Std Dev
SF reported crime rate.	3.58	1.76	4.63	1.92	3.20	1.40	3.56	2.07	3.11	1.54
Percentage officers completed advanced academic degrees or higher.	3.53	1.76	3.63	2.07	3.40	1.84	3.22	1.79	3.89	1.62
Percentage of personnel seen by Chaplain Corps.	3.39	1.54	4.38	1.92	2.50	0.85	3.22	1.64	3.67	1.22
Timeliness of TMT taskers.	3.36	1.74	4.13	1.89	2.40	1.35	3.44	1.81	3.67	1.73
Resiliency training completion.	3.33	1.77	3.50	2.33	2.40	1.71	3.33	1.32	4.22	1.39
SAPR training completion.	3.31	1.70	3.50	2.27	2.60	1.51	3.11	1.54	4.11	1.36
Random anti-terrorism measures completed.	3.25	1.46	3.50	1.85	2.70	1.34	3.22	1.39	3.67	1.32
Article 15 timeliness.	3.25	1.92	4.38	2.56	2.00	1.05	3.11	1.83	3.78	1.48
Court martial timeliness.	3.14	1.96	4.00	2.62	2.00	1.05	3.00	2.12	3.78	1.48
Percentage of eligibles completed supervisor safety training.	3.11	1.75	3.63	2.00	2.20	1.32	3.33	2.12	3.44	1.42
Percentage of MRT (master resilience training) qualified personnel.	3.08	1.65	3.88	1.96	2.00	1.05	3.33	1.66	3.33	1.50
Tobacco free airmen rates.	2.97	1.80	3.50	2.07	2.70	1.77	2.11	1.76	3.67	1.41
DHA (deployment health assessment) overdue rate.	2.92	1.89	2.63	1.92	2.30	1.83	3.22	1.92	3.56	1.94
Climate assessment on-time completion rate.	2.53	1.76	2.88	1.46	1.70	1.57	2.33	1.58	3.33	2.18

Appendix J. Round 3 Results

Round 3 Results

Selected comments.

From commander survey:

- (Sponsor contact prior to 30 days of RNLTD) For my particular unit, sponsor contact well in advance of a PCS is imperative in order to adequately equip and train the member for our mission upon arrival.

- (Sponsor contact prior to 30 days of RNLTD) Again - partial indicator; contact within the timeframe means you have sufficient process discipline and personal diligence to complete this step; need be careful about conclusions drawn from this one

- (Social media activity) Social media activity helps indicate effort to communicate, but you are missing the other pieces of quality of content and number of viewers.

- (Courts-martial rate) This is largely out of control of an individual wing; too many factors can contribute to courts-martial rate, and criminals often cannot be prevented from committing crimes.

- (Article 15 rate) While useful, this metric can fluctuate wildly and have a lot of variance in meaning due to the wide range of Art 15 offenses. Just knowing that you hand out Art 15s at X rate, doesn't really tell you anything about discipline. Tell you more about the deviance rate of the assigned population.

- (Article 15 rate) Using this one rate to measure the health of an AMC wing would be a flawed concept. It might have value as one of many aggregated measures, but even that is suspect. The rates for Art. 15s are so low as a percentage of the total population they would never achieve statistical significance.

- (Discrepancy compliance timeliness rate (IGEMS, MICT)) I think the gap between IG and sq/CC is telling. The IG pulls this mean high.

- (Random anti-terrorism measures completed) What is the link to leading people?

- (Random anti-terrorism measures completed) This should be an easy 1/0 metric that directly reflects compliance...not sure why it is low on value.

- (Safety mishap rates) Off duty or injuries occurring during PT should not be used to determine the health of an organization.

- (Court martial timeliness) Almost always beyond a SR's control - could be a tenant on their base.

- (Resiliency training completion) All of this additional training competes with core roles. I'd rather my Airmen be mission ready and have time for mission prep that accomplish this extra training.

- (Resiliency training completion) I think Resiliency training completion is important and should be tracked as a wing health indicator.

- (Obesity rates) This should have a higher value.

- (Obesity rates) Should be rated higher.

- (Climate assessment participation rate) Can't force people to complete.

- (End of survey comments and feedback)

    - Metrics are useful, but I urge caution in applying them as performance benchmarks.

    - How about a metric on the disparity between Sq/CC and Senior Rater survey responses???

    - Consider that for every proposed metric, if there is not so clearly defined Gaussian distribution (normally distributed data or bell curve) associated with the data - across the NAF or AF - then you would be wrong to make inferences from any one wing's data. Why? Many of the numbers are just too small, but many also are confounded by multiple variables you cannot control for. For example, Article 15 rates in one wing mean something very different than another's - tenants, the demographics of an older (staff) or younger (BMT) population, effectiveness of the JAG, individual Commander preferences, etc. The best measures IMO are those measuring primary mission accomplishment. Go one step further and look at the other data for those units getting the mission done - perhaps they trade performance in a lower priority area (which you might measure) for more effective mission performance. That is overly simplistic, but it is one example of confounding a set of data with the introduction of other variables. Good luck!

- While I am a huge fan of this effort, I remain wary of what seems to be a heavy reliance on quantitative metrics when my experience has shown that qualitative assessments are equally or more important to assessing wing health.

Selected comments.

From inspector survey

- (Social media activity) If utilized for communication purposes and not strictly for public affairs/image, social media can be an outstanding tool to get messages out to the masses. However, most bases I have been to utilize social media as a "front page" instead of a direct communication means.

- (Discrepancy compliance timeliness rate (IGEMS, MICT)) My experience is that Sq/CCs see the new AFIS system as an administrative burden rather than helping them.

- (Drug usage incidents) I believe how incidents are handled rather than how often it occurs is a more effective way to measure this Sub-MGA.

- (Resiliency training completion) Training completion rates as a whole, very valuable, maybe just not resiliency.

- (Personnel TDY rates) Big data point for work/life balance and QoL.

- (Climate assessment participation rate) High participation rate usually equates to communication and leadership relationship with airmen.

Table 9 Round 3 Survey Results.

ROUND 3 SURVEY RESULTS

Question asked: Please indicate your level of concurrence with the panel's total mean value of a specific measures/metrics to indicate the health of an AMC wing's "Leading People" major graded area (MGA) on a quarterly or more frequent rhythm?

Concurrence Scale.

1 - Strongly Disagree
2 - Disagree
3 - Neutral
4 - Agree
5 - Strongly Agree

	Total Panel		Senior Raters		Sq/ CCs		MAJCOM/ IG		Wing/ IG	
Metrics Presented	Mean	Std Dev	Mean	Std Dev	Mean	Std Dev	Mean	Std Dev	Mean	Std Dev
Personnel TDY rates.	4.07	1.02	3.67	1.12	4.33	0.50	3.33	2.08	4.57	0.53
Physical fitness pass rate.	4.00	0.77	4.11	0.60	4.11	0.33	3.00	1.73	4.14	0.69
CDC status (completion, enrollment, upgrade training, pass rate).	3.97	0.81	4.22	0.44	3.78	0.83	3.40	0.55	4.29	1.11
IMR (individual medical readiness) rate.	3.89	0.79	3.78	0.67	4.11	0.33	3.00	1.73	4.14	0.69
Average of use/ lose leave.	3.89	0.88	3.78	0.83	4.11	0.60	3.00	1.73	4.14	0.69
Suicide and suicide attempt rate.	3.82	0.72	3.78	0.83	4.00	0.00	3.00	1.00	4.00	0.82
Safety mishap rates.	3.80	0.81	4.00	0.50	3.56	0.73	3.00	1.00	4.43	0.53
Voluntary retention rates (separations, 7-day opt, reenlistments, etc.).	3.79	0.92	3.44	0.88	4.11	0.60	3.00	1.73	4.14	0.69
Percentage of eligibles completed PME.	3.77	0.57	3.56	0.73	3.89	0.33	3.60	0.55	4.00	0.58
Non-judicial punishment actions taken.	3.77	0.63	3.56	0.53	4.00	0.00	3.20	0.84	4.14	0.69
DHA (deployment health assessment) overdue rate.	3.77	0.90	3.44	1.13	4.00	0.71	3.40	0.89	4.14	0.69
Milpay discrepancies.	3.75	0.70	3.56	1.01	4.00	0.50	3.33	0.58	3.86	0.38
Physical fitness currency rate.	3.75	0.84	3.56	0.73	3.89	0.60	3.00	1.73	4.14	0.69
EO complaints.	3.71	0.66	3.67	0.87	3.56	0.53	3.67	0.58	4.00	0.58
DLC (duty limiting condition) rate.	3.71	0.81	3.67	0.71	3.78	0.67	3.33	1.15	3.86	1.07
GTC delinquencies.	3.70	0.65	3.67	0.50	3.78	0.83	3.40	0.89	3.86	0.38
Percentage of enlisted completed CCAF or higher.	3.67	0.80	3.67	0.50	4.00	0.00	3.00	1.41	3.71	0.95
Percentage of eligibles enrolled in PME.	3.66	0.61	3.25	0.89	3.89	0.33	3.60	0.55	3.86	0.38
Sponsor contact prior to 30 days of RNLTD.	3.65	0.95	3.56	1.24	3.70	0.82	3.20	0.84	4.00	0.82
Social media activity.	3.63	0.61	3.56	0.73	3.67	0.71	3.60	0.55	3.71	0.49

Table 9 Round 3 Survey Results, cont.

ROUND 3 SURVEY RESULTS

Question asked: Please indicate your level of concurrence with the panel's total mean value of a specific measures/metrics to indicate the health of an AMC wing's "Leading People" major graded area (MGA) on a quarterly or more frequent rhythm?

Concurrence Scale.

1 - Strongly Disagree
2 - Disagree
3 - Neutral
4 - Agree
5 - Strongly Agree

	Total Panel		Senior Raters		Sq/CCs		MAJCOM/IG		Wing/IG	
Metrics Presented	Mean	Std Dev	Mean	Std Dev	Mean	Std Dev	Mean	Std Dev	Mean	Std Dev
Obesity rates.	3.61	0.83	3.33	1.00	3.78	0.83	3.33	0.58	3.86	0.69
Percentage of personnel with a UIF.	3.60	0.77	3.33	0.87	3.78	0.44	3.20	0.84	4.00	0.82
IG complaints.	3.57	0.57	3.56	0.73	3.44	0.53	3.67	0.58	3.71	0.49
Climate assessment on-time completion rate.	3.57	0.88	3.22	0.67	3.89	0.78	3.00	1.73	3.86	0.69
Discrepancy compliance timeliness rate (IGEMS, MICT).	3.57	0.77	3.33	0.87	3.67	0.87	3.40	0.55	3.86	0.69
Drug usage incidents.	3.57	0.77	3.56	0.73	3.89	0.33	3.20	0.84	3.43	1.13
Percentage of MRT (master resilience training) qualified personnel.	3.57	0.77	3.11	0.78	3.78	0.44	3.40	0.89	4.00	0.82
Security incidents.	3.57	0.82	3.44	1.01	3.44	0.73	4.00	0.71	3.57	0.79
Administrative separation rate.	3.57	0.86	3.22	0.97	3.89	0.33	3.20	1.30	3.86	0.69
Random anti-terrorism measures completed.	3.57	0.97	3.11	1.05	4.11	0.60	3.00	1.00	3.86	0.90
ADAPT referrals.	3.54	0.74	3.56	1.01	3.44	0.53	3.00	1.00	3.86	0.38
Percentage of eligibles completed supervisor safety training.	3.52	0.80	3.38	0.74	3.56	0.73	3.00	1.73	3.86	0.38
Domestic violence incidents.	3.50	0.75	3.33	0.87	3.67	0.50	3.33	1.15	3.57	0.79
Article 15 rate.	3.50	0.90	3.33	1.00	3.44	0.73	3.20	1.30	4.00	0.58
Face-to-face suicide prevention training completion.	3.50	0.90	3.44	0.88	3.67	0.71	3.40	1.14	3.43	1.13
Court martial timeliness.	3.48	0.91	3.13	0.99	3.89	0.78	3.20	1.30	3.57	0.53
SF reported crime rate.	3.46	0.69	3.33	0.87	3.78	0.44	3.00	1.00	3.43	0.53
Family advocacy referrals.	3.46	0.84	3.22	1.09	3.78	0.44	2.33	0.58	3.86	0.38

Table 9 Round 3 Survey Results, cont.

ROUND 3 SURVEY RESULTS

Question asked: Please indicate your level of concurrence with the panel's total mean value of a specific measures/metrics to indicate the health of an AMC wing's "Leading People" major graded area (MGA) on a quarterly or more frequent rhythm?

Concurrence Scale.

1 - Strongly Disagree
2 - Disagree
3 - Neutral
4 - Agree
5 - Strongly Agree

	Total Panel		Senior Raters		Sq/ CCs		MAJCOM/ IG		Wing/ IG	
Metrics Presented	Mean	Std Dev	Mean	Std Dev	Mean	Std Dev	Mean	Std Dev	Mean	Std Dev
Timeliness of reports (OPRs/ EPRs, civilian appraisals, Decs, etc.).	3.43	0.77	3.33	0.87	3.56	0.53	2.80	1.10	3.86	0.38
Percentage officers completed advanced academic degrees or higher.	3.43	0.90	3.00	0.87	3.78	0.44	2.80	1.30	4.00	0.58
SAPR training completion.	3.43	0.74	3.38	0.74	3.50	0.76	3.20	0.84	3.57	0.79
Courts-martial rate.	3.40	0.93	3.00	1.00	3.67	0.71	3.20	1.30	3.71	0.76
Article 15 timeliness.	3.37	0.85	3.11	0.78	3.67	0.71	3.00	1.41	3.57	0.53
IGEMS or MICT open discrepancies/ observations.	3.37	0.93	3.44	0.88	3.67	0.87	3.00	0.71	3.14	1.21
TFAT/ ADLS CBT completion statistics.	3.37	0.96	3.22	1.09	3.56	0.73	3.20	0.84	3.43	1.27
Timeliness of TMT taskers.	3.33	0.84	3.00	1.12	3.11	0.78	3.60	0.55	3.86	0.38
Percentage of personnel seen by Chaplain Corps.	3.32	0.77	3.11	0.78	3.56	0.73	3.00	1.00	3.43	0.79
Tobacco free airmen rates.	3.30	0.91	3.38	0.92	3.44	0.53	2.00	1.00	3.57	0.98
Sexual assault rate.	3.28	0.84	3.38	1.06	3.11	0.78	3.20	0.84	3.43	0.79
Resiliency training completion.	3.24	0.79	3.38	0.74	3.11	0.93	3.20	0.84	3.29	0.76
Climate assessment participation rate.	3.11	0.74	3.11	0.78	3.11	0.78	2.67	0.58	3.29	0.76

Appendix K. Tiered Metric Results

Tiered Metrics Results

A tiered categorization was used for this research. High value was considered a mean value ≥ 4 and a standard deviation ≤ 1.5, while high concurrence was considered a mean value ≥ 3.5 and a standard deviation ≤ 1. This tier system is designed to blend value and concurrence to synthesize consensus as the primary indicator of significance. Table 10 highlights, with green background, values that fall in the 'high value' and 'high concurrence' ranges.

Table 10 Tiered Metrics High Value and Concurrence.

		ROUND 2										ROUND 3									
		Panel		Raters		Sq/ CCs		AMC/ IG		Wing/ IG		Panel		Raters		Sq/ CCs		AMC/ IG		Wing/ IG	
Metrics Presented	Tier	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
CDC status (completion, enrollment, upgrade training, pass rate).	1	5.42	1.16	6.00	1.31	5.10	1.20	5.00	1.22	5.67	0.71	3.97	0.81	4.22	0.44	3.78	0.83	3.40	0.55	4.29	1.11
Percentage of eligibles completed PME.	1	4.83	1.28	4.25	1.98	5.40	0.52	4.44	1.24	5.11	0.93	3.77	0.57	3.56	0.73	3.89	0.33	3.60	0.55	4.00	0.58
Physical fitness pass rate.	1	5.61	1.29	5.75	1.98	5.90	0.74	5.22	1.20	5.56	1.24	4.00	0.77	4.11	0.60	4.11	0.33	3.00	1.73	4.14	0.69
Safety mishap rates.	1	5.42	1.25	5.50	1.60	5.70	1.16	4.78	1.48	5.67	0.50	3.80	0.81	4.00	0.50	3.56	0.73	3.00	1.00	4.43	0.53
Sponsor contact prior to 30 days of RNLTD.	1	4.86	1.44	4.78	1.86	5.10	1.37	4.67	1.66	4.89	0.93	3.65	0.95	3.56	1.24	3.70	0.82	3.20	0.84	4.00	0.82
Voluntary retention rates (separations, 7-day opt, reenlistments, etc.).	1	5.44	1.08	5.13	1.13	6.10	0.99	5.33	0.87	5.11	1.17	3.79	0.92	3.44	0.88	4.11	0.60	3.00	1.73	4.14	0.69
Administrative separation rate.	2	4.50	1.50	4.88	1.73	4.50	1.27	3.78	1.92	4.89	0.93	3.57	0.86	3.22	0.97	3.89	0.33	3.20	1.30	3.86	0.69
EO complaints.	2	4.81	1.53	4.88	1.96	4.70	1.25	4.44	1.74	5.22	1.30	3.71	0.66	3.67	0.87	3.56	0.53	3.67	0.58	4.00	0.58
IMR (individual medical readiness) rate.	2	5.25	1.57	4.63	2.13	5.70	1.06	4.44	1.74	6.11	0.60	3.89	0.79	3.78	0.67	4.11	0.33	3.00	1.73	4.14	0.69
Percentage of enlisted completed CCAF or higher.	2	4.56	1.59	4.25	2.25	5.20	0.63	3.56	1.74	5.11	1.05	3.67	0.80	3.67	0.50	4.00	0.00	3.00	1.41	3.71	0.95
Personnel TDY rates.	2	5.78	1.17	5.50	0.76	6.30	0.67	5.44	1.94	5.78	0.83	4.07	1.02	3.67	1.12	4.33	0.50	3.33	2.08	4.57	0.53
Article 15 rate.	3	4.58	1.59	4.50	1.69	4.90	1.37	4.00	2.06	4.89	1.27	3.50	0.90	3.33	1.00	3.44	0.73	3.20	1.30	4.00	0.58
Average of use/ lose leave.	3	5.00	1.74	4.38	1.92	5.50	1.43	4.78	2.11	5.22	1.56	3.89	0.88	3.78	0.83	4.11	0.60	3.00	1.73	4.14	0.69
Courts-martial rate.	3	4.36	1.62	3.88	1.55	4.70	1.64	3.89	1.96	4.89	1.27	3.40	0.93	3.00	1.00	3.67	0.71	3.20	1.30	3.71	0.76
Discrepancy compliance timeliness rate (IGEMS, MICT).	3	4.36	1.55	4.25	1.83	3.70	1.42	4.22	1.64	5.33	1.00	3.57	0.77	3.33	0.87	3.67	0.87	3.40	0.55	3.86	0.69
DLC (duty limiting condition) rate.	3	5.00	1.71	5.13	2.36	5.10	1.52	4.56	1.81	5.22	1.30	3.71	0.81	3.67	0.71	3.78	0.67	3.33	1.15	3.86	1.07
Drug usage incidents.	3	4.25	1.56	4.75	1.91	4.50	1.27	3.56	1.81	4.22	1.20	3.57	0.77	3.56	0.73	3.89	0.33	3.20	0.84	3.43	1.13
Face-to-face suicide prevention training completion.	3	4.08	1.89	3.50	2.33	4.30	2.00	3.33	1.73	5.11	1.05	3.50	0.90	3.44	0.88	3.67	0.71	3.40	1.14	3.43	1.13
GTC delinquencies.	3	4.39	1.76	4.25	1.75	4.30	1.77	3.78	2.05	5.22	1.39	3.70	0.65	3.67	0.50	3.78	0.83	3.40	0.89	3.86	0.38
IG complaints.	3	4.69	1.51	4.25	1.83	4.70	1.06	4.67	1.66	5.11	1.62	3.57	0.57	3.56	0.73	3.44	0.53	3.67	0.58	3.71	0.49
IGEMS or MICT open discrepancies/ observations.	3	3.92	1.76	4.25	1.83	2.90	1.52	3.89	1.90	4.78	1.48	3.37	0.93	3.44	0.88	3.67	0.87	3.00	0.71	3.14	1.21
Milpay discrepancies.	3	4.31	1.64	4.63	2.07	4.80	1.32	4.00	1.87	3.78	1.30	3.75	0.70	3.56	1.01	4.00	0.50	3.33	0.58	3.86	0.38
Non-judicial punishment actions taken.	3	4.42	1.61	4.38	2.13	4.90	1.37	4.00	1.87	4.33	1.12	3.77	0.63	3.56	0.53	4.00	0.00	3.20	0.84	4.14	0.69
Percentage of personnel with a UIF.	3	3.94	1.64	3.38	1.85	4.70	1.34	3.44	1.88	4.11	1.36	3.60	0.77	3.33	0.87	3.78	0.44	3.20	0.84	4.00	0.82
Security incidents.	3	4.36	1.64	5.38	1.60	3.60	1.58	3.78	1.64	4.89	1.27	3.57	0.82	3.44	1.01	3.44	0.73	4.00	0.71	3.57	0.79
Social media activity.	3	4.19	1.65	5.33	1.00	4.30	1.42	3.67	1.73	3.44	1.88	3.63	0.61	3.56	0.73	3.67	0.71	3.60	0.55	3.71	0.49
Suicide and suicide attempt rate.	3	4.80	1.57	5.38	1.60	5.30	1.34	4.25	1.75	4.22	1.48	3.82	0.72	3.78	0.83	4.00	0.00	3.00	1.00	4.00	0.82
TFAT/ ADLS CBT completion statistics.	3	4.28	1.65	4.13	1.89	3.60	1.35	4.00	1.80	5.44	1.13	3.37	0.96	3.22	1.09	3.56	0.73	3.20	0.84	3.43	1.27
Timeliness of reports (OPRs/ EPRs, civilian appraisals, Decs, etc.).	3	4.39	1.59	5.13	1.73	3.90	1.66	4.11	1.62	4.56	1.33	3.43	0.77	3.33	0.87	3.56	0.53	2.80	1.10	3.86	0.38
ADAPT referrals.	4	3.86	1.69	5.13	1.89	3.50	1.51	3.78	1.86	3.22	1.09	3.54	0.74	3.56	1.01	3.44	0.53	3.00	1.00	3.86	0.38
Article 15 timeliness.	4	3.25	1.92	4.38	2.56	2.00	1.05	3.11	1.83	3.78	1.48	3.37	0.85	3.11	0.78	3.67	0.71	3.00	1.41	3.57	0.53
Climate assessment on-time completion rate.	4	2.53	1.76	2.88	1.46	1.70	1.57	2.33	1.58	3.33	2.18	3.57	0.88	3.22	0.67	3.89	0.78	3.00	1.73	3.86	0.69
Climate assessment participation rate.	4	3.81	1.91	4.63	1.92	2.60	1.84	4.22	1.56	4.00	1.94	3.11	0.74	3.11	0.78	3.11	0.78	2.67	0.58	3.29	0.76
Court martial timeliness.	4	3.14	1.96	4.00	2.62	2.00	1.05	3.00	2.12	3.78	1.48	3.48	0.91	3.13	0.99	3.89	0.78	3.20	1.30	3.57	0.53
DHA (deployment health assessment) overdue rate.	4	2.92	1.89	2.63	1.92	2.30	1.83	3.22	1.92	3.56	1.94	3.77	0.90	3.44	1.13	4.00	0.71	3.40	0.89	4.14	0.69
Domestic violence incidents.	4	4.06	1.67	4.63	2.13	4.20	1.55	3.89	1.76	3.56	1.33	3.50	0.75	3.33	0.87	3.67	0.50	3.33	1.15	3.57	0.79
Family advocacy referrals.	4	3.69	1.70	5.00	1.85	3.60	1.51	3.33	1.73	3.00	1.32	3.46	0.84	3.22	1.09	3.78	0.44	2.33	0.58	3.86	0.38
Obesity rates.	4	3.97	2.01	4.38	2.62	4.00	1.94	3.63	2.13	3.89	1.62	3.61	0.83	3.33	1.00	3.78	0.83	3.33	0.58	3.86	0.69
Percentage of eligibles completed supervisor safety training.	4	3.11	1.75	3.63	2.00	2.20	1.32	3.33	2.12	3.44	1.42	3.52	0.80	3.38	0.74	3.56	0.73	3.00	1.73	3.86	0.38
Percentage of eligibles enrolled in PME.	4	4.08	1.56	4.50	2.00	3.90	1.79	3.67	1.12	4.33	1.32	3.66	0.61	3.25	0.89	3.89	0.33	3.60	0.55	3.86	0.38
Percentage of MRT (master resilience training) qualified personnel.	4	3.08	1.65	3.88	1.96	2.00	1.05	3.33	1.66	3.33	1.50	3.57	0.77	3.11	0.78	3.78	0.44	3.40	0.89	4.00	0.82
Percentage of personnel seen by Chaplain Corps.	4	3.39	1.54	4.38	1.92	2.50	0.85	3.22	1.64	3.67	1.22	3.32	0.77	3.11	0.78	3.56	0.73	3.00	1.00	3.43	0.79
Percentage officers completed advanced academic degrees or higher.	4	3.53	1.76	3.63	2.07	3.40	1.84	3.22	1.79	3.89	1.62	3.43	0.90	3.00	0.87	3.78	0.44	2.80	1.30	4.00	0.58
Physical fitness currency rate.	4	4.74	1.80	5.13	2.03	4.70	1.70	4.50	2.07	4.67	1.73	3.75	0.84	3.56	0.73	3.89	0.60	3.00	1.73	4.14	0.69
Random anti-terrorism measures completed.	4	3.25	1.46	3.50	1.85	2.70	1.34	3.22	1.39	3.67	1.32	3.57	0.97	3.11	1.05	4.11	0.60	3.00	1.00	3.86	0.90
Resiliency training completion.	4	3.33	1.77	3.50	2.33	2.40	1.71	3.33	1.32	4.22	1.39	3.24	0.79	3.38	0.74	3.11	0.93	3.20	0.84	3.29	0.76
SAPR training completion.	4	3.31	1.70	3.50	2.27	2.60	1.51	3.11	1.54	4.11	1.36	3.43	0.74	3.38	0.74	3.50	0.76	3.20	0.84	3.57	0.79
Sexual assault rate.	4	4.33	1.67	4.63	2.33	4.80	1.23	3.89	1.83	4.00	1.32	3.28	0.84	3.38	1.06	3.11	0.78	3.20	0.84	3.43	0.79
SF reported crime rate.	4	3.58	1.76	4.63	1.92	3.20	1.40	3.56	2.07	3.11	1.54	3.46	0.69	3.33	0.87	3.78	0.44	3.00	1.00	3.43	0.53
Timeliness of TMT taskers.	4	3.36	1.74	4.13	1.89	2.40	1.35	3.44	1.81	3.67	1.73	3.33	0.84	3.00	1.12	3.11	0.78	3.60	0.55	3.86	0.38
Tobacco free airmen rates.	4	2.97	1.80	3.50	2.07	2.70	1.77	2.11	1.76	3.67	1.41	3.30	0.91	3.38	0.92	3.44	0.53	2.00	1.00	3.57	0.98

MEASURING THE 'LEADING PEOPLE' ORGANIZATIONAL HEALTH OF AMC WINGS ON A NON-INTERFERENCE BASIS

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Abstract

This graduate research paper investigated the utility of available measures related to the Air Force Inspection System major graded area (MGA) of Leading People to measure the health of Air Mobility Command (AMC) wings on a quarterly or more frequent rhythm. The Leading People MGA accounts for a majority of Inspector General Evaluation Management System recorded deficiencies. A panel of experts, selected from four subgroups (senior raters, squadron commanders, Air Mobility Command inspectors, and wing inspectors), participated in a Delphi study to quantify their perception on a list of 51 measures. The list of metrics were derived from a variety of sources and inputs survey participants. Quantifiable data was evaluated using mean and standard deviation values. Metrics were categorized using a tiered structure based on high value and high concurrence, as indicated by the panel, resulting in functionally applicable consensus. Blending top tier metrics with subjective inputs from on-site key personnel into the current reporting processes should enable AMC senior leaders to better evaluate the holistic 'health' of each wing in real-time, thereby, elevating situation awareness and aiding in more informed decision making. The research focus on non-interference metrics will improve situational awareness while minimizing the negative impact AMC wings.

Significance

Due to time and resource constraints, limited audience inputs are generally solicited as to whether or not to include specific metrics into frequent reporting processes, but the decision authority is granted to the most senior leadership or functional experts rather than efforts to attain comprehensive consensus. Functionally applicable consensus from commanders and evaluators, coupled with a tiered ranking system, allows for easy hierarchical visualization and inclusion into any monitoring or reporting process.

		ROUND 2										ROUND 3									
		Panel		Raters		Sq/CCs		AMC/IG		Wing/IG		Panel		Raters		Sq/CCs		AMC/IG		Wing/IG	
Metrics Presented	Tier	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
CDC status (completion, enrollment, upgrade training, pass rate).	1	5.42	1.16	6.00	1.31	5.10	1.20	5.00	1.22	5.67	0.71	3.97	0.81	4.22	0.44	3.78	0.83	3.40	0.55	4.29	1.11
Percentage of eligibles completed PME.	1	4.83	1.28	4.25	1.98	5.40	0.52	4.44	1.24	5.11	0.93	3.77	0.57	3.56	0.73	3.89	0.33	3.60	0.55	4.00	0.58
Physical fitness pass rate.	1	5.61	1.29	5.75	1.98	5.90	0.74	5.22	1.20	5.56	1.24	4.00	0.77	4.11	0.60	4.11	0.33	3.00	1.73	4.14	0.69
Safety mishap rates.	1	5.42	1.25	5.50	1.60	5.70	1.16	4.78	1.48	5.67	0.50	3.80	0.81	4.00	0.50	3.56	0.73	3.00	1.00	4.43	0.53
Sponsor contact prior to 30 days of RNLTD.	1	4.86	1.44	4.78	1.86	5.10	1.37	4.67	1.66	4.89	0.93	3.65	0.95	3.56	1.24	3.70	0.82	3.20	0.84	4.00	0.82
Voluntary retention rates (separations, 7-day opt, reenlistments, etc.).	1	5.44	1.08	5.13	1.13	6.10	0.99	5.33	0.87	5.11	1.17	3.79	0.92	3.44	0.88	4.11	0.60	3.00	1.73	4.14	0.69
Administrative separation rate.	2	4.50	1.50	4.88	1.73	4.50	1.27	3.78	1.92	4.89	0.93	3.57	0.86	3.22	0.97	3.89	0.33	3.20	1.30	3.86	0.69
EO complaints.	2	4.81	1.53	4.88	1.96	4.70	1.25	4.44	1.74	5.22	1.30	3.71	0.66	3.67	0.87	3.56	0.53	3.67	0.58	4.00	0.58
IMR (individual medical readiness) rate.	2	5.25	1.57	4.63	2.13	5.70	1.06	4.44	1.74	6.11	0.60	3.89	0.79	3.78	0.67	4.11	0.33	3.00	1.73	4.14	0.69
Percentage of enlisted completed CDAF or higher.	2	4.56	1.59	4.25	2.25	5.20	0.63	3.56	1.74	5.11	1.05	3.67	0.80	3.67	0.50	4.00	0.00	3.00	1.41	3.71	0.95
Personnel TDY rates.	2	5.78	1.17	5.50	0.76	6.30	0.67	5.44	1.94	5.78	0.83	4.07	1.02	3.67	1.12	4.33	0.50	3.33	2.08	4.57	0.53
Article 15 rate.	3	4.58	1.59	4.50	1.69	4.90	1.37	4.00	2.06	4.89	1.27	3.50	0.90	3.33	1.00	3.44	0.73	3.20	1.30	4.00	0.58
Average of use/ lose leave.	3	5.00	1.74	4.38	1.92	5.50	1.43	4.78	2.11	5.22	1.56	3.89	0.88	3.78	0.83	4.11	0.60	3.00	1.73	4.14	0.69
Courts-martial rate.	3	4.36	1.62	3.88	1.55	4.70	1.64	3.89	1.96	4.89	1.27	3.40	0.93	3.00	1.00	3.67	0.71	3.20	1.30	3.71	0.76
Discrepancy compliance timeliness rate (IGEMS, MICT).	3	4.36	1.55	4.25	1.83	3.70	1.42	4.22	1.64	5.33	1.00	3.57	0.77	3.33	0.87	3.67	0.87	3.40	0.55	3.86	0.69
DLC (duty limiting condition) rate.	3	5.00	1.71	5.13	2.36	5.10	1.52	4.56	1.81	5.22	1.30	3.71	0.81	3.67	0.71	3.78	0.67	3.33	1.15	3.86	1.07
Drug usage incidents.	3	4.25	1.56	4.75	1.91	4.50	1.27	3.56	1.81	4.22	1.20	3.57	0.77	3.56	0.73	3.89	0.33	3.20	0.84	3.43	1.13
Face-to-face suicide prevention training completion.	3	4.08	1.89	3.50	2.33	4.30	2.00	3.33	1.73	5.11	1.05	3.50	0.90	3.44	0.88	3.67	0.71	3.40	1.14	3.43	1.13
GTC delinquencies.	3	4.39	1.76	4.25	1.75	4.30	1.77	3.78	2.05	5.22	1.39	3.70	0.65	3.67	0.50	3.78	0.83	3.40	0.89	3.86	0.38
IG complaints.	3	4.69	1.51	4.25	1.83	4.70	1.06	4.67	1.66	5.11	1.62	3.57	0.57	3.56	0.73	3.44	0.53	3.67	0.58	3.71	0.49
IGEMS or MICT open discrepancies/ observations.	3	3.92	1.76	4.25	1.83	2.90	1.52	3.89	1.90	4.78	1.48	3.37	0.93	3.44	0.88	3.67	0.87	3.00	0.71	3.14	1.21
Milpay discrepancies.	3	4.31	1.64	4.63	2.07	4.80	1.32	4.00	1.87	3.78	1.30	3.75	0.70	3.56	1.01	4.00	0.50	3.33	0.58	3.86	0.38
Non-judicial punishment actions taken.	3	4.42	1.61	4.38	2.13	4.90	1.37	4.00	1.87	4.33	1.12	3.77	0.63	3.56	0.53	4.00	0.00	3.20	0.84	4.14	0.69
Percentage of personnel with a UIF.	3	3.94	1.64	3.38	1.85	4.70	1.34	3.44	1.88	4.11	1.36	3.60	0.77	3.33	0.87	3.78	0.44	3.20	0.84	4.00	0.82
Security incidents.	3	4.36	1.64	5.38	1.60	3.60	1.58	3.78	1.64	4.89	1.27	3.57	0.82	3.44	1.01	3.44	0.73	4.00	0.71	3.57	0.79
Social media activity.	3	4.19	1.65	5.33	1.00	4.30	1.42	3.67	1.73	3.44	1.88	3.63	0.61	3.56	0.73	3.67	0.71	3.60	0.55	3.71	0.49
Suicide and suicide attempt rate.	3	4.80	1.57	5.38	1.60	5.30	1.34	4.25	1.75	4.22	1.48	3.82	0.72	3.78	0.83	4.00	0.00	3.00	1.00	4.00	0.82
TFAT/ ADLS CBT completion statistics.	3	4.28	1.65	4.13	1.89	3.60	1.35	4.00	1.80	5.44	1.13	3.37	0.96	3.22	1.09	3.56	0.73	3.20	0.84	3.43	1.27
Timeliness of reports (OPRs/ EPRs, civilian appraisals, Decs, etc.).	3	4.39	1.59	5.13	1.73	3.90	1.66	4.11	1.62	4.56	1.33	3.43	0.77	3.33	0.87	3.56	0.53	2.80	1.10	3.86	0.38
AD/APT referrals.	4	3.86	1.69	5.13	1.89	3.50	1.51	3.78	1.86	3.22	1.09	3.54	0.74	3.56	1.01	3.44	0.53	3.00	1.00	3.86	0.38
Article 15 timeliness.	4	3.25	1.92	4.38	2.56	2.00	1.05	3.11	1.83	3.78	1.48	3.37	0.85	3.11	0.78	3.67	0.71	3.00	1.41	3.57	0.53
Climate assessment on-time completion rate.	4	2.53	1.76	2.88	1.46	1.70	1.57	2.33	1.58	3.33	2.18	3.57	0.88	3.22	0.67	3.89	0.78	3.00	1.73	3.86	0.69
Climate assessment participation rate.	4	3.81	1.91	4.63	1.92	2.60	1.84	4.22	1.56	4.00	1.94	3.11	0.74	3.11	0.78	3.11	0.78	2.67	0.58	3.29	0.76
Court martial timeliness.	4	3.14	1.96	4.00	2.62	2.00	1.05	3.00	2.12	3.78	1.48	3.48	0.91	3.33	0.99	3.89	0.78	3.20	1.30	3.57	0.53
DHA (deployment health assessment) overdue rate.	4	2.92	1.89	2.63	1.92	2.30	1.83	3.22	1.92	3.56	1.94	3.77	0.90	3.44	1.13	4.00	0.71	3.40	0.89	4.14	0.69
Domestic violence incidents.	4	4.06	1.67	4.63	2.13	4.20	1.55	3.89	1.76	3.56	1.33	3.50	0.75	3.33	0.87	3.67	0.50	3.33	1.15	3.57	0.79
Family advocacy referrals.	4	3.69	1.70	5.00	1.85	3.60	1.51	3.33	1.73	3.00	1.32	3.46	0.84	3.22	1.09	3.78	0.44	2.33	0.58	3.86	0.38
Obesity rates.	4	3.97	2.01	4.38	2.62	4.00	1.94	3.63	2.13	3.89	1.62	3.61	0.83	3.33	1.00	3.78	0.83	3.33	0.58	3.86	0.69
Percentage of eligibles completed supervisor safety training.	4	3.11	1.75	3.63	2.00	2.20	1.32	3.33	2.12	3.44	1.42	3.52	0.80	3.38	0.74	3.56	0.73	3.00	1.73	3.86	0.38
Percentage of eligibles enrolled in PME.	4	4.08	1.56	4.50	2.00	3.90	1.79	3.67	1.12	4.33	1.32	3.66	0.61	3.25	0.89	3.89	0.33	3.60	0.55	3.86	0.38
Percentage of MRT (master resilience training) qualified personnel.	4	3.08	1.65	3.88	1.96	2.00	1.05	3.33	1.66	3.33	1.50	3.57	0.77	3.11	0.78	3.78	0.44	3.40	0.89	4.00	0.82
Percentage of personnel seen by Chaplain Corps.	4	3.39	1.54	4.38	1.92	2.50	0.85	3.22	1.64	3.67	1.22	3.32	0.77	3.11	0.78	3.56	0.73	3.00	1.00	3.43	0.79
Percentage officers completed advanced academic degrees or higher.	4	3.53	1.76	3.63	2.07	3.40	1.84	3.22	1.79	3.89	1.62	3.43	0.90	3.00	0.87	3.78	0.44	2.80	1.30	4.00	0.58
Physical fitness currency rate.	4	4.74	1.80	5.13	2.03	4.70	1.70	4.50	2.07	4.67	1.73	3.75	0.84	3.56	0.73	3.89	0.60	3.00	1.73	4.14	0.69
Random anti-terrorism measures completed.	4	3.25	1.46	3.50	1.85	2.70	1.34	3.22	1.39	3.67	1.32	3.57	0.97	3.11	1.05	4.11	0.60	3.00	1.00	3.86	0.90
Resiliency training completion.	4	3.33	1.77	3.50	2.33	2.40	1.71	3.33	1.32	4.22	1.39	3.24	0.79	3.38	0.74	3.11	0.93	3.20	0.84	3.29	0.76
SAPR training completion.	4	3.31	1.70	3.50	2.27	2.60	1.51	3.11	1.54	4.11	1.36	3.43	0.74	3.38	0.74	3.50	0.76	3.20	0.84	3.57	0.79
Sexual assault rate.	4	4.33	1.67	4.63	2.33	4.80	1.23	3.89	1.83	4.00	1.32	3.28	0.84	3.38	1.06	3.11	0.78	3.20	0.84	3.43	0.79
SF reported crime rate.	4	3.58	1.76	4.63	1.92	3.20	1.40	3.56	2.07	3.11	1.54	3.46	0.69	3.33	0.87	3.78	0.44	3.00	1.00	3.43	0.53
Timeliness of TMT taskers.	4	3.36	1.74	4.13	1.89	2.40	1.35	3.44	1.81	3.67	1.73	3.33	0.84	3.00	1.12	3.11	0.78	3.60	0.55	3.86	0.38
Tobacco free airmen rates.	4	2.97	1.80	3.50	2.07	2.70	1.77	2.11	1.76	3.67	1.41	3.30	0.91	3.38	0.92	3.44	0.53	2.00	1.00	3.57	0.98

Methodology

A Delphi survey was used to gain insights from a diverse panel of experts. Panel of experts consisted of four subgroups: current AMC senior raters (wing commanders and stand-alone group commanders), AMC/IG personnel, AMC Sq/CCs, and AMC Wg/IG personnel. Panel participation was voluntary and anonymous. Commanders were invited to participate by direct email contact, IG personnel were invited to participate through internal office communication and direct email contact. Likert-type scales were used to quantify subjective inputs from panel members.

Round One survey presented existing metrics to panel experts for their determination of value and allowed the panel to submit recommendations for metrics to be considered in future rounds.

Round Two requested the panel to rate the level of importance of the resulting list of 51 metrics from Round One.

Round Three presented the Round 2 resultant mean values from the panel and each subgroup to each panel member. It requested panel members to rate their level of agreement to the panel mean from Round Two. Panel members were unaware of the existence of other subgroups until the beginning of Round Three.

Final Recommendations

1. Integrate Tier 1 and Tier 2 metrics into the current HoW reporting cycle.
2. Ascertaining the applicability of each metric, as it pertains to each AMC unit, requires determinations of feasibility, standards, conveyance methodology, and frequency.
3. To prevent undue emphasis and apply historical considerations, create upper and lower control boundaries for each wing.
4. Incorporate Tier 1 and Tier 2 metrics into the Risk Based Sampling Strategy employed by AMC/IG.

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REPORT DOCUMENTATION PAGE

Form Approved
OMB No. 074-0188

1. REPORT DATE *(DD-MM-YYYY)*	2. REPORT TYPE	3. DATES COVERED *(From – To)*
17-06-2016	Graduate Research Paper	May 2015 – Jun 2016

4. TITLE AND SUBTITLE
Measuring the 'Leading People' Organizational Health of AMC Wings on a Non-interference Basis

5a. CONTRACT NUMBER

5b. GRANT NUMBER

5c. PROGRAM ELEMENT NUMBER

6. AUTHOR(S)
King, Adam P., Major, USAF

5d. PROJECT NUMBER

5e. TASK NUMBER

5f. WORK UNIT NUMBER

7. PERFORMING ORGANIZATION NAMES(S) AND ADDRESS(S)
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8. PERFORMING ORGANIZATION REPORT NUMBER
AFIT-ENS-MS-16-J-028

9. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES)
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10. SPONSOR/MONITOR'S ACRONYM(S)
AMC/IG

11. SPONSOR/MONITOR'S REPORT NUMBER(S)

12. DISTRIBUTION/AVAILABILITY STATEMENT
Distribution Statement A. Approved For Public Release; Distribution Unlimited.

13. SUPPLEMENTARY NOTES
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14. ABSTRACT
This graduate research paper investigated the utility of available measures related to the Air Force Inspection System major graded area (MGA) of Leading People to measure the health of Air Mobility Command (AMC) wings on a quarterly or more frequent rhythm. The Leading People MGA accounts for a majority of Inspector General Evaluation Management System recorded deficiencies. A panel of experts, selected from four subgroups (senior raters, squadron commanders, Air Mobility Command inspectors, and wing inspectors), participated in a Delphi study to quantify their perception on a list of 51 measures. The list of metrics were derived from a variety of sources and inputs survey participants. Quantifiable data was evaluated using mean and standard deviation values. Metrics were categorized using a tiered structure based on high value and high concurrence, as indicated by the panel, resulting in functionally applicable consensus. Blending top tier metrics with subjective inputs from on-site key personnel into the current reporting processes should enable AMC senior leaders to better evaluate the holistic 'health' of each wing in real-time, thereby, elevating situation awareness and aiding in more informed decision making. The research focus on non-interference metrics will improve situational awareness while minimizing the negative impact AMC wings.

15. SUBJECT TERMS
Health, Metrics, (AFIS) Air Force Inspection System, Leading People

16. SECURITY CLASSIFICATION OF:			17. LIMITATION OF ABSTRACT	18. NUMBER OF PAGES	19a. NAME OF RESPONSIBLE PERSON
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