

For more information on this publication, visit www.rand.org/t/TL311

Getting To Outcomes® and GTO® are jointly owned by the RAND Corporation and the University of South Carolina.

Published by the RAND Corporation, Santa Monica, Calif.

© Copyright 2020 RAND Corporation

RAND® is a registered trademark.

Limited Print and Electronic Distribution Rights

This document and trademark(s) contained herein are protected by law. This representation of RAND intellectual property is provided for noncommercial use only. Unauthorized posting of this publication online is prohibited. Permission is given to duplicate this document for personal use only, as long as it is unaltered and complete. Permission is required from RAND to reproduce, or reuse in another form, any of its research documents for commercial use. For information on reprint and linking permissions, please visit www.rand.org/pubs/permissions.

The RAND Corporation is a research organization that develops solutions to public policy challenges to help make communities throughout the world safer and more secure, healthier and more prosperous. RAND is nonprofit, nonpartisan, and committed to the public interest.

RAND's publications do not necessarily reflect the opinions of its research clients and sponsors.

Support RAND
Make a tax-deductible charitable contribution at
www.rand.org/giving/contribute

www.rand.org

Preface

Getting To Outcomes[®] (GTO) is a user-oriented ten-step process for comprehensive planning, implementation, and evaluation of programs and community initiatives. It is designed to help organizations run programs well and get desired outcomes. It was developed to bridge the gap between the research evidence of effectiveness, established by program developers, and the often less-effective implementation of the same programs outside a research setting.

The *GTO Operations Guide for U.S. Air Force Community Action Teams* and four companion content area modules (CAMs) are designed for use by U.S. Air Force Community Action Teams (CATs) to aid each installation in developing its 2019–2020 Community Action Plan (CAP) for Integrated Resilience and Violence Prevention, as directed in Air Force Instruction (AFI) 90-5001 (and to aid the development of CAPs in future years). The guide and the CAMs contain tools that will help installations' Community Support Coordinators, Air Force Reserve Command Community Action Team Chairs, Violence Prevention Integrators, Community Action Teams, and the Community Support Program Managers at the major command (MAJCOM) level complete each GTO step. GTO is part of an Air Force initiative to increase the quality and effectiveness of CAPs while enabling each installation to address its unique needs.

This guide provides a great deal of guidance on how to plan, implement, and evaluate various types of programs, policies, practices, and processes—what we call P^4 . The guidance includes where to look for evidence-based P^4 and measures for how to evaluate them. Each GTO step is a separate chapter that addresses a different activity that is key to running any kind of P^4 well. Each chapter has tools that provide guidance on how to make the many decisions needed to plan and evaluate P^4 and then serve as a written record of those decisions that can be reviewed later. This guide is not specific to any content area because the CATs are expected to identify P^4 across many different content areas. However, four CAMs that are companions to this guide focus on the content and example tools for suicide prevention, sleep health promotion, workplace sexual harassment prevention, and stress prevention and reduction.

While there are other GTO guides on many other topic areas (see www.rand.org/gto), this guide is tailored specifically for the Air Force's efforts on integrated resilience and violence prevention. While this GTO guide has been designed for use in the Air Force, the GTO steps and instructions for completing them that are included in this guide could be used by other types of community coalitions and organizations to plan, evaluate, and improve P^4 .

The research reported here was commissioned by the U.S. Air Force Integrated Resilience Office under the Deputy Chief of Staff for Manpower, Personnel and Services, Headquarters U.S. Air Force, and conducted within the Manpower, Personnel, and Training Program of RAND Project AIR FORCE as part of a fiscal year 2019 project, "Getting to Outcomes for Integrated Violence Prevention and Resilience in the Military: Phase Two."

RAND Project AIR FORCE

RAND Project AIR FORCE (PAF), a division of the RAND Corporation, is the U.S. Air Force's federally funded research and development center for studies and analyses. PAF provides the Air Force with independent analyses of policy alternatives affecting the development, employment, combat readiness, and support of current and future air, space, and cyber forces. Research is conducted in four programs: Strategy and Doctrine; Force Modernization and Employment; Manpower, Personnel, and Training; and Resource Management.

Additional information about PAF is available on our website:

www.rand.org/paf/

This report documents work originally shared with the U.S. Air Force during trainings in June and August 2018 in San Antonio, Texas. The draft report, issued in December 2018, was reviewed by formal peer reviewers and U.S. Air Force subject-matter experts.

Contents

Preface	iii
Acknowledgments	vi
Abbreviations.....	vii
Introduction.....	viii
CHAPTER ONE	
GTO Step 1—Problems and Resources Assessment.....	1
CHAPTER TWO	
GTO Step 2—Goals and Desired Outcomes	14
CHAPTER THREE	
GTO Step 3—Best Practices	23
CHAPTER FOUR	
GTO Step 4—Fit.....	34
CHAPTER FIVE	
GTO Step 5—Readiness to Implement P ⁴	42
CHAPTER SIX	
GTO Step 6—P ⁴ and Evaluation Work Plan.....	53
CHAPTER SEVEN	
GTO Step 7—Process Evaluation.....	67
CHAPTER EIGHT	
GTO Step 8—Outcome Evaluation	72
CHAPTER NINE	
GTO Step 9—Continuous Quality Improvement (CQI)	78
CHAPTER TEN	
GTO Step 10—Sustainability	85
APPENDIXES	
A. GTO Glossary of Terms.....	93
B. Checklist for Assembling Your CAP Document	96
C. P ⁴ Evaluation Planning and Example Measures.....	99
D. Bibliography	110

Acknowledgments

This research was sponsored by the Air Force Integrated Resilience Directorate (AF/A1Z). We would like to thank the Integrated Resilience directors during the period of this work, Major General James C. Johnson (retired), for his leadership in adopting Getting To Outcomes for use in the Air Force Community Action Plan process, and Brigadier General Michael E. Martin, who offered his encouragement and support to the project. We would like to acknowledge and are particularly indebted to Andra L. Tharp, PhD, HQE, who, at the time of this work, was the senior advisor for prevention, AF/A1Z, and Major Jordan Simonson, BSC, PhD, who, at the time of this work, directed resilience operations in the Airman and Family Division of the Air Force Personnel Center in San Antonio, Texas, for their support and guidance in developing this guide. We are grateful to the numerous Headquarters Air Force (HAF) A1Z staff who offered their guidance and support to the work and also those in the Resilience Operations office who maintained our communications with the major commands and the installations throughout this project. We also thank the Community Support Program Managers and Violence Prevention Integrators at the major commands. Listening sessions with them, which were held while this guide was being prepared, provided important insights that were incorporated into the guide.

Many individuals contributed to this guide as reviewers of interim and final drafts and coordinated the review process. Their thoughtful comments and suggestions are much appreciated. In particular, we would like to thank Andra Tharp; Daniel F. Perkins, PhD, principal scientist and founder, Clearinghouse for Military Family Readiness at Penn State; and Anita Chandra, PhD, vice president, Social and Economic Well-Being, RAND, for their thoughtful and helpful reviews.

Abbreviations

ADAPT	Alcohol and Drug Abuse Prevention and Treatment program
AF/A1Z	Air Force Integrated Resilience Directorate
AFI	Air Force Instruction
AFPD	Air Force Policy Directive
CAB	Community Action Board
CAM	content area module
CAP	Community Action Plan
CAT	Community Action Team
CDC	Centers for Disease Control and Prevention
CFT	Community Feedback Tool
CQI	continuous quality improvement
CSC	Community Support Coordinator
CSPM	Community Support Program Manager
DEOCS	Defense Equal Opportunity Management Institute Organizational Climate Survey
DoDI	Department of Defense Instruction
DUI	driving under the influence
EBP ⁴	evidence-based P ⁴
FAP	Family Advocacy Program
GTO	Getting To Outcomes®
N/A	not applicable
NIH	National Institutes of Health
P ⁴	program, policy, practice, or process
PAF	RAND Project Air Force
SARC	Sexual Assault Response Coordinator
SMART	specific, measurable, achievable, realistic, time-based
TFF	Total Force Fitness
USAF	U.S. Air Force
VPI	Violence Prevention Integrator

Introduction

Getting To Outcomes® (GTO) is a user-oriented process for comprehensive planning, implementation guidance, and evaluation of *programs, policies, practices, and processes*—what we call *P⁴*. It is designed to help organizations run *P⁴* well and get desired outcomes, just as the guide’s name suggests. GTO is a ten-step process that guides the user through the key tasks needed to make any *P⁴* a success (see Figure I-1). Steps 1–6 of this guide specifically support the development of U.S. Air Force (USAF) Community Action Plans (CAPs) for integrated resilience and violence prevention.

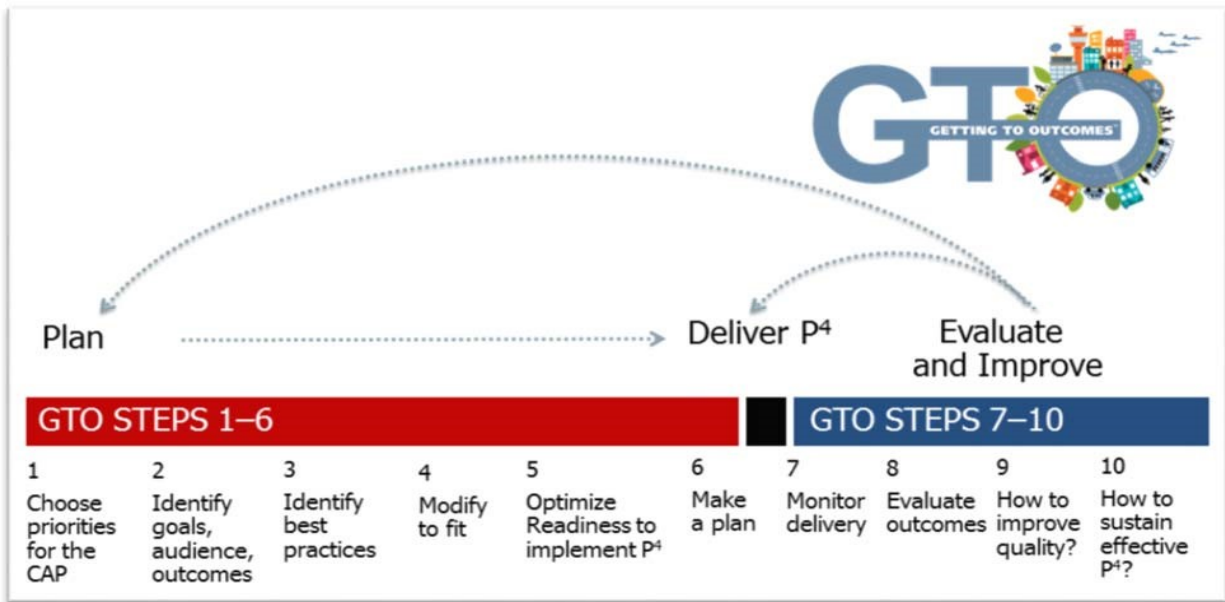


Figure I-1. The Ten GTO Steps

GTO helps users prioritize among problems, select evidence-based or informed *P⁴* that have measurable outcomes, and then implement them with the highest quality possible while monitoring the process and outcomes. Learning the GTO process is a way to more critically assess current efforts and proposed new initiatives to ensure that they are appropriate for the problem being targeted and have the potential to have an impact.

Organizations that use GTO improve their *P⁴* and get better outcomes than organizations that do not use GTO (Chinman, Acosta, et al., 2016; Acosta et al., 2013; Chinman, Hunter, et al., 2008). Using GTO does not mean that other planning and evaluation support tools, such as Six Sigma, Total Quality Management, and Assessment to Solutions, should be discarded. GTO often enhances other planning and evaluation tools. It can easily incorporate and integrate rather than duplicate these efforts.

Why Use Getting To Outcomes?

The Air Force Community Action Board (CAB) is leading a multipronged initiative to enhance and integrate the resilience and violence prevention efforts of all USAF installations. The objectives of the Air Force's initiative to integrate resilience promotion and violence prevention are to focus on key contributing factors and outcomes, to improve coordination and consolidation of resilience and violence prevention P⁴, to build the capacity of implementers to use best practices as their gold standard and account for outcomes, and to better integrate such P⁴ in the community.

To assist installations in that effort, the CAB selected GTO because it is an evidence-based approach for helping organizations improve their planning, implementation, and outcomes by systematically planning and measuring their activities and outcomes to determine whether those activities are making a difference. GTO helps you step through a series of decisions to prioritize among local problems, select evidence-based or evidence-informed P⁴ that have measurable outcomes, and then deliver P⁴ with the highest quality possible. GTO is currently being incorporated into USAF guidance for completing CAPs.

The guide is intended to be used by each installation's Community Support Coordinator (CSC), Violence Prevention Integrator (VPI), Community Action Team (CAT), and the Community Support Program Manager (CSPM) or other representative at the major command (MAJCOM) level. By completing GTO, each installation will not only be developing a strong 2019–2020 CAP (and CAPs in future years) but will also be complying with Air Force guidance.

How to Use the GTO Guide to Complete Your CAP

Although GTO has ten steps, it is the first six steps that will be used by each CAT to create its CAP. Learning the GTO steps and completing the tools in this guide will help each installation develop its CAP.

1. First, the CAT will use the guide to help it identify and select the priority challenges that its CAP will address (GTO Step 1).
2. Next, the CAT will set a vision, goals, and specific desired outcomes it intends to reach through its CAP (GTO Step 2).
3. The guide then helps the CAT to select potential P⁴ with evidence of effectiveness that can be used to address the priority challenges in its plan and meet the specific desired outcomes (GTO Step 3).
4. The CAT can then consider a variety of GTO prompts to assess the fit of the potential P⁴ with its target population(s), community, and the mission of its installation (GTO Step 4).
5. Before selecting one or more specific P⁴, the CAT can use the GTO tools to address questions of readiness and capacity to carry out each of the potential P⁴ it is considering (GTO Step 5).
6. With difficult choices made, the CAT should have one or two specific P⁴ addressing local needs that it intends to implement and can use the work plan and evaluation plan tools to lay out the details for the implementation of each P⁴ to be included in its CAP (GTO Step 6).

Each installation will also complete GTO tools to determine which components to use and how to plan for the annual sexual assault prevention and response and suicide prevention annual training. Overall, it is recommended that the CAP have no more than three P⁴—one

addressing annual training requirements and one or two addressing local needs. Taking on more than three P⁴ could be done but might be overly challenging.

The guide does not go into depth about how to apply GTO to a particular P⁴ or substantive content area. Four content area modules (CAMs) that can be used with this guide (available in the Related Products section at www.rand.org/t/TL311) provide detailed examples of completed GTO tools in four domains: suicide prevention, sexual harassment prevention, sleep health promotion, and workplace stress prevention and reduction. Installations choosing a P⁴ in any of those domains can consult the CAM for that domain to help them complete each GTO step. Each CAM contains examples of completed tools for each step.

Although you will need to complete the GTO steps 1–6 tools to develop your CAP, each installation's finalized CAP document itself will only include the following documents (see Figure I-2):

- a Community Action Plan Face Sheet (see Appendix B)
- the completed CAP Overview Tool, which is a logic model showing your entire plan (see GTO Step 2)
- a set of the following tools for **each** P⁴ you include in your CAP:
 - P⁴ Work Plan Tool (see GTO Step 6)
 - P⁴ Budget Tool (see GTO Step 6)
 - P⁴ Process Evaluation Planner Tool (see GTO Step 6)
 - P⁴ Outcome Evaluation Planner Tool (see GTO Step 6).

All of the GTO tools are available in electronic form. They are included in a Word document, in fillable format, that is located with the guide at www.rand.org/t/TL311. We recommend that you use the fillable form tools to create your drafts and final documents, which can then be used to easily assemble your CAP.

NOTE: One of your P⁴ in the CAP will be the annual training requirement, and the same documents apply to it.

The other tools included in GTO steps 1–6 will be critical to complete as part of planning your CAP, but they will not need to be included in the final CAP document. GTO steps 7–10 will be useful to you after you have your P⁴ and its evaluation underway.

Note About GTO Tools and P⁴

Often, *programs* are implemented to prevent, or respond to, issues facing Airmen on installations. However, policies, practices, and processes are also viable options for your CAP P⁴. All the tools in this guide were set up to handle programs (because they often require the most detail), but GTO can also accommodate policies, practices, and processes. The guide explains how the tools and steps can be used for policies, practices, and processes.

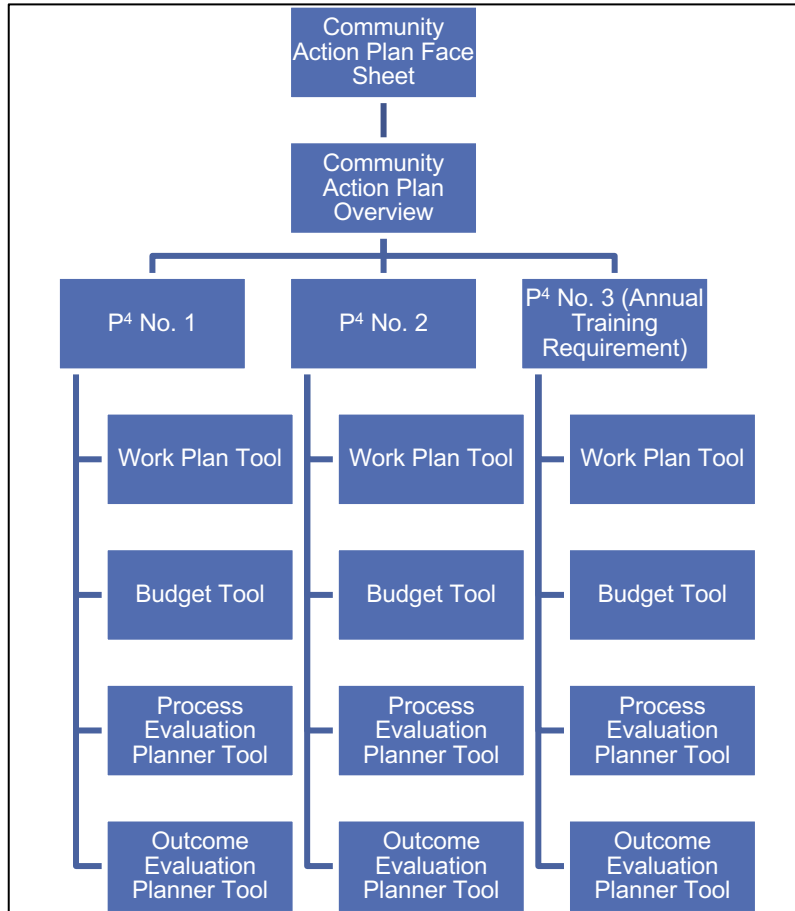





Figure I-2. Community Action Plan Components

Organization of the GTO Guide

This guide contains a chapter for each of the ten GTO steps. Each chapter contains

- ✓ an overview of the GTO step—what it is, why it is important, and how to do it
- ✓ an introduction to each tool, , contained within the step and an explanation of why using it is important
- ✓ instructions for completing each tool within the step. See companion CAMs in the Related Products section at www.rand.org/t/TL311 for examples of completed tools in their respective content areas.
- ✓ blank tools for you to complete in each chapter. Electronic fillable versions of all the tools are also available for download at www.rand.org/t/TL311.
- ✓ tips  and other resources for use in completing specific steps
- ✓ a summary checklist  for doing each step and a summary of next steps.

The GTO guide also includes a series of appendixes and a glossary (in Appendix A).

Four companion CAMs for suicide prevention, sexual harassment prevention, sleep health promotion, and workplace stress prevention and reduction accompany the guide (available in the Related Products section at www.rand.org/t/TL311). If you choose a P⁴ related to one of the CAM areas, you can refer to the relevant CAM for detailed examples of risk and protective factors, potential P⁴, process and outcome measures, and completed GTO tools as you complete each GTO step.

Tips for Using the GTO Guide in the Air Force CAP Process

- **Roles of different Air Force personnel in the GTO process: Completing the tools will be the job of the CAT, facilitated by the installation CSC or CAT Chair.** It will be important for the CAT to work together to go through the GTO process. Each member of the team will likely have different knowledge and experience that, when brought together, will enrich the final CAP. Air Force Instruction (AFI) 90-5001, January 2019, provides additional guidance on the role of the CAT. The following role descriptions are applicable to active-duty installations; roles may vary for the Air National Guard and the Air Force Reserve Command.
 - The **CSC** will be the point person for completing the CAP. They will oversee the identification and tool completion for resilience-related priorities, compile installation demographics and other data, lead discussions about the Community Feedback Tool with the CAT and CAB, and complete the CAP Face Sheet (see Appendix B).
 - The **VPI** will lead the identification and tool completion for any violence prevention priorities and for the integrated sexual assault and suicide prevention annual training and will compile data related to violence for the CAT.
 - In regular meetings, **CAT members** will collaborate with CSCs and VPIs in planning and executing activities related to their respective areas of expertise. This includes suggesting P⁴ to the whole CAT and ensuring that all prevention and resilience P⁴ are aligned within the CAP.
- Completing these tools takes time, thought, and consideration. The CAT should meet once or twice monthly while working on the GTO tools for its CAP because coordination and collaboration are critical for optimal results. As the plan nears finalization and after implementation begins, the frequency of meetings could be reduced. The individuals with the role of facilitator (CSC and VPI, described above) should plan to allocate a few hours per GTO step in preparation for and follow up to CAT or other CAP workgroup meetings. More time may be required for the initial steps than for the subsequent steps, depending on the level of practice of GTO and research experience of the staff involved. When time and attention are put into completing these tools, they will help improve the quality of your CAP and, ultimately, your P⁴.
- The GTO steps and corresponding tools outlined in this guide are designed to be completed sequentially. The first six GTO steps will form the basis of each installation's CAP.
- Leadership buy-in is critical to the success of any program. Therefore, we recommend that the GTO work be completed in collaboration with the local CAB and installation leadership that will ultimately sign off on the installation's CAP. Two places, in particular, would be good to involve the CAB—after completing the Community Action Plan Overview Tool in Step 2 and after completing all the planning tools in Step 6. This will allow the CAB to provide feedback and input into the GTO process and, ultimately, the

CAP. In Steps 2 and 6, there will be suggestions on how to connect with your CAB, indicated by this icon:



- GTO Steps 1–6 should be completed *before* implementing any of your CAP P⁴. Set aside a regular time for your CAT and CAB to address the steps leading up to implementation, during implementation, and immediately following implementation. If you are already doing a P⁴ that you want to keep, such as a bystander workshop, you can also use the same process of working through the steps to build a solid plan for evaluation, continuation, or expansion.



Chapter One

GTO Step 1—Problems and Resources Assessment

What is GTO Step 1?

To create a fully informed Community Action Plan (CAP) at your installation, it is essential to know what the problems that need to be addressed are and the resources that are available. This is the process of gathering information about the characteristics (for example, workplace harassment) of a community or a target population that lead to incidence of violence or fail to promote resilience and other protective factors. These help identify the problems to be addressed. A *resources assessment* is the process of gathering information about the resources, such as existing P⁴ and their evidence base, that are available to address a particular problem. When problems persist in the face of an existing P⁴, or resource, this Getting To Outcomes (GTO) step asks you to consider how well the P⁴ is working.

WHAT DOES GTO STEP 1 DO?

This step helps you identify and document the problems of Airmen at your installation and existing resources to address them.

Note: A key data source for USAF installations is the installation-level report from the Air Force Community Feedback Tool (CFT). That report identifies problems and then needs that result from problems. *Problems* in the CFT report refers to difficulties in living in nine categories, including personal well-being. *Needs* in the CFT report actually refers to a type of service an Airman could obtain that addresses a specific problem. For example, the problem of depression due to the loss of a loved one could create the need for grief counseling. **However, in GTO, need refers to problems or risk factors that programming or services can address.**

Why is GTO Step 1 important?

A problems and resources assessment of your community and target populations can help you identify the most prevalent problems, gaps, or behaviors; the risk and protective factors that affect those behaviors; and what resources are available to assist your efforts.

Airmen often experience intense stress caused by many ongoing challenges, including uncertainty about deployments, combat experiences, difficult living conditions, separation from friends and family members, frequent relocations, and long work hours. In the absence of resilience, stress can exact a heavy toll on Airmen and their units in the form of physical injury,

mental illness (depression, anxiety, post-traumatic stress disorder), substance abuse, family problems, and suicide. To build resilience and combat stressors, the U.S. Department of Defense (DoD) developed the concept of Total Force Fitness (TFF), in which all service members and their families are “healthy, ready, and resilient; capable of meeting challenges and surviving threats” (Mullen, 2010, p. 1). Key to TFF is *resilience*, defined by the Air Force as “the ability to withstand, recover and/or grow in the face of stressors and changing demands.” Within the Air Force, the resilience initiative, Comprehensive Airman Fitness (AFI 90-506, 2014), was launched to build skills to improve performance and Airmen’s ability to manage and overcome stress. The Air Force’s focus on promoting resilience therefore lends itself to a prevention approach, rather than just responding to poor outcomes after they occur. In addition to the above challenges, Airmen can also face sexual harassment and sexual assault. The Air Force is committed to preventing interpersonal and self-directed violence, which also erode trust and reduce performance of units.

But understanding and knowing how to tackle these big challenges isn’t easy, especially with limited capacity and the fast pace of operations that exist at all levels of the enterprise. Moreover, even effective P⁴ can fail without adequate resources, and numerous, disconnected, uncoordinated P⁴ are inefficient and can erode commitment to resilience and violence prevention.

A place to start assessing local problems is to consider the table of risk, protective, and resilience-promoting factors below that summarizes the research on which factors have been shown to contribute to greater risk, protection, and/or resilience promotion at different levels of impact. Broad and complex issues, such as poverty and economic conditions and societal norms and resources, influence communities, relationships, and individuals. People who have been victims of or who have witnessed violence are more likely to be victims of violence in the future. Table 1-1 summarizes research on which factors, at the community, relationship, and individual levels, are associated with greater risk, protection, or resilience. Some cells provide an additional word that specifies the nature of the relationship between a factor and greater risk, protection, or resilience. For example, in the first row, research shows that *fragmented* resources lead to greater risk, while *coordinated* resources provide protection, and *integrated* resources promote resilience.

Some of these factors can be the very knowledge, skills, and behaviors that resilience and prevention P⁴ aim to change. As these improve, the underlying risk factors diminish, and protective and resilience factors increase. Some factors, such as social support or parent-child relationships, function as risk factors when they are weak or unhealthy and function as protective factors when they are strong or healthy.

Table 1-1. Risk and protective factors for violence prevention and resilience promotion

Level of Impact	Factor	Increases Risk?	Provides Protection?	Promotes Resilience?
Community wide	Diversity of resources and services among community agencies	X Fragmented	X Coordinated	X Integrated
	Access to health, mental health, and substance abuse services		X	X
	Neighborhood support and cohesion		X	X
	Access to religious and spiritual organizations			X
	Access to recreational facilities			X
Interpersonal relationships	Social support	X Weak	X Strong	
	Parent-child relationships	X Unhealthy	X Healthy	
	Family conflict	X		
	Family support or connectedness		X	X
	School connectedness		X	X
	Connection to a caring adult		X	
	Peer group relationships	X Delinquent	X Prosocial	X Prosocial
Individuals	Psychological health	X Unhealthy	X Healthy	X Healthy
	Substance abuse	X		
	Educational achievement	X Low	X High	
	Problem-solving skills	X Lack	X	X
	Emotional and behavioral regulation	X Impulsive	X Controlled	X Controlled
	Social skills		X	X
	Persistence			X
	Resourcefulness			X
	Assertiveness			X
	Personality traits (for example, humor)			X

SOURCE: Wilkins et al., 2014. This table is also included in Appendix D.

Knowing the current level or rate of problems will help with prioritizing and setting realistic goals and desired outcomes. Tip 1-1 suggests data sources with information about levels of local and Air Force-wide problems.



Tip 1-1. Links to existing data sources to help you identify problems in your community

Installation-level sources:

1. The **Community Feedback Tool (CFT)** is a report on the results of a biannual community needs assessment conducted by RAND across all Air Force installations. Your installation's most recent survey report was provided to your major command's (MAJCOM's) CSPM and VPI in May 2018. A summary of the report was provided to installations by the Clearinghouse for Military Family Readiness at Penn State.
2. **Family Advocacy Programs (FAPs)** collect and report information quarterly about alleged and substantiated child and partner maltreatment in your community. Connect with your local FAP for community information, or view aggregated reports at www.militaryonesource.mil/reports-and-surveys.
3. The **Defense Equal Opportunity Management Institute Organizational Climate Survey (DEOCS)** provides periodic installation surveys and reports on organizational effectiveness, equal opportunity and fair treatment, and sexual assault prevention and response. You can view sample surveys and reports, request new assessments, and get help interpreting reports and creating and executing an action plan at www.deocs.net.
4. The **Airman and Family Readiness Center (A&FRC)** provides quarterly trends data on support services offered to Airmen and their family members (financial, transition, relocation, etc.). Information about concerns identified through leadership consultations, unit networking, and community partnerships is provided on an as-needed basis.
5. The **Chaplain Corps** provides quarterly data on the top five counseling trends from the Air Force Chaplain Corps Activity Reporting System (AFCCARS); aggregate quarterly data on suicide ideation, sexual harassment and assault, bullying (all types), and domestic violence (all types and financial problems); and additional data upon request.
6. The **Drug Demand Reduction Program (DDRP)** provides raw numbers on active-duty and civilian drug test results by fiscal year and information on illicit drug use trends and concerns on an as-needed basis.
7. **Legal (Judge Advocate)** provides aggregate quarterly data on the number and types of legal assistance visits (such as child custody and domestic relations) and aggregate military justice data, such as the number of Article 15s, court martials, and other relevant installation data and trends.
8. The **Director of Psychological Health or Suicide Prevention Program Manager (SPPM)** can provide quarterly aggregate data on suicides and suicide-related data trends, risk factors, and known warning signs; the number of psychiatric inpatient hospitalizations; and the number of high-interest patients being treated within the Mental Health Flight.
9. The **Sexual Assault Response Coordinator (SARC)** provides quarterly aggregate data on sexual assault trends, demographics, risk factors, and unrestricted and restricted report referrals. Reports on the top five trends are provided semiannually.

10. The **Alcohol and Drug Abuse Prevention and Treatment (ADAPT)** program gathers local data on driving under the influence (DUI) and other substance abuse–related arrests and incidents. Connect with your local ADAPT program for information about your installation.
11. **Suicide data** to which VPIs have access are posted monthly on the Interpersonal and Self-Directed Violence (ISDV) Sharepoint site by A1Z.
12. **CAT and CAB meeting minutes** are another source of information on the issues and experiences of your installation community.

Air Force–wide sources:

You may want to compare your installation’s risk or protective factors to Air Force averages to set goals for improvement, or you might consider looking at factors that generally need improvement across the Air Force. The following data sources provide averages on a variety of risk and protective factors across the Air Force.

1. The **Department of Defense Annual Report on Military Family Readiness** summarizes information from evaluations of military family readiness programs and policies, including youth programs; Spouse Education and Career Opportunities (SECO); nonmedical counseling; and Morale, Welfare and Recreation (MWR). www.militaryonesource.mil/reports-and-surveys
2. The **Blue Star Families Military Family Lifestyle Survey** is the largest and most comprehensive survey of active-duty service members, veterans, and their families. Annual surveys and reports cover the experiences and challenges encountered by military families, including the impact of deployment on children and families, military family quality of life, and service member and veteran suicide rates. www.bluestarfam.org
3. The annual **Department of Defense Suicide Event Report (DoDSER)** provides information on suicide rates and attempts in all of the services, as well as descriptive information regarding means and demographic characteristics. www.dspo.mil
4. **DoD Quarterly Suicide Reports** are the most accurate and up-to-date information on the number of service and component suicide deaths. www.dspo.mil

How do I carry out GTO Step 1?

Complete this step by (1) gathering information on the problems¹ in your community, (2) identifying existing resources that address these problems, (3) prioritizing problems to select those you can address, and (4) specifying the target population for your efforts.

GTO Step 1 contains three tools that will help you carry out a problems and resources assessment:

- ✓ The **Data Catalog Tool** helps you determine which data sources you plan to use, whether you will use existing data or collect new data, and who will be responsible for collecting the data.
- ✓ The **Community Resource Assessment Tool** helps you identify resources in your community that may help address the problems. You will save time and money and

¹ A lack of resilience and other protective factors would fall into the GTO definition of problems.

avoid duplicating efforts when you determine what is already working and where you can best contribute.

- ✓ The **Triaging Among Problems Tool** helps you identify the priority conditions or behaviors and risk and protective factors that your P⁴ should be designed to target.

For examples of completed tools, refer to any of the companion CAMs available in the Related Products section at www.rand.org/t/TL311.

At this step, each CAT member could reach out to their organization to see whether there are ideas about what data to use or pursue. Also, once your CSC and VPI have gathered data and completed the Data Catalog and Community Resource Assessment tools, it will be particularly useful to coordinate and collaborate on completing the Triaging Among Problems Tool as a team. Decisions made in completing this tool lay the foundation for the rest of the CAP.

Note about other P⁴, such as practices and policies, for Step 1: As part of your problems and resources assessment, you may want to include the impact of certain practices and policies in place at your installation. For example, are there operational policies for crew shifts that make it more difficult for Airmen to consistently get the right amount of sleep? Consider whether talking to Airmen and some squadron commanders could shed light on the impact of such policies.

Instructions for completing the Data Catalog Tool

1. Make as many copies of the tool as necessary for you and your fellow CAT members to complete this tool. The tool can be completed individually or as a group with one person as the recorder.
2. Begin by listing all the community risk factors or protective and resilience problems you intend to tackle and need more information about. Remember, one problem you list could be the influence of a policy that may be degrading Airmen resilience (perhaps inadvertently).
3. For each problem listed, specify the source—for example, your CFT—from which you will obtain the data about the extent of the problem or level of current protection.
4. Note whether the data exist or whether you must collect new data yourself. Perhaps you will want to supplement information from your CFT or other source with new data from a particular segment of the community. The point is to gather sufficient data to understand the problems of your community, inform goal-setting, and point you toward potential P⁴ to consider using.
5. While the data sources listed in Tip 1-1 provide useful information, another data source can simply be talking to Airmen at the installation. For example, running a focus group of Airmen or Airmen spouses could provide details and context to the hard numbers. More information about how to run a focus group is located in Tip C-1 (in Appendix C) on process evaluation methods.
6. Specify the person responsible for collecting or assembling the data and a due date for acquiring the information.



Data Catalog Tool

Completed by: _____ Date: _____

Risk Factors or Problem Areas and other gaps, e.g. resilience factors to be increased	Sources of Data	Existing or New Data	Person Responsible/ Date Due
1.			
2.			
3.			
4.			
5.			
6.			

NOTE: See Tip 1-1 for sources of data and Tip 1-2 for guidance on analyzing the data once you have them assembled.

Instructions for completing the Community Resources Assessment Tool

1. Make as many copies of the tool as necessary for you and your fellow CAT members to complete this tool. Make additional copies when you are documenting more than four resources. The tool can be completed individually or as a group with one person as the recorder.
2. Identify existing P⁴ or other local community resources that do or could help address the problems or gaps that you identified in the Data Catalog Tool. These do not have to be programs. For example, perhaps a local practice was to not allow any alcohol consumption for Airmen who were at the installation for 30 days or less. That could be considered a resource, and considering its strengths and limitations in the Resource Assessment Tool could be helpful in planning to address substance use at the installation.
3. Note the location or address of the resource or where it is delivered and whether it is located on your installation or in the neighboring community.
4. Specify the target populations served by each resource. Note that the answers to these questions may require informal surveys or interviews with providers of the resources you identified.
5. Enter the resource availability, including frequency or hours of operation, if applicable; waiting times; and eligibility for services.
6. Describe who uses the resource now.
7. Collect any information you can find on the outcomes the resource is producing. If there is no evidence of effectiveness, consider leaving it out of further consideration as a resource.
8. If the resource is having positive outcomes, try to identify what characteristics are driving those positive outcomes (e.g., free or low-cost services, convenient hours to access services) so that you can include them if you select this resource.



Community Resources Assessment Tool

Completed by: _____ Date: _____

	Resource 1	Resource 2	Resource 3	Resource 4
Name of resource and its services/ activities				
Location (Installation or Community)				
Target population served				
Hours of operation				
Who uses it?				
Community risk factors addressed				
Protective and resilience factors being promoted				
Any outcomes/evidence of effectiveness produced by the resource?				
What's working?				

Instructions for completing the Triaging Among Problems Tool

This tool will help you select priorities among various problems that exist at your installation—the risk and protective factors and behaviors that are not being addressed elsewhere and that can be reasonably measured and addressed.

The problems and resources data will inform this process. Begin by brainstorming the list of problems (important risk and protective factors, gaps, or conditions) from your Data Catalog Tool that call for change, and then reduce the list as described below.

1. Make as many copies of this tool as necessary for you and other CAT members or anyone else who will collaborate in completing this task.
2. Decide how you will involve others at your installation in the filtering process. For example:
 - Distribute copies to your fellow CAT members and have them fill the tool out on their own. Collect the completed copies and have someone collate the answers for each item. You and the group should then meet to discuss the results and decide on the key priorities to be addressed.
 - Assemble the group for a meeting to discuss and develop the priorities by completing the tool together.
3. The left column, Triaging Process Questions, provides prompts on how to carry out the filtering or triaging.
4. Start by identifying the most important problems (risk factors like those listed in Table 1-1, behaviors, gaps, or conditions) that need to change, according to your analysis of the problem data. To guide your data analysis, review Tip 1-2. When you describe your problem, be as specific as you can—use statistics or quote what Airmen have stated.
5. List the important problems you identified across row 1.
6. Examine the resulting list, and cross out any problems that already are being addressed effectively in P⁴ at your community (row 3).
7. Cross out any problems that you lack the capacity and resources (time and budget) to confront (rows 2 and 4).
8. Now, cross out any other problems that are immutable or outside the scope of the CAT, such as low pay or whose changes you cannot measure (row 5).
9. Strike through any risk factors or other behaviors that your installation simply chooses not to make a priority to address at this time (row 6).
10. List any areas your installation must address to comply with CAB or MAJCOM priorities (row 7).
11. Copy those remaining after this sorting process and the mandated priorities into the space at row 8. These are your priority needs.
12. Specify the target population for P⁴ to address each remaining problem in row 8. Will it be all Airmen at the installation or a targeted group, such as leadership, spouses, or youth? Note about how many people you will target and what characteristics define the group.



Tip 1-2. Considerations when analyzing installation problems

- *How do your top three problem areas from your CFT compare with other local data? Do they agree or disagree?* Agreement might suggest a priority area to address. For example, a recent Dynamic Report may show that Airmen are not getting enough sleep, which corresponds to lack of sleep being mentioned as a top problem in the CFT. This convergence could be a strong signal that sleep is a significant problem.
- *Are there different local risk, protective, or resilience factors relevant to integrated resilience and violence prevention in your community than those mentioned in your CFT data? What are they, and what information points to them?* For example, while the CFT may not show that substance abuse is a big problem (likely because Airmen might be hesitant to report it on a survey), other local data might show high levels of alcohol abuse, DUI arrests that surged in the past year or two, the lack of intensive outpatient treatment for alcohol abuse, and the drinking culture on your base. Given the preponderance of other data, substance abuse may be a priority even though it does not show up on the CFT.
- *What trends in your local data are disturbing or encouraging?* Problems that persist or get worse could warrant attention in the CAP.



Triaging Among Problems Tool

Completed by: _____ **Date:** _____

Triaging Process Questions	Problems to be addressed:			
	(1)	(2)	(3)	(4)
1. List problems to be addressed.				
2. List capacities needed to address the problem				
3. Is this problem currently being addressed elsewhere (at the installation or neighboring community)?				
4. Is this a problem that we lack the resources (time and budget) to confront?				
5. Is this a problem that we cannot change or whose change we cannot measure?				
6. Is this a problem that we choose not to address at this time?				
7. Is this a problem that our installation must address to comply with AF CAB or MAJCOM priorities?				
8. Highlight the remaining problems with associated capacities and the mandated priorities. These are your priority problems.				
9. Specify your target population, including their characteristics and the approximate number for which you have resources, e.g. all Airmen or a more targeted group?				



Checklist Completion of Step 1

When you finish working on this step, you should have:

- Completed the three Step 1 tools
- Reviewed available data sources
- Conducted problems and resources assessments
- Reviewed the findings of the assessments
- Selected priority problems which emerged from your assessments

Before moving on to Step 2

Now you'll move on to using the information you've gathered and the priorities you've identified to develop specific goals and desired outcomes. The priorities from Step 1, and the goals and desired outcomes you develop in Step 2, form the basis for selecting the P⁴ you could implement at your installation and the outcomes you eventually plan to measure. Before you move on, double-check that you are addressing installation, MAJCOM, and CAB priority problems.

NOTE: It is okay if at this step you have realized that tackling the problems you had in mind is not your installation's first priority or would be redundant with other ongoing efforts. You can continue to use this guide and the GTO ten-step approach to address any alternative problems that emerged as more pressing during your problems and resources assessment.

Chapter Two

GTO Step 2—Goals and Desired Outcomes

What is GTO Step 2?

In Step 1, you selected the top priorities among multiple problems that you intend to address, and you identified target populations at your installation affected by these priority problems. In Step 2, you will specify your vision and broad goals for your overall CAP and specific changes, called *desired outcomes*, that you want to achieve for the target populations through each of your specific P⁴.

A *goal* for a CAP is a broad statement that represents the overall impact you would like to achieve through the combination of your P⁴, such as reducing suicide risk among young Airmen. However, having only a general goal by itself does not enable you to gauge progress from the specific P⁴ you decide to use. You need to develop desired outcomes for your goals. A *desired outcome* is a way to make goals more specific—for example, a reduction of a specified percentage within a defined time frame. You can then find P⁴ that achieve the desired outcome and work toward your goals.

NOTE: A desired outcome may need to be adjusted later based on what the best P⁴ you can find has achieved in the past, such as at another installation or after a rigorous evaluation. But the specifics of a desired outcome should set you up to monitor how your P⁴ is doing.

You might intend to target certain risk or protective factors related to resilience and violence prevention (see Step 1 and Appendix C). These factors can be attitudes, skills, or actual behaviors in your target population. There are often evidence-based or evidence-informed P⁴ available to address these factors, and you will want a desired outcome to specify how much you think these factors can change as a result of the P⁴ you introduce or are already using.

Desired outcomes are tied to specific P⁴ you decide to include in your CAP, and *goals* are what you want the overall CAP to achieve. All the desired outcomes should add up to progress toward the CAP goal(s).

Another key part of GTO Step 2 is creating a logic model outlining the key components of your overall CAP. A *logic model*

- is a visual map of the route from problems and needs to goals and desired outcomes to P⁴ activities to actual P⁴ outcomes to reduction in the problems and needs
- is a flow chart of building blocks that allows you to clarify assumptions about how each step builds on the preceding step until the desired outcome is reached

WHAT DOES GTO STEP 2 DO?

This step prompts you to develop a goal, specific desired outcomes, relevant P⁴ to reach the goal, and a logic model that displays all these elements for your CAP as a whole.

- allows you to easily see whether there are any gaps in the logic of your CAP. For example, say that the results of your needs assessment show that Airmen at your installation are stressed by their personal finances and that the CAP includes P⁴ aimed at reducing stress. While that might help, there could be a gap if the CAP does not have some kind of P⁴ that builds Airmen’s skills in managing personal finances.

Why is GTO Step 2 important?

Step 2 is important because articulating a vision for your CAP and setting broad goals and specific desired outcomes ensures that

- everyone involved “is on the same page” with what you are trying to accomplish
- you have benchmarks so you know when your P⁴ is working as planned
- you are collecting the right evaluation data to assess progress.

Step 2 is also important because having a logic model for your whole CAP

- shows the relationships between problems and needs, goals and desired outcomes, P⁴ activities, and results (outcomes)
- helps you tell a compelling story (“create a value case”) of how your various P⁴ are addressing a problem stakeholders care about
- visually represents a road map for GTO steps.

How do I carry out GTO Step 2?

Start with the results of your problems and resources assessment from GTO Step 1. From there, write at least one goal that could impact the problems identified. Using the SMART Desired Outcomes Tool, create desired outcome statements for each goal that specify what you want to change, who you want to change, how much change you expect, and when the change will occur. For examples of completed tools, refer to any of the companion CAMs available in the Related Products section at www.rand.org/t/TL311.

Then, move on to the Community Action Plan Overview Tool. This tool pulls information from other parts of the GTO process into one page to make it easy to see what is in the CAP and how each part is related. For example, the first column pulls from GTO Step 1. The second and third columns pull from the SMART Desired Outcomes Tool—that is, how goals and desired outcomes address the problems identified. Thus, across each row, the tool ensures that there is a link between the problem or risk and the goals and desired outcomes.

The remaining columns will not be completed until you go through the later GTO steps. For example, the fourth column asks about which specific P⁴ you will use to help achieve the desired outcomes. You will start to identify P⁴ in GTO Step 3, narrow down your choices in GTO Steps 4 and 5, and then finalize your decision in GTO Step 6. When you do decide, make sure that the P⁴ activity you name in this tool is of significant scope that it truly captures the essence of the P⁴ and is not too small. For example, you will likely name whole P⁴ (such as bystander training) but not small pieces of a P⁴ (such as recruiting participants). You could also specify a policy change as your P⁴. If you have a P⁴ in mind, make sure that you understand the installation risks and problems it targets and the outcomes it has achieved. Finally, the fifth, sixth, and last columns ask you to specify how you will evaluate whether all your P⁴ lead to any change in the goals you set out to address. You will make those decisions in GTO Step 6.



Connecting with your CAB

At this GTO step, there are a few points at which it will be important to get input and feedback from your CAB. First, the Community Action Plan Overview Tool has a spot for your **vision**. A *vision* could be defined as a belief about what the future should look like in terms of violence prevention and a resilient community. It can be useful to begin by developing a vision statement to help your installation know where it wants to go. This is very important for developing a CAP because the vision is the reason behind why the plan is being executed. For example, if your installation has many Airmen with a substance abuse problem, why is that important? It is important because the installation has a vision that Airmen will be unimpaired and thus more resilient and ready to support their units' missions. As a result, the installation's CAP will include P⁴ to decrease substance misuse. The vision should create a picture of what your installation will look like once the various P⁴ are complete. Building a shared vision helps to ensure that all participants in the CAP development share the same picture.

Constructing a vision statement should include opinions from a diverse group of individuals and should be done before developing goals and desired outcomes. Using your CAB and CAT could be an ideal way to gather diverse opinions. Here are some ideas to ensure that the vision process proceeds efficiently.

- Establish a timeline for when the vision should be complete.
- Determine the best ways to obtain personal visions from CAB and CAT members (e.g., discussion sessions, forums, surveys).
- Keep the vision statement short.
- Draft an initial vision statement to be circulated to the CAB and CAT.
- Make changes based on input, share again with the CAB and CAT, and obtain senior command approval.
- Finalize the vision statement and share it with the entire installation community.
- Revisit the vision statement regularly, especially as needs and conditions change.

Once completed, write a vision into the Community Action Plan Overview Tool.

A second point at which to involve the CAB could be after you have a draft of the Community Action Plan Overview Tool.

Instructions for completing the SMART Desired Outcomes Tool

SMART stands for specific, measurable, achievable, realistic, and time based (see Tip 2-1). SMART desired outcomes are statements that present the specific changes, in concrete terms that can be measured, that you would like to see as a result of the P⁴ outlined in your CAP. The SMART acronym will help ensure that your desired outcome statements are strong.

1. Make as many copies of this tool as necessary for you and your CAT. Add more copies of the tool if you want to create more goals and desired outcomes than can fit on one page. The tool can be completed individually or as a group with one person as the recorder.
2. Enter the first goal and desired outcome in the first column.

3. Create a full desired outcomes statement in the SMART Desired Outcome Statement column, ensuring that each letter in the SMART acronym is addressed and relates to the desired outcome you listed.
4. Once your statement has been written, check it by using the SMART Checklist box. Use this space to write each piece of the desired outcome statement that corresponds to each letter in the SMART acronym. See GTO Step 6, Appendix C, and the CAMs you received for ideas on possible measures and on how you might gather data to assess your desired outcomes.
5. It is possible that you will want to have more than one desired outcome for a goal. In that case, simply repeat the goal and follow the same procedures outlined in items 2–4.
6. Remember, because different P⁴ can yield different amounts of change, you might need to revise the desired outcomes after you determine which P⁴ you will be implementing.



Tip 2-1. Ensuring that your desired outcomes are SMART

Specific

- The desired outcomes should identify concrete changes that will take place.
- Answers the question "Does the desired outcomes statement clearly specify **what** will change?"
- Example: Spouses and partners are able to identify warning signs of suicide.

Measurable

- The desired outcomes should specify the amount of change.
- Answers the question "Does the desired outcomes statement state **how much** change is expected?"
- Example: Fifteen percent of spouses and partners will be trained in the first calendar year and will improve their ability to identify suicide warning signs.

Achievable

- The desired outcomes should be possible, given the problems and goals identified. Once you select a P⁴, you may need to adjust the desired outcomes based on what the P⁴ you've selected has achieved in the past.
- Answers the question "Is the desired outcome **possible** in terms of what the P⁴ is attempting to do or is known to accomplish?"
- Example: The P⁴ under consideration has been shown to achieve the desired level of change.

Realistic

- The desired outcomes should make logical sense (from a content perspective), given the problem(s) they are addressing and the P⁴ you are planning.
- Answers the question "Is the desired outcome **logically related** to the problem(s) identified and the P⁴ selected?"
- Example: It is realistic to expect that a lack of knowledge and skills at intervening could be changed using a gatekeeper skill-building P⁴ for suicide risk identification. It would be unrealistic to expect that a gatekeeper skill-building P⁴ would cause an improvement in the quality of mental health services available.

Time Based

- The desired outcomes should specify the time by which the outcome will be achieved.

- Answers the question "Does the desired outcome statement specify **when** desired results will be achieved?"
- Example: The skills of the gatekeepers trained will improve by the time the P⁴ concludes.

EXAMPLE DESIRED OUTCOME: Increase the number of Airmen spouses who know how to identify suicide warning signs by 15 percent in the first calendar year, with outcomes assessed at baseline and after training.



SMART Desired Outcomes Tool

Completed by: _____ Date: _____

	Goal:	SMART Desired Outcome Statement
	SMART Checklist	
Specific		
Measurable		
Achievable		
Realistic		
Time-based		
	Goal:	SMART Desired Outcome Statement
	SMART Checklist	
Specific		
Measurable		
Achievable		
Realistic		
Time-based		
	Goal:	SMART Desired Outcome Statement
	SMART Checklist	
Specific		
Measurable		
Achievable		
Realistic		
Time-based		

Instructions for completing the Community Action Plan Overview Tool (to be included in the CAP document)

1. Make as many copies of this tool as necessary for you and your CAT. You may want to develop rough drafts as you work and then transfer the final details to a clean copy. *Plan to work on this tool as you progress through the steps, not all at once.* The column headings specify which steps are linked to each column.
2. Have copies of your completed Step 1 tools available for everyone working on the Community Action Plan Overview Tool.
3. If you are considering a program (instead of, say, a policy), have on hand information about its goals, curricula, or procedures and existing reports on evaluations.
4. Write in your agreed-upon vision near the top of the tool.
5. Moving down each column from left to right, first identify the problems that you intend to tackle based on your triage work in Step 1.
6. Next, in the second column, take the goal(s) you wrote in your SMART Desired Outcomes tool, and reprint it or them here. At this level, you are thinking about what your CAP as a whole will achieve through the combined efforts of the P⁴ you decide to implement. It is possible, but not necessary, that you may have more than one goal per problem. In that case, simply repeat the problem in another row and add your other goal. Every goal should have at least one desired outcome and likely will have more than one.
7. In the third column, take the desired outcomes you wrote in your SMART Desired Outcomes tool, and reprint them here. Remember, SMART desired outcomes are what you hope to achieve from each P⁴ you are considering or are mandated to deliver. A desired outcome must relate to a goal and to a specific P⁴. Each desired outcome should move the needle toward achieving your goal (perhaps in combination with other P⁴).
8. In the fourth column, write in the P⁴ you have identified to address your goals and desired outcomes based on installation problems, CAB and MAJCOM mandates, and resources. You will finalize this choice by going through GTO Steps 3–5, and then making a final choice in GTO Step 6. When you make your selection, then return to this tool and ensure that there is a good link between the chosen P⁴ and the goals and desired outcomes.
9. In GTO Step 6, you will determine how you will assess the quality of delivery of each P⁴ and how you will assess outcomes (actual changes in knowledge, skills, attitudes, risk and protective factors, and/or behavior) of each of your P⁴. Remember, a desired outcome must be measurable. You will come back to complete the balance of this tool when you plan for evaluation for each P⁴.
10. Finally, in the last column, you will specify how you will track whether the goals identified have ultimately been addressed. This type of tracking can cut across multiple P⁴ and reflect on the whole CAP. Data for this tracking usually come from sources that installations can easily access on a regular basis. Near the end of GTO Step 6, there is some guidance on this type of tracking.



Community Action Plan Overview Tool

Vision for your Installation's CAP: _____

Completed by: _____ Date: _____

What challenges is your Community Action Plan addressing? (Summarize GTO Step 1)	What are the goals for your Community Action Plan? (From GTO Step 2)	What are your Desired Outcomes? (From GTO Step 2)	What P ⁴ are you using to achieve these desired outcomes? (Finalized by GTO Step 6)	How will you assess the quality of your P ⁴ ? <i>PROCESS EVAL</i> (from GTO Step 6)	How will you assess the outcomes of your P ⁴ ? <i>OUTCOME EVAL</i> (from GTO Step 6)	How will you track whether your goals have been addressed? (see GTO Step 6)
1.						
2.						
3.						
4.						
5.						



Checklist Completion of Step 2

When you finish working on this step, you should have:

- Established a vision and goals that explicitly link to the problems from Step 1
- Identified specific desired outcomes that are linked to your goals and reflect your specific P⁴ choices using the SMART framework
- Completed the Step 2 SMART Desired Outcomes Tool
- Begun to construct a logic model using the CAP Overview Tool

Before moving on to Step 3

Now you are ready to take the information from Steps 1 and 2 and use it to start assessing and choosing P⁴ to implement. Make sure that you include your mandated annual training requirements in resilience promotion and violence prevention, and make sure that any P⁴ that you determine will supplement this or address other local needs (for example, family resilience). The next three GTO steps (3 through 5) lead you through selecting the most evidence-based and feasible P⁴ possible to achieve your goals and desired outcomes.



Chapter Three

GTO Step 3—Best Practices

What is GTO Step 3?

GTO Step 3 prompts you to consider choosing, if possible, an evidence-based P⁴ (EBP⁴), which has been scientifically and rigorously proven to get positive results. Other P⁴ that are less strong might have developed *some* evidence and/or follow best-practice principles for achieving results. Others might have even weaker evidence but could have credibility and strong support among Air Force practitioners. There are often no “magic bullet” P⁴ to select. But many lack any evidence of effectiveness and should not be included in a CAP. When deciding which P⁴ to choose, consider including (1) information about the goals and desired outcomes of the P⁴ you are considering, (2) the best available research evidence and evaluation reports, and (3) practitioner expertise. In GTO Steps 4 and 5, you’ll consider how well each potential P⁴ fits with your installation, community, target populations, and stakeholders and whether you have the capacity and motivation needed to implement such a P⁴.

P⁴ that have either strong or promising evidence are often found in lists maintained by the government (for example, the Centers for Disease Control and Prevention [CDC]) or by nonprofit agencies and Air Force contractors (see Tip 3-1). Those who maintain these lists screen the included P⁴ for effectiveness at various levels. You can also consult GTO CAMs that contain in-depth information about possible EBP⁴ and best and promising practices in various content domains, including suicide prevention and sexual harassment prevention, sleep health promotion, and workplace stress prevention and reduction.

WHAT DOES GTO STEP 3 DO?

This step guides you through the assessment of P⁴ to identify the most effective P⁴ for each goal and desired outcome that you identified in GTO Step 2.

Why is GTO Step 3 important?

Many CATs throughout the Air Force are delivering various P⁴ to promote community-wide resilience, reduce risk, and increase protective factors in Airmen, the civilian workforce, and families of Airmen. Part of the GTO approach with the Air Force is to guide installations to use the most evidence-based P⁴ possible to increase the chance of improving outcomes. Across the government, there has been an increasing emphasis on using evidence-based approaches when using federal funds. All Air Force resilience promotion and violence prevention activities are federally funded, and the Air Force is increasing its emphasis on using what works as the first line of resilience and violence prevention. Implementing one or two evidence-based P⁴ well

often takes the same amount of resources (or less) than implementing multiple unproven activities or approaches. Healthy People 2020 calls for the use of “policies and practices that are driven by the best available evidence and knowledge” (<https://www.healthypeople.gov/2020/About-Healthy-People>). This is because EBP⁴ are known to achieve outcomes (when used effectively). This step prompts you to select effective P⁴ that are well suited to your goals and desired outcomes.

Using an EBP⁴

- increases the likelihood of achieving goals and desired outcomes
- promotes confidence among Air Force leadership and other stakeholders that you are using the best approach possible
- usually comes with many features that newly created, untested approaches do not have, such as tools to track outcomes and previous results about what outcomes to expect.

Sometimes, P⁴ that are not evidence based can be improved to make them more evidence based. For example, it is possible to enhance awareness events so that they also build skills, which is known to be more effective than just doing awareness building.

Some P⁴, like integrated sexual assault and suicide prevention annual training, are mandated by policy or law, so they cannot be ruled out by Step 3. However, you may use the toolkit *Air Force Tools to Create an Environment of Dignity, Respect, and Connectedness* (Edwards, 2018) to choose which training options are the best fit for your community.

How do I carry out GTO Step 3?

1. **Gather information about the P⁴ you are considering and become familiar with them.** You do not need to gather all available evidence yourself. There are several sources you can review where that work has been done already.

Online registries: Start by using websites (often called registries) that synthesize, interpret, and evaluate the research literature. See Tip 3-1 for a list of online resources for identifying a wide range of resilience and violence prevention EBP⁴. The first resource in Tip 3-1—Clearinghouse for Military Family Readiness at Penn State—may be particularly helpful because it allows users to search for P⁴ that have been tested within the military. It also provides consultation on vetting potential P⁴.

Colleagues: Talk among your own CAT members, to other installations, and to your CSPM. It is possible that these individuals might have tried to address the same type of problem that you are confronting.

GTO CAMs present information that is tied to specific content domains, such as suicide, sexual harassment, sleep, and stress.

Systematic reviews: The primary purpose of systematic reviews is to critically analyze and summarize evidence from evaluations of specific approaches or interventions. There are four such reviews done by the CDC that are particularly relevant. You can download them for free:

- *Preventing Suicide: A Technical Package of Policy, Programs, and Practices.*
<https://www.cdc.gov/violenceprevention/pdf/suicidetechnicalpackage.pdf>

- *STOP SV: A Technical Package to Prevent Sexual Violence.* <https://www.cdc.gov/violenceprevention/pdf/sv-prevention-technical-package.pdf>
- *Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies, and Practices.* <https://www.cdc.gov/violenceprevention/pdf/ipv-technicalpackages.pdf>
- *Preventing Child Abuse and Neglect: A Technical Package for Policy, Norm, and Programmatic Activities.* <https://www.cdc.gov/violenceprevention/pdf/can-prevention-technical-package.pdf>

Experts: The Clearinghouse for Military Family Readiness at Penn State offers implementation specialists who can provide assistance through its website (<https://militaryfamilies.psu.edu/>). See also <https://militaryfamilies.psu.edu/wp-content/uploads/2018/08/Understanding-Evidence-Based-Programs-9-9-17.pdf>.

Journals and other websites: This source is the most complicated to search and might not be needed if the above sources yield sufficient options. However, not all evidence-based approaches will be reflected in systematic reviews. You can also find evidence in scientific journal articles and online by

- searching for review articles in publications databases, such as PubMed or Google Scholar, using keywords (for example, “literature review,” “systematic review”).
- searching for intervention evaluation articles in publications databases, such as PubMed or Google Scholar, using keywords (for example, “evaluation,” “intervention,” “program”).
- searching the literature published outside of a commercial or academic publisher, using internet search tools to find government or business reports. The CDC and the Substance Abuse and Mental Health Services Administration (SAMHSA) are examples of government agencies that offer lists of evidence-based or evidence-informed P4. (See Tip 3-1.)

NOTE: If you have identified some viable options through online registries, colleagues, the CDC documents, experts, and the GTO CAMs, then you do not have to do a literature search in journals, which can be a complicated task.



Tip 3-1. Finding evidence-based resilience and violence prevention P⁴ that address your priority problems

Several resources exist to help you find P⁴ that have been evaluated and determined to be effective. The following are resources that aggregate information about evidence-based practices and programs and are a good starting point to finding P⁴ that might be appropriate for the needs you are targeting.

1. The **Clearinghouse for Military Family Readiness at Penn State** is a searchable catalog of P⁴ to strengthen military families, including P⁴ that enhance resilience. Search for P⁴ that address such topics as alcohol and drug use, life stress, suicide, relationships, sexual assault, diet and nutrition, sleep, and fitness, to name a few. P⁴ can be filtered from strongest evidence of effectiveness (*effective randomized control trial*) to *unclear* or *ineffective*. If you have questions or need help, Clearinghouse staff are available via live chat on the website from 0900 to 1700 EST/EDT, over the phone

at 1-877-382-9185, or via email (clearinghouse@psu.edu). If you are unsure of where to start looking, we recommend this resource as a first step:

<https://militaryfamilies.psu.edu/services-we-offer/program-selection/>

2. The **Community Guide** is intended to help organizations select interventions that improve health and prevent disease in a variety of community settings. To view the lists of P⁴, start with the “Topics” drop-down menu. Topics include excessive alcohol consumption, violence, physical activity, worksite health, mental health, and others. Each topic section lists P⁴ evaluated by the Community Preventive Service Task Force of the CDC and its assessment of the evidence (*recommended*, *insufficient evidence*, or *recommended against*): www.thecommunityguide.org
3. The **Violence Prevention Effectiveness Studies Registry** provides a searchable database of abstracts of published studies that measure the effectiveness of interventions to prevent violence. Filter your search by P⁴ that are *recommended* based on their evidence of effectiveness. Additional filters include type of violence, region, year, and keywords. This registry is maintained by a collaboration between the Public Health Institute, the World Health Organization (WHO), and the CDC: www.preventviolence.info
4. **Blueprints for Healthy Youth Development** is a catalog of programs for children, youth, and families that are rated based on their evidence of effectiveness. Searchable topics include problem behavior, education, emotional well-being, physical health, and relationships. Other tools, including needs assessments and surveys, are available through the website as well: www.blueprintsprograms.com
5. The **California Evidence-Based Clearinghouse** is a tool for identifying, selecting, and implementing evidence-based child welfare practices that will improve child safety, increase permanency, increase family and community stability, and promote child and family well-being: <http://www.cebc4cw.org>
6. The **National Institute of Justice Crime Solutions** is a clearinghouse of programs and practices for reducing crime, rated by effectiveness. Programs and practices address a broad range of criminal justice, juvenile justice, and crime victim service outcomes. Filter by evidence rating, topic, setting, age, and others: crimesolutions.gov

Didn't find a program that meets your needs among those included in these resources? The **Center for Community Health and Development at the University of Kansas Community Toolbox** curates an extensive list of databases for evidence-based programs and best practices: <https://ctb.ku.edu/en/databases-best-practices>

2. **Next, use the Evidence Synthesis Tool to help you weigh the evidence of effectiveness for each *specific P⁴* you have identified in your review.**

Evidence: While the Evidence Synthesis Tool has multiple questions for each P⁴, the most challenging determination to make is the level of evidence. If you learned about a P⁴ but do not know its evidence base (or if you are considering a P⁴ that you have used before but do not know whether it is effective), the first action to take is to look it up on one of the online registries included in Tip 3-1. That is because these registries have done the hard work of classifying many P⁴ by how much evidence they have, across a continuum. For example, the Clearinghouse for Military Family Readiness at Penn State uses four levels: effective, promising, unclear, and ineffective (Clearinghouse for Military

Family Readiness at Penn State, 2012). The CDC uses five levels that mostly overlap with the Clearinghouse’s levels (shown in Figure 3-1): well-supported, promising, undetermined, unsupported, and harmful (CDC, 2017). Many other registries have similar categories. Across these registries, the highest level means that the P⁴ has been rigorously tested and shown to get positive outcomes. The second level (usually with a word like *promising*) features P⁴ that have less-concrete evidence because of slightly weaker study designs, although they still have positive outcomes. Next, these registries often have levels that have P⁴ in which the evidence is unclear—either because studies have not shown positive effects or the P⁴ simply was not tested. Lastly, there is a level that has P⁴ that have been shown to not work or be harmful.

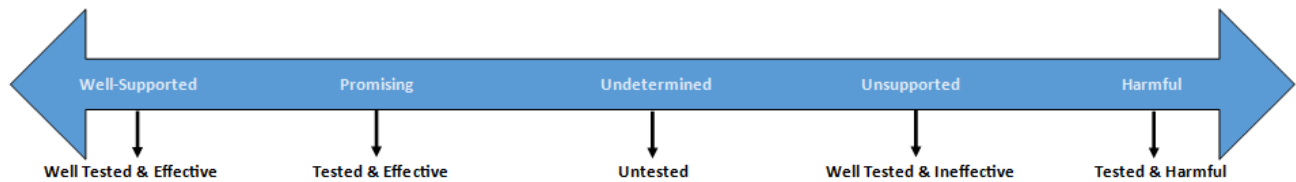


Figure 3-1. CDC Levels of Effectiveness

SOURCE: CDC, 2017.

If a P⁴ in which you are interested is not listed in one of these registries, you could try to apply the criteria used by these registries. The Clearinghouse for Military Family Readiness at Penn State registry has a four-page document at <https://militaryfamilies.psu.edu/wp-content/uploads/2017/08/continuum.pdf> that could be used to categorize a P⁴ you are considering. To do this, you would need to learn about any studies or evaluations that have been done. You may need to gather some of this evidence yourself—for example, by talking with colleagues who have used the P⁴ you are considering. All of this can be complicated, so talk to your CSPM if you need help. It may be best to start by contacting the Clearinghouse and asking it for assistance: <https://militaryfamilies.psu.edu/contact-us/>. Pulling together the existing evidence can help you draw conclusions about the effectiveness of P⁴ you are considering. **It is recommended that P⁴ in your CAP be at least at the “promising” (or second-highest) level.** If you want to get more details, look at Tip 3-3, which presents information from the CDC about what makes studies stronger or weaker.

What if the research evidence for the P⁴ (new or existing) is not known? There is a good chance that a P⁴ you are considering has not had rigorous evaluation. In such cases, there are other factors to think about when determining whether a certain P⁴ is a good idea.

- Is there *experiential evidence* that the P⁴ is effective? Do Air Force colleagues in similar situations report that the P⁴ worked well? Ideally, these reports would come from multiple evaluations showing positive outcomes and indicating that the P⁴ was feasible and acceptable to local stakeholders. For example, if the P⁴ is a policy change that has worked well in several other similar Air Force settings, it could be viable to include in your CAP.
- Is there *contextual evidence* that the P⁴ is effective? According to the CDC’s Evidence Project, the “role that contextual evidence plays in the evidence-based decision-making process is to provide information to help determine whether a

- prevention strategy is likely to be acceptable, feasible, and helpful in a local setting” (Puddy and Wilkins, 2011). In GTO, we would ask whether the P⁴ under consideration is a good fit for your installation (see GTO Step 4 about issues of fit).
- Does the P⁴ under consideration *follow principles of effective prevention and target known risk and protective factors for the problem?* While many P⁴ have not been evaluated, it is sometimes possible to assess a P⁴ according to how well it adheres to certain general principles that have emerged over years of research into what works in prevention (NIDA, 2003; Nation et al., 2003). See Tip 3-2.



Tip 3-2. Principles of effective prevention for P⁴

- Based on theory and research. The P⁴ should have a scientific justification. Sometimes intuitive approaches are actually harmful.
- Promotes positive relationships. For example, the P⁴ fosters healthy, safe relationships.
- Appropriately timed in development. That is, the P⁴ is implemented at a time (developmentally) that can have maximal impact in a participant’s life.
- Comprehensive. Comprehensive P⁴ include multiple components and affect multiple settings to address a wide range of risk and protective factors. Combining two or more populations—such as individual Airmen and their families—can be more effective than targeting just one population.
- Varied in teaching methods. The P⁴ uses multiple teaching methods, including active, skills-based components to build skills in addition to increasing knowledge. Examples include peer discussion groups and role-playing that allow for active involvement in learning about and reinforcing skills.
- Reflects the culture of the participants. The P⁴ takes into account cultural beliefs and practices of specific groups, as well as community norms.
- Uses evaluation to assess impact and effects.
- Employs well-trained staff.
- Delivers a sufficient dose. Participants need to be exposed to enough of the activity for it to have an effect. P⁴ should be long term with repeated interventions (i.e., boosters) to reinforce the original prevention goals. When adapting a P⁴ to match community norms or differing cultural requirements, core elements of the original research-based intervention should be retained: structure (how the P⁴ is organized and constructed), content (the information, skills, and strategies of the P⁴), and delivery (how the P⁴ is implemented).



Tip 3-3. Evaluating the level of evidence of a program

Programs are often the most common P⁴ activity, and determining how much evidence exists for them can be difficult. The CDC has a web portal that provides extensive resources (<https://vetoviolence.cdc.gov/apps/evidence/Default.aspx>) that we will summarize here. These resources are applied to violence prevention but could be used in multiple domains.

There are six areas that the CDC recommends considering when making a determination of evidence:

- effect (does the program get positive outcomes?)
- internal validity (how much confidence is there that the research shows that it was only the program that caused the results?)
- research design (some designs, such as randomized controlled trials, yield stronger evidence than other types)
- independent replication (did different people also test the program and find the same positive result?)
- implementation guidance (are there good instructions on how to do the program?)
- external and ecological validity (is the program effective in a wide range of real-world settings?).

The web portal has an interactive tool that can help assess evidence:

<https://vetoviolence.cdc.gov/apps/evidence/continuumIntro.aspx#&panel1-8>. You could use that tool or keep the above questions in mind when looking at various P⁴. Once you are done reviewing the strength of evidence, try to choose programs that are as close to “well supported” or “promising” as possible.

To summarize, here is the process to use when determining evidence of P⁴:

- Find a P⁴ (via online registries, reviews, or colleagues).
- Check its evidence base (categorize P⁴ using registries, reviews, or colleagues).
- If untested, see whether the P⁴ has experiential evidence, has contextual evidence, or adheres to principles of effective prevention.

Instructions for completing the Evidence Synthesis Tool

1. Make plenty of copies of the tool. You will need a copy of Section 2 of the tool for each P⁴ under consideration. The completed tools for each option will help you make comparisons and sometimes-difficult choices to arrive at a final decision. For examples of completed tools, refer to any of the companion CAMs available in the Related Products section at www.rand.org/t/TL311. The tool can be completed individually or as a group with one person as the recorder.
2. After you search for a P⁴ (or consider a P⁴ you have been doing), in Section 1, you will assess the strength of the evidence from the various sources you review. As stated above, consider online registries, reviews, or discussions with colleagues. If there is no formal evidence available, see whether the P⁴ has experiential evidence, has contextual evidence, or adheres to the principles of effective prevention discussed above. Also, see

Tip 3-3 for guidance on how to evaluate evidence of P⁴. In the first column, record the types of sources you reviewed for determining the best available evidence. In the second and third columns, list the specific P⁴ suggested by each source and briefly summarize the evidence presented.

3. After completing Section 1, eliminate from consideration P⁴ that lack any evidence of effectiveness or don't relate to your desired outcomes—for example, if you have a desired outcome of moving personal weapons to base-sponsored storage locations, eliminate a P⁴ about gun safety that doesn't talk about storing personal guns outside the home.
4. In Section 2, in addition to assessing whether the P⁴ has sufficient evidence, you will assess various other characteristics that can influence how well a P⁴ is implemented and how successful it will be on your installation. For example, does the P⁴ align with the goal and desired outcomes that you created in the Community Action Plan Overview Tool and the SMART Desired Outcomes Tool in GTO Step 2? Does the selected P⁴ address risk or protective or resilience factors related to resilience promotion and violence prevention? Respond to each characteristic ("yes" or "no"). If the answer is "no," then begin to think about what would need to change for the P⁴ to meet your needs. This information could be useful in the next GTO step, Fit.



P⁴ Evidence Synthesis Tool

Completed by: _____ Date: _____

Section 1: Summary of Best Available Evidence

What sources did you explore to find the best available evidence?	Did you review this source? (Yes/No)	What P ⁴ did it suggest using?	What is the evidence for those P ⁴ ?
1. Online registries			
2. Systematic program evidence review papers or reports			
3. Research journal articles			
4. Other reports not in research journals (e.g., evaluation report from program developer, practitioners, subject experts)			

Complete the next section for each P⁴ that you listed above and that you will continue to consider.



Evidence Synthesis Tool—Continued

Section 2: Assessment of Evidence-Based Approach for a Specific P⁴

P⁴ being considered: _____

P ⁴ features and how they relate to our needs, behaviors, or desired outcomes	Does the P ⁴ have these features? (Yes/No)	What would we need to change to make the P ⁴ fit our needs?
1. Has evidence of effectiveness.		
2. Focuses clearly on at least one of our identified goals and desired outcomes.		
3. Addresses the risk or protective or resilience factors related to resilience promotion and violence prevention (see Introduction).		
4. Provides necessary activities and materials.		
5. Employs teaching methods to actively involve participants.		
6. Employs activities, instructional methods, and behavioral messages appropriate to our target population.		



Checklist Completion of Step 3

When you finish working on this step, you should have:

- Completed the Step 3 tool
- Developed an understanding of the best available evidence in your topic area
- Reviewed the best available P⁴ to find those that will help you achieve your goals and desired outcomes
- Selected one or more P⁴ to consider further

Before moving on to Step 4

You've figured out which P⁴ are in line with your installation's most urgent problems and the best available evidence. Now you are ready to move on to the next step in the GTO process—making sure that your selected P⁴ fit (GTO Step 4) well with your target population, installation, and community and that you are able (GTO Step 5) to carry it or them (if multiple options are still on the table) out well. If you already have P⁴ selected, GTO Steps 4 and 5 can help you fine-tune your work in a way that helps maximize your resources and increase your chances of success.

Chapter Four

GTO Step 4—Fit

What is GTO Step 4?

P⁴ are designed for use in all kinds of different contexts and with different populations. P⁴ are most effective when they are used in settings similar to those in which they were found to be effective. Applying a P⁴ that was designed for adolescents to Airmen might not be a good fit, without adapting for age, because the communities are different, the Airmen are likely different, and the norms or values of these two different groups are different, which could make the selected P⁴ less effective.

Fit means that you have a good and close match between the P⁴, as designed, and your own

- *target population and its problems.* For example, the P⁴ you are considering have been used with military personnel.
- *community.* For example, the P⁴ you are considering emphasize values shared in your target community.
- *installation.* For example, the P⁴ you are considering fit your installation's values, mission, and schedule.

GTO Step 4 helps you evaluate the extent to which the P⁴ you are considering are a good fit for your community, installation, and target population. In this step, you will consider such things as culture, values and practices, mission, and existing P⁴ within your installation and wider community. The purpose of assessing fit is to either avoid P⁴ that do not fit well or improve fit by making acceptable adaptations or choosing an alternative P⁴ with better fit. It may be better to choose another P⁴ than to make so many adaptations that it is watered down. For example, training burden is an issue for Airmen. You would not want to reduce a ten-hour training down to a one-hour training. A briefer, but also effective, training would be a better fit.

A key feature of GTO Step 4 is helping you make changes needed to improve fit. These changes need to be made very carefully. As noted above, if you change the P⁴ too much, you may not get the outcomes that it achieved when it was tested and found to be effective.

This step will help you narrow down your choices from the options you identified in Step 3. Or you might go back to Step 3 to identify alternative P⁴.

WHAT DOES GTO STEP 4 DO?

This step helps determine whether the potential P⁴ you identified during GTO Step 3 are appropriate for your target population, installation, and community.

Why is GTO Step 4 important?

You want to use the best P⁴ you can offer. P⁴ that do not have a good fit for any of the above reasons are less likely to be implemented well and, therefore, are less likely to achieve the desired outcomes. Assessing fit *before* doing a P⁴ is important for several reasons:

- It increases the chances that it will be accepted by, and will be good for, the target population.
- It helps avoid duplication of efforts (multiple P⁴ that target the same problem might not be needed).
- It reduces the possibility of the P⁴ failing because it was a mismatch (a poor fit) with your target population, your community, and/or your installation.
- When there are fit problems that cannot be resolved, a P⁴ should not be used.
- The fit assessment helps to select among several potential P⁴ (choose the one with the best fit).

How do I carry out GTO Step 4?

To assess the fit of each of the P⁴ you are considering, use the GTO Step 4 tools:

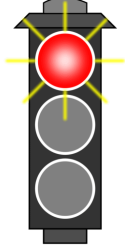
- The P⁴ Fit Assessment Tool will prompt you to consider how each potential P⁴ identified in Step 3 fits with your target population, installation, and stakeholders.
- The Culturally Appropriate P⁴ Checklist Tool will encourage you to consider whether the activities involved in each potential P⁴ fit the culture of the Air Force or subgroups of the Air Force, including relevance, cultural sensitivity, and social infrastructure.

For examples of completed tools, refer to any of the companion CAMs available in the Related Products section at www.rand.org/t/TL311.

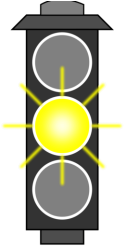
As you complete these tools, you will want to decide what adaptations, if any, to make to improve the fit of the potential P⁴ still under consideration. Tip 4-1 provides information on three different types of adaptations and when to make them. Tip 4-2 gives examples of different adaptations to programs, often the most common type of P⁴. Although Tip 4-2 discusses programs, other P⁴ can be adapted as well. For example, a successful change made by one installation to its shift hours to allow for more consistent Airman sleep may need to be adapted to the operational reality at a different installation.



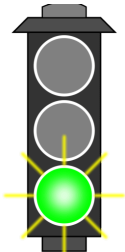
Tip 4-1. Types of adaptations



Red-light adaptations, such as reducing or eliminating major activities or topics, may greatly weaken the P⁴ and generally would not be advised. For example, P⁴ often provide opportunities to practice new skills as a critical step in changing behavior. Reducing or eliminating practice components to save time may make the P⁴ less effective.



Yellow-light adaptations are more complex and may alter P⁴ content, so you should proceed with greater caution. They often require expert assistance from the developer or someone experienced with using the P⁴ in the Air Force to avoid weakening the P⁴'s content.



Green-light adaptations are considered safe, easy changes that can make a P⁴ better connect with the audience (i.e., to fit a program to the culture and context). These adaptations do not change the core topics addressed by the P⁴. They are generally minor changes, such as adapting an Army's terminology to be relevant to the Air Force. Tailoring minor elements to better reflect the target population can improve most P⁴, and you should feel comfortable making such adjustments. In sum, green-light adaptations do not change what makes a P⁴ effective (the core components).



Tip 4-2. Examples of program adaptations

Red-Light Adaptations

- Shortening a program (for example, deleting an activity or whole session)
- Reducing or eliminating activities that allow participants to personalize risk material
- Reducing or eliminating opportunities for skill practice
- Eliminating a focus on certain topics
- Contradicting, competing with, or diluting program goals
- Replacing interactive activities with lectures or individual work

Yellow-Light Adaptations

- Changing the order of sessions or sequence of activities
- Adding activities to reinforce learning
- Adding activities to address additional topics
- Replacing or supplementing videos (with other videos or activities)
- Using other models or tools that teach the same skill
- Implementing the program with a population (such as an ethnic or cultural group) for which there is less evidence
- Replacing activities
- Adapting a program to the Air Force that has no prior use in the military

Green-Light Adaptations

- Updating or customizing statistics and other information included in the curriculum or handouts
- Adjusting the location of the program to one familiar and convenient for participants
- Adding debriefing or processing questions
- Making activities more interactive and appealing to different learning styles
- Customizing written documents (such as using wording that is more reflective of the participants served)

Instructions for completing the P⁴ Fit Assessment Tool

1. Make as many copies of the tool as necessary for you and your CAT to complete this tool for each of the remaining P⁴ you are considering.
2. Starting with row 1 (target population needs), work through the questions in the tool, laying out the considerations and requirements and answering “yes” or “no” in the appropriate columns. You may need to talk to several different people to get the answers (e.g., members of target group, helping agency colleagues, CAB members).
3. If no adaptations are needed, you can do the P⁴ as is. If adaptations are needed, enter your ideas in the column labeled “What adaptations can be made to increase the fit?”
4. If adaptations are needed, figure out whether they are green-light, yellow-light, or red-light adaptations. Definitions of each type of adaptation are provided in Tip 4-1, and examples of each type are listed in Tip 4-2.



P⁴ Fit Assessment Tool

Completed by: _____ Date: _____ P⁴ Being Considered: _____

Fit with the target population's . . .	Considerations	Fits? (Yes/No)	What adaptations can be made to increase the fit?
1. Needs			
2. Gender, age, race/ethnicity distribution			
3. Other aspects of the target population (e.g., education level, work schedules)			
Fit with the community's . . .			
4. Cultural norms and values			
5. Environment in which the installation is located			
6. Other aspects of the community			
Fit with your installation's . . .			
7. Mission, core values, Wingman culture			
8. Resilience and violence prevention priorities			
9. Leadership support			
10. Context/setting (e.g. Wingman Day)/other programs in place			
11. Other aspects of the installation (e.g. space to convene)			

Instructions for completing the Culturally Appropriate P⁴ Checklist Tool

1. Make as many copies of the tool as necessary for you and your CAT. The tool can be completed individually or as a group with one person as the recorder.
2. Starting with number 1 (Air Force relevance), work through the questions in the checklist, answering “yes” or “no” in the appropriate columns. Again, you may need to speak with several different people to answer these questions.
3. If no adaptations are needed, you can do the P⁴ as is. If adaptations are needed, discuss options for addressing any cultural issues not well addressed by the P⁴. Enter your ideas in the column labeled “What, if any, adaptations are needed?”



Culturally Appropriate P⁴ Checklist Tool

Completed by: _____ Date: _____ P⁴ being considered: _____

	Yes/No	What, if any, adaptations are needed?
Air Force relevance Have you verified the relevance of the materials you plan to use (i.e., applicable, understandable, specific)?		
Informed review Have the materials been reviewed by members of the community or knowledgeable others (e.g., CAB/Community Action Team members)?		
Cultural sensitivity throughout Is the P ⁴ culturally sensitive throughout and not just in certain sections?		
Social infrastructure considerations Does the P ⁴ take into account language, environment, values, and socioeconomic status of the Airman community in its materials and services? What about civilians and families?		
Cultural competence training Have the intended P ⁴ facilitators received specialized training in cultural competence?		



Checklist Completion of Step 4

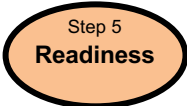
When you finish working on this step, you should have:

- Completed the Step 4 tools for all P⁴ under consideration
- Developed an understanding of what *fit* means
- Considered the most important aspects of your P⁴ to make sure that there is a good fit with your target population, your installation, and your community
- Determined the right adaptations needed, if any, to improve the fit of your P⁴ and avoided red light adaptations
- Further narrowed your choice of P⁴ under consideration for inclusion in the CAP

Before moving on to Step 5

After reviewing your potential P⁴ with fit in mind, you should have a clearer idea of which ones that you selected in Step 3 are still good possibilities. If there are potential P⁴ that would have to be drastically adapted to fit, then you may want to eliminate them before going on to Step 5. If none of the potential P⁴ have passed the fit test you conducted here in Step 4, you may need to go back to Step 3 and do some more investigation to find a new set of P⁴ to consider. Knowing more about fit now may also help you to more quickly zero in on potential P⁴ if you do circle back to Step 3 for more investigation.

In Step 5, we'll show you how ready you are to make sure you can do a good job in implementing your selected P⁴. Step 5 will be the final assessment step before moving onto planning and implementing the selected P⁴, as well as establishing evaluation criteria.



Chapter Five

GTO Step 5—Readiness to Implement P⁴

What is GTO Step 5?

This GTO step will help your installation determine whether there is sufficient motivation and capacity to implement your P⁴. Basically, Step 5 helps with deciding whether you have the bandwidth needed to stand up an effective implementation. Step 5 is called “Readiness to Implement P⁴.” Readiness can also be assessed for P⁴ that are not new.

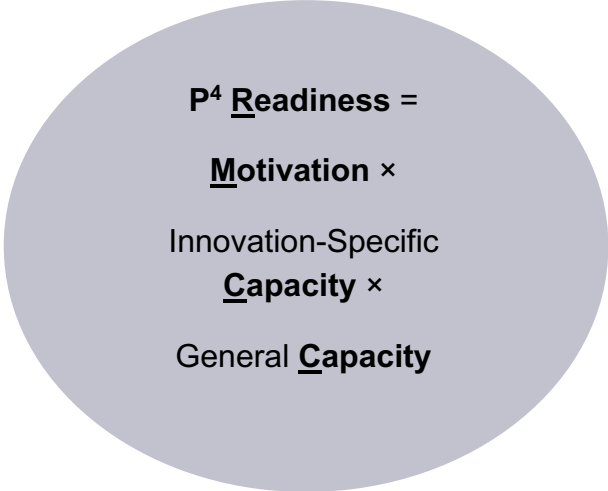
- When completed, your CAT will be able to
- see where motivation (willingness) and capacity (ability) need to be built
 - decide what actions are needed to build this motivation and capacity
 - help your team get better prepared to implement P⁴ in your CAP with the highest quality possible.

- There are three components in P⁴ readiness:
- **Motivation** is the degree to which your CAT collectively has the needed incentives or commitment to carry out CAB-mandated and local resilience and violence prevention P⁴, especially given competing priorities.
 - **Innovation-specific capacities** are the things needed to make a specific P⁴ happen. For example, you may need a specific helping agency to be on board because of the skills of its staff.
 - **General capacity** is the overall knowledge, skills, and functioning of your CAT. This includes things like norms, climate, and how effectively the CAT operates.

There are two levels at which P⁴ readiness is important. Overall motivation and general capacity are helpful at the *installation level* when creating your

WHAT DOES GTO STEP 5 DO?

This step determines whether the P⁴ you identified during GTO Step 3 can be carried out effectively with the capacities and motivation of your installation and its partners.



CAP and logic model. By assessing these parts of P⁴ readiness early, you can avoid approaches that your CAT is unable to implement. This makes planning easier.

Motivation and innovation-specific capacity at the specific *P⁴ level* are relevant when developing plans for an individual P⁴. By assessing these parts of P⁴ readiness for each P⁴ in your plan, you can make sure you have what you need to get the P⁴ launched. While all parts of P⁴ are important, different aspects will be emphasized for different P⁴. For example, a program will require attending to personnel, space, funding, and allocated time of participants, while a policy change will require a high level of leadership support. These issues may affect implementation and can be attended to through the tools in this step.

Why is GTO Step 5 important?

Understanding your CAT's readiness to implement the P⁴ in your CAP is important for the following reasons:

- Low motivation can contribute to the feeling that a new program is yet another Airman burden or responsibility and that it doesn't really make sense for this installation.
- Low capacity, or resources, can cause added burden on Airmen and lead to poor P⁴ implementation.
- Together, sufficient motivation (willingness) and capacities (abilities) help your CAT meet the goals and desired outcomes of your CAP.

How do I carry out Step 5?

GTO Steps 3, 4, and 5 work together to select appropriate P⁴ for your installation. Potential P⁴ are chosen in GTO Step 3. The list of potential P⁴ is narrowed in Step 4 through consideration of fit with the installation. In Step 5, this list is further narrowed by considering your readiness to implement the P⁴. In both Step 4—Fit and Step 5—Readiness to Implement P⁴, you must decide whether identified issues can be addressed or whether you need to return to Step 3 to select a different P⁴.

Each component of readiness to implement the P⁴ in your CAP (motivation, innovation-specific capacity, and general capacity) can be broken down into several subcomponents. The subcomponents and their definitions are listed in Table 5-1.

Table 5-1. Definitions of Readiness to Implement P⁴ Subcomponents

Subcomponents	Definitions
Motivation	Degree to which we want the P⁴ in our CAP to happen
Relative advantage	Degree to which the P ⁴ in our current CAP seem more useful than what we've done in the past
Compatibility	Degree to which the P ⁴ in our current CAP fit with how we do things
Simplicity	Degree to which the P ⁴ in our current CAP seem simple to use
Ability to pilot	Degree to which the P ⁴ in our current CAP can be tested and experimented with
Observability	Ability to see that the P ⁴ in our current CAP are leading to outcomes in the near future
Priority	Importance of the P ⁴ in our current CAP in relation to other things we do
Innovation-specific capacity	What is needed to make the P⁴ in our current CAP happen
Innovation-specific knowledge and skills	Sufficient abilities to do the P ⁴ in our current CAP
Champion	A well-connected person who supports and models the P ⁴ in our current CAP
Supportive climate	Necessary supports, processes, and resources to enable the P ⁴ in our current CAP
Interorganizational relationships	Relationships between our CAT and other organizations that support the P ⁴ in our current CAP
Intraorganizational relationships	Relationships within our CAT that support the P ⁴ in our current CAP
General capacity	Our overall functioning
Culture	Norms and values of how we do things in our CAT; our Wingman culture
Climate	The feeling of being part of this CAT
Innovativeness	Openness to change in general
Resource utilization	Ability to acquire and allocate resources, including time, money, effort, and technology
Leadership	Effectiveness of our leaders at multiple levels
Internal operations	Effectiveness at communication and teamwork
Staff capacities	Having enough of the right people to get things done
Process capacities	Ability to plan, implement, and evaluate

The Readiness to Implement P4 Tool in Step 5 addresses the motivation to do a specific P⁴ under consideration and the degree to which your installation has specific capacities needed to implement **each** potential P⁴. The P⁴ Readiness Tool can help you narrow down how and what you chose to work on to increase P⁴ readiness. For examples of completed tools, refer to any of the companion CAMs available in the Related Products section at www.rand.org/t/TL311.

Instructions for completing the Readiness to Implement P⁴ Tool

1. Make one copy of the tool for each P⁴ you are considering for your CAP. On each copy, write the name of a P⁴ at the top, so that you have a tool for each. The tool can be completed individually or as a group with one person as the recorder.
2. For each P⁴, go through each section in the tool and answer the questions to determine whether your installation's P⁴ readiness is sufficient for the potential P⁴. Place your answer to each question in the "Responses" column. The first set of items addresses motivation to take on a specific P⁴ ("Relative Advantage" through "Priority"). If you are considering a P⁴ you have already been implementing, you can skip the "Relative Advantage" and "Ability to Pilot" rows. Also, depending on the content of the P⁴, you may skip certain domains (if you are considering a policy P⁴, you would likely not need to complete certain rows in the "P⁴-Specific Knowledge and Skills" section, such as the "Education level" row, or certain rows in the "Fiscal and Resources" section, such as "Equipment").
3. In the "OK?" column, indicate whether readiness is sufficient for each subcomponent. You will know that your P⁴ readiness is sufficient if it appears (to the best of your knowledge) that it will not be a barrier during implementation of your P⁴.
4. For each subcomponent for which you have identified need for improvement, decide how important the subcomponent is for successful implementation of your P⁴ by checking the appropriate response in the "Importance" column. The goal is to identify the high-impact changes that can be addressed by your team.
5. In the rightmost column, describe any specific actions that are required to address important subcomponents that could influence successful implementation of your P⁴.
6. A separate section at the end of the tool, labeled "Fiscal and Resource Capacities," guides you to consider whether you have sufficient fiscal and other resources to implement your P⁴.
7. If you discover that your installation could improve its motivation and capacity for an existing P⁴ that you plan to continue or you discover that it is not ready to deliver a new P⁴ it is considering, it is important to brainstorm ways to either build these P⁴ readiness subcomponents or consider another P⁴ that your CAT is better positioned to implement.



Readiness to Implement P⁴ Tool

Completed by: _____ Date: _____ P⁴ being considered: _____

Subcomponent of Readiness	Questions	Responses	OK?	Importance	Plan to Increase Readiness
Relative Advantage (can skip if considering a P ⁴ you have already been implementing)	Is this P ⁴ better than our current P ⁴ , or does our current P ⁴ remain the most advantageous?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Very	Who will work on this plan? By when will it be accomplished?
Simplicity	How simple is this P ⁴ to implement?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Very	Who will work on this plan? By when will it be accomplished?
Ability to Pilot (can skip if considering a P ⁴ you have already been implementing)	How able are we to try out this P ⁴ ?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Very	Who will work on this plan? By when will it be accomplished?
Observability	How easily can we see the results of this P ⁴ soon?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Very	Who will work on this plan? By when will it be accomplished?

Readiness to Implement P⁴ Tool—Continued

Subcomponent of Readiness	Questions	Responses	OK?	Importance	Plan to Increase Readiness
Priority	How important is this P ⁴ compared to other things we do?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Very	Who will work on this plan? By when will it be accomplished?
Champion	Is there a well-connected person who supports this P ⁴ ?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Very	Who will work on this plan? By when will it be accomplished?
Supportive Climate	Do we have the necessary policies and procedures to enable the P ⁴ ?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Very	Who will work on this plan? By when will it be accomplished?
	How committed is our CAB leadership to the P ⁴ ?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Very	Who will work on this plan? By when will it be accomplished?

Readiness to Implement P⁴ Tool—Continued

Subcomponent of Readiness	Questions	Comments	OK?	Importance	Plan to Increase Readiness
Inter-organizational Relationships	What relationships are needed between us and other organizations (e.g. Healing Abuse Working for Change) to do this P ⁴ ?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Very	Who will work on this plan? By when will it be accomplished?
Intra-organizational Relationships	What relationships are needed within our Community Action Team to do this P ⁴ ?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Very	Who will work on this plan? By when will it be accomplished?
P⁴-specific Knowledge & Skills	Do we have the number of P ⁴ implementers recommended for the P ⁴ ?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Very	Who will work on this plan? By when will it be accomplished?
	Do our P⁴ implementers meet the following P⁴ qualifications [<i>this sub-section may only be relevant for certain P⁴ that require special qualifications</i>]:				
	Education level?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Very	Who will work on this plan? By when will it be accomplished?

Readiness to Implement P⁴ Tool—Continued

Subcomponent of Readiness	Questions	Responses	OK?	Importance	Plan to Increase Readiness
	Years of experience?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Very	Who will work on this plan? By when will it be accomplished?
	Communication skills?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Very	Who will work on this plan? By when will it be accomplished?
	Necessary training or experience for working with the group targeted by this P ⁴ ?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Very	Who will work on this plan? By when will it be accomplished?
	Comfort enough with the topic to effectively deliver the P ⁴ with fidelity?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not at all <input type="checkbox"/> Somewhat <input type="checkbox"/> Very	Who will work on this plan? By when will it be accomplished?

Readiness to Implement P⁴ Tool—Continued

Fiscal and Resource Capacities	Considerations	Costs	OK?	Plan to Increase Needed Resources
Printed materials (including curriculum and recruiting flyers): Do we have access to the materials needed to deliver the P ⁴ ?		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Transportation, if needed		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
P ⁴ implementers: Received sufficient training specific to the P ⁴ ?		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of volunteers: <ul style="list-style-type: none"> • costs to recruit, • train 		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Equipment: Do we have needed access to a computer or special computer programs to implement the P ⁴ ? Does the P ⁴ require a projector or other equipment?		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Readiness to Implement P⁴ Tool—Continued

Fiscal and Resource Capacities	Considerations	Costs	OK?	Plan to Increase Needed Resources
Amount of space, if needed, e.g. rental		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Evaluation materials and efforts, e.g. surveys, data entry		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other: _____		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other: _____		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other: _____		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other: _____		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other: _____		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Total cost		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	



Checklist Completion of Step 5

When you finish working on this step, you should have:

- Developed an understanding of the key subcomponents of readiness to implement P⁴
- Assessed whether you have the right levels of motivation and capacities needed to implement your P⁴
- Determined which capacities need to be further developed so that you can move ahead with your P⁴
- Further narrowed your choice among potential P⁴ to those you will implement

Before moving on to Step 6

You have now reviewed one and maybe more P⁴ for their potential to meet your goals and desired outcomes to increase resilience and prevent violence, for their fit with your priority population, and for your level of motivation and capacities to implement them.

It is possible that none of the new or existing P⁴ on your list were feasible, given the significance of some capacity or motivation gaps. If this is the case, you can either circle back to Step 3 to find more suitable P⁴, or you might work to develop the required motivation and capacities.

After selecting one or more P⁴ and determining that you have the capacities and motivation to implement them well, you are ready to update your Community Action Plan Overview Tool (GTO Step 2) and develop a P⁴ implementation plan (Step 6) for each P⁴.



Chapter Six

GTO Step 6—P⁴ and Evaluation Work Plan

What is GTO Step 6?

Having completed steps 1–5 and selected the P⁴ you plan to implement, you are now ready to develop the operations of each of your P⁴. In this step, you will use the P⁴ Work Plan Tool, Process Evaluation Planner Tool, and Outcome Evaluation Planner Tool to create a detailed plan for running each program, which includes

- a written list of all P⁴ activities, from preparations through evaluation
- a timeline showing who is responsible and what, where, when, and how activities should be implemented.

WHAT DOES GTO STEP 6 DO?

This step helps you make a detailed work plan for delivering and evaluating each P⁴ you selected at the end of Step 5.

Why is GTO Step 6 important?

GTO Step 6 is important because having a detailed plan for implementation and evaluation

- ensures that no key P⁴ tasks are left out
- improves teamwork and partner communication
- identifies the need for changes as things begin to run counter to the plan
- reduces lost time, wasted energy, and turmoil from turnover
- explains the scope of the P⁴ to people with an interest in it and produces documentation useful to transitioning responsibility for implementation to new individuals.

Information from your P⁴ work plans also informs a key part of your Community Action Plan Overview Tool from Step 2.

How do I carry out GTO Step 6?

First, make sure the final P⁴ selected are updated on the Community Action Plan Overview Tool (GTO Step 2) and that any adjustments to your desired outcomes for these P⁴ have also been made in this tool. That is because P⁴ selected may produce different outcomes than you originally thought when first establishing your desired outcomes. Now you are ready to complete the P⁴ Work Plan Tool and Evaluation Planner Tools for *each* P⁴ you plan to implement as part of the CAP. You will also complete the P⁴ Budget Tool to identify financial considerations associated with implementing and evaluating each P⁴. This tool elaborates on the financial resources estimated in Step 5. You may want to create a rough draft of the P⁴ Work Plan Tool as you gather the necessary information. Before you finalize the tool for a P⁴, ensure that any interdependencies among tasks and the sequencing of all tasks are in order. Once you have all

the dates assigned in the electronic copy of the tool, you can make a copy and rearrange the rows so that they are in date order to better display the interdependencies. For examples of completed tools, refer to any of the companion CAMs available in the Related Products section at www.rand.org/t/TL311.

Instructions for completing the P⁴ Work Plan Tool

1. Make as many copies of the tool as necessary for you and your CAT to complete a work plan for each of the P⁴ you have selected. Be sure to consult with the persons who will actually implement this plan, such as volunteering Airmen or staff at an installation helping agency, to ensure that everyone agrees with the timelines. The tool can be completed individually or as a group with one person as the recorder.
2. Assemble the tools you developed in the five previous steps (the CAP problems and resources assessments, the updated CAP Overview Tool, and the fit and P⁴ readiness tools) so that you can refer to them as you complete a P⁴ Work Plan Tool for each of your P⁴.
3. For each P⁴ starting on the left, under “Tasks,” work your way down, completing task details for the P⁴. The tool is divided into several categories of tasks: administrative, policies and procedures, P⁴ preparation, participant recruitment and retention, implementation, and P⁴ evaluation. If possible, list tasks within each category in the order of occurrence to help you plan them out.

Note: A variety of tasks that are important to carry out have been included in the tool to help you map out specific implementation events. You may delete any tasks that are not relevant to your chosen P⁴ or installation and add tasks in the extra rows that may be important but not mentioned in the tool. For example, if your P⁴ is a policy change, you likely will not need to use the “Complete job descriptions” row in the “Tasks: Administrative” category, but you will likely need legal and wing commander approval for the change. Also included are columns to add dates for the identified tasks—these may be adjusted as appropriate for your installation.

Note about evaluation tasks: Planning your evaluation is an important part of Step 6 and is included on the tool. In addition, there is a Process Evaluation Planner Tool and an Outcome Evaluation Planner Tool to be completed as part of this step. Appendix C contains material useful for evaluation planning.

4. When the draft P⁴ Work Plan and Evaluation Planner Tools for each P⁴ are complete, distribute them to everyone involved in the implementation for feedback. Then finalize and redistribute the finished tools.
5. These tools are meant to be living documents. Regularly review the plans for each of your P⁴ while you prepare and implement each one to ensure that tasks have not been neglected. Fill in the “Date Done” column when activities are complete and update the tool as new tasks arise. You will have blank Microsoft Word versions of these tools so that you can easily make changes to them.



P⁴ Work Plan Tool

Completed by: _____ **Date:** _____ **P⁴:** _____

Tasks: Administrative	When Will It Be Done? (Time Frame)	Who Is Responsible?	Date Done
Prepare budget (see P ⁴ Budget Tool)			
Complete job descriptions			
Complete memorandum of understanding (MOU) with host site(s), partnering agencies, if any			
Tasks: Policies and Procedures	When Will It Be Done? (Time Frame)	Who Is Responsible?	Date Done
Obtain any required permissions or approvals needed, e.g. to purchase a curriculum, hire a certified trainer, buy ad space, conduct a survey, etc.			
For a formal installation policy change, have legal and the wing commander review and approve			
Tasks: P ⁴ Preparation	When Will It Be Done? (Time Frame)	Who Is Responsible?	Date Done
Designate the CSC, VPI, Community Action Team Chair, or helping agencies as the program facilitator(s), or recruit volunteers to be the facilitator(s), as needed			

P⁴ Work Plan Tool—Continued

Tasks: P⁴ Preparation	When Will It Be Done? (Time Frame)	Who Is Responsible?	Date Done
Train facilitators			
Develop CAB and installation community support through outreach (if needed)			
Confirm implementation location (at the installation or at a community-based organization)			
If needed, copy worksheets needed for program modules			
If needed, acquire and test audio/video equipment at the delivery site			
If needed, organize transportation for facilitators and/or participants			
If P ⁴ is a policy change, ensure that all relevant Airmen are informed about the change and its consequences			
Tasks: Recruitment (and Retention)	When Will It Be Done? (Time Frame)	Who Is Responsible?	Date Done
Develop and test participant recruitment (and retention) plan and materials			
Notify eligible population			
Confirm dates, time, and space and send reminders			

P⁴ Work Plan Tool—Continued

Tasks: Implementation	When Will It Be Done? (Time Frame)	Who Is Responsible?	Date Done
Detailed schedule for implementing the P ⁴ (where and when will each part of the P ⁴ be conducted—e.g., when and how will each component of a media campaign will be rolled out)			
Tasks: Evaluation			
Design evaluation and complete GTO process and outcome evaluation planner tools			
Collect data			
Enter and analyze data			
Review process evaluation data from relevant data collection tools and complete GTO Step 7 summary tool			
Review outcome evaluation data (including pre- and post-survey data) and complete GTO Step 8 summary tool			
Present results and decide which changes are needed to improve the performance and outcomes, using GTO Step 9 CQI process and tools. Adjust goals and outcomes and reassess fit and capacity in light of implementation; update Work Plan Tool on lessons learned from implementation			
Finalize documentation, inventory any supplies, and begin planning next round or next steps			

Instructions for completing the P⁴ Budget Tool

1. Make as many copies of the tool as necessary for you and your CAT to complete this tool for each of the P⁴ you have selected. The tool can be completed individually or as a team with one person as the recorder.
2. Enter the resources required to implement each of your P⁴ in each of the categories shown in the tool:
 - *Personnel*: A key task will be to determine which CAT members or other personnel are available to implement the P⁴. For some P⁴, such as programs, personnel costs will mostly involve delivering the program. For other P⁴, such as changes in policies, part of the personnel costs will involve securing support at the installation for the change and getting the approval of legal and leadership. Unlike other areas of cost, it may be most useful to think about personnel costs in terms of percentage of effort or hours of effort rather than a dollar amount. Other personnel costs unique to your installation should be included in this section.
 - *Consultants*: This might include a program developer's trainer, a supervising social worker or counselor, a marketing expert, someone who has successfully implemented your desired policy change at another installation, and so on.
 - *Program materials, equipment, and supplies*: If the P⁴ is a program, expenses should include the program's curriculum and any other purchases needed to run the program (laptop or DVD player, projector, easels, flip chart paper for facilitating activities, markers, pencils, etc.).
 - *Other (e.g., travel, transportation)*: If the P⁴ requires travel for the participants, expenses should include the cost of traveling to and from the site where the P⁴ is being conducted. Travel costs could also include those associated with sending the selected P⁴ facilitators to any training required to deliver it.

Add extra lines or categories, if necessary. You may want to create a rough draft of the P⁴ Budget Tool as you gather the information necessary to determine the costs. Consult the Step 5 section that you completed on fiscal capacities and resources to make sure all costs are included.
3. Subtotal the costs by category.
4. Enter a total of the non-personnel costs on the line provided at the end of the tool.
5. When the tool is complete, distribute it to everyone involved in implementation.
6. Be sure to update your budget periodically to account for changing costs. You may also need to complete different budgets for subsequent years. For example, the equipment costs might not repeat from year to year.



P⁴ Budget Tool

Completed by: _____ Date: _____ P⁴: _____

Item by Category	Calculation	Cost Estimate
Personnel	% effort or hours	
	Personnel Subtotal	
Materials, equipment, and supplies		
	Materials, Equipment, and Supplies Subtotal	\$
Other (e.g., travel, transportation)		
	Other Subtotal	\$
Total cost	Sum of non-personnel category subtotals	\$

Process and Outcome Evaluation Planning: The remainder of this chapter will help you document your plan for the content of your evaluation, including a process evaluation (how well the P⁴ ran relative to your plan) and an outcome evaluation (how the results compare with your desired outcomes). See Tip 6-1 to better understand the difference between process and outcome evaluation (outcome can also be thought of as impact). Completing these next two tools will help you plan the content for the process and outcome evaluations *before* you launch your P⁴. This will allow you to more effectively monitor your P⁴ while they are running. **Before completing these tools, read Appendix C, which has guidance on how to conduct process and outcome evaluations.** Then move on to the Process Evaluation Planner Tool and the Outcome Evaluation Planner Tool.



Tip 6-1. The difference between process and outcome evaluation in GTO

Process evaluation tracks *quality* of a P⁴



- Who participates in a P⁴ (Did we reach the right target population?)
- How much do participants use the P⁴ (Did target population get right “dose”?)
- How well the P⁴ was delivered (adhered to curriculum, faithful to P⁴ model)?
- How satisfied are participants?

Outcome evaluation tracks *change* in participants



- How much did P⁴ participants change on the outcome of interest (actual behaviors or behavioral risk and protective factors)?

Example for Evaluation Planner Tools: P⁴, *Moving Forward*, aims to reduce stress among Airmen

How much do participants use the P⁴?

Considerations	Methods and Data Collection	Schedule for Data Collection/Analysis	Person(s) Responsible
What % of Airmen who started the course took all 8 modules?	Completion data from Commander’s Call surveys	At Commander’s Call 1, 3, and 6 months after the intervention is announced	Volunteer evaluator

Did the P⁴ reduce stress?

Evaluation Design	Scale Name/ Questions	Source of Scale/ Questions	Items to Include
Pre-/post with comparison group	10-item measure of perceived stress scale (PSS); frequency of different stress-related feelings from 0 (never) to 4 (very often).	Cohen et al., 1983	All 10 PSS items about experiences in the past month

Instructions for completing the Process Evaluation Planner Tool

1. Make as many copies of the tool as necessary for you and your CAT to complete this task for each P⁴ that you have included in your CAP. The tool can be completed individually—for example, by the P⁴ lead—or as a team with one person as the recorder.
2. Assign a person responsible for collecting the instruments, forms, and questionnaires containing all the process information you will gather during each P⁴. The person who takes on this role needs to be especially organized and reliable.
3. Your Community Action Plan Overview Tool (GTO Step 2), P⁴ Work Plan Tools for each P⁴ you have selected (GTO Step 6), and manual or curriculum for each of your selected P⁴ (if relevant) will help you complete the tools in this step.
4. Consider each process question listed (and any you wish to add), and note your measures and other considerations for data needed in the column labeled “Considerations.” For example, for Question 1, you might enter age and gender if these are the characteristics in which you are interested.
5. Enter the *evaluation methods and data collection tools* that you will use to address the following process evaluation questions:
 - *Program participant characteristics*, such as age and gender, can be gathered in the pre-survey or via attendance or sign-in sheets.
 - *Utilization by individual participants* can be calculated from your attendance rosters. Multisession P⁴ rosters should be designed to capture the percentage of time that participants attended each session or module (100 percent, 75 percent, 25 percent, etc.). Then, you can also sum how many of the sessions each participant attended.
 - *Level of delivery achieved* may be determined by outside observers or those completing monitoring logs, checklists of required activities and core elements, or simple notes about the actual delivery, compared with the agenda or curriculum.
 - *Participant satisfaction* may be determined through participant focus group discussions, general observations, or a post-P⁴ evaluation survey that asks open-ended questions. Some P⁴ that are evidence based often have their own satisfaction surveys that you can adapt.
 - *Implementer perception* can be determined by asking questions about what implementers believed to be the successes, challenges, and opportunities related to the implementation.
 - *Work plan adherence* can be determined by reviewing the initial Step 6 Work Plan to see how closely it was followed. This could include tracking the timeliness of carrying out various tasks or the extent to which you served the number or type of expected participants.
 - **Note about different P⁴:** While this tool has questions that are useful for programs, some of these questions can also be used to track other P⁴, such as changes in policies. For example, these questions can be used to conduct a process evaluation on a policy change or to collect data about the extent to which Airmen know about the policy, the policy is consistently implemented, the policy is monitored for compliance, and consequences for policy violation are consistently applied. The rows in this tool can be applied to these questions.
6. Enter the *anticipated schedule for data collection and analysis* (i.e., when the data will be collected and the frequency of collection) and when the results will be available. Transfer key dates into the evaluation section of the Step 6 Work Plan for each P⁴.
7. Enter the *person(s) responsible* for gathering and analyzing the data. For example, the CAT member running a program P⁴ may take attendance, another Airman may monitor adherence, and the CSC may ask the CAT member running the P⁴ about their perceptions of how it went.



Process Evaluation Planner Tool

Completed by: _____ Date: _____ P⁴: _____

Process Evaluation Areas	Considerations	Evaluation Methods and Data Collection Tools	Anticipated Schedule for Data Collection and Analysis	Person(s) Responsible
1. The characteristics of participants compared with those of the target population				
2. The participants' utilization compared with the program plan				
3. Level of delivery the P ⁴ achieved (or exposure to the P ⁴), and inclusion of all planned components				
4. Satisfaction of the participants				
5. Staff's (including volunteers') perception of the implementation				
6. Adherence of implementation to the GTO Step 6 Work Plan				
7. Other				

Instructions for completing the P⁴ Outcome Evaluation Planner Tool

This tool will help you plan how to carry out your outcome evaluation for each P⁴ you have selected. While this tool allows you to create your own outcome evaluation survey items, we recommend that, whenever possible, you choose measures that already exist and have been used to evaluate programs like yours. Tip C-3 (in Appendix C) provides some suggestions on established outcome measures for several commonly addressed risk and protective factors. Some P⁴ have their own outcomes survey. With this tool, you can also choose your design (for example, pre-/post- or pre-/post- with comparison group). For some P⁴, such as policy changes, the outcomes to track are more obvious and directly connected to the policy. For example, the outcome to evaluate for a policy promoting more consistent sleep among Airmen could involve tracking hours slept.

1. Make as many copies of the tool as necessary for you and your CAT members. You will need to complete the tool for each of your CAP's P⁴ and use separate rows on the tool for each of a P⁴'s desired outcomes.
2. Review the desired outcomes statement from the SMART Desired Outcomes Tool you completed in GTO Step 2 and the CAP overview tool, and copy each desired outcome into the first column.
3. Check the appropriate box in the Evaluation Design column to indicate your choice of evaluation design for each outcome.
4. Next, identify the measure or metric and/or existing or new questions that you will use to measure each of your desired outcome statements (a scale is a group of questions on the same topic that are averaged together and used as a single score). See resources specified in the CAMs that accompany this guide, literature, and manuals, if your P⁴ is a program.
5. Select a measure that can be used to assess each desired outcome. Enter this in the next column.
6. In the next column, indicate the source from where you are pulling the scale or questions (for example, your program's survey). If you developed the questions yourself, indicate that here.
7. In the last column, enter "All" if you are using all the items in the scale, or enter the number of items from a scale that you will use.
8. With this tool completed, you can construct your outcome survey questionnaire. Add any additional questions, such as demographics or level of participation or satisfaction, that you also decide to measure.



P⁴ Outcome Evaluation Planner Tool

Completed by: _____ Date: _____ P⁴: _____

Desired Outcome	Evaluation Design	Scale Name/Questions	Source of Scale/Questions	Items to Include
	<input type="checkbox"/> Pre-/post- with comparison group <input type="checkbox"/> Pre-/post- <input type="checkbox"/> Post- only			
	<input type="checkbox"/> Pre-/post- with comparison group <input type="checkbox"/> Pre-/post- <input type="checkbox"/> Post- only			
	<input type="checkbox"/> Pre-/post- with comparison group <input type="checkbox"/> Pre-/post- <input type="checkbox"/> Post- only			
	<input type="checkbox"/> Pre-/post- with comparison group <input type="checkbox"/> Pre-/post- <input type="checkbox"/> Post- only			
	<input type="checkbox"/> Pre-/post- with comparison group <input type="checkbox"/> Pre-/post- <input type="checkbox"/> Post- only			

Tracking goals specified in the Community Action Plan Overview Tool

GTO is structured to assist your installation to conduct simple evaluations of P⁴ desired outcomes. However, you may also want to track the extent to which the broader goals you identified in GTO Step 2 (which reflect the problems identified in GTO Step 1) are still present after your P⁴ have had a chance to have an impact. This is the last column in the Community Action Plan Overview Tool. Tracking this data can be complicated. However, a sensible course of action is to track data that are easily available to your installation and that were used to conduct your needs assessment, which led to the development of your goals. That type of data is usually available at regular intervals that will allow you to assess, in a broad way, whether your whole plan (i.e., the sum of all your P⁴) is having the impact you intended. For example, you may have intended to reduce alcohol abuse, a risk factor for suicide, using a combination of awareness gained from a 0-0-1-3 responsible alcohol consumption campaign, a new program to screen and assess DUI arrestees for treatment need, and a community campaign in collaboration with Mothers Against Drunk Driving (MADD). Overall, you can look at your DUI arrest data and data on alcohol incidents to see whether they show some decrease after these programs have been well implemented. If they do, this result might suggest progress toward your overall goal of reducing alcohol abuse. Summarize how you will track these data in the last column of the Community Action Plan Overview Tool for each goal listed.



Connecting with your CAB

At this step, showing the CAB a completed draft of all tools (including your P⁴ Work Plan Tool, Process Evaluation Planner Tool, and Outcome Evaluation Planner Tool and the P⁴ Budget Tool for each P⁴) would be an excellent way to obtain feedback and buy-in from this group. For example, you may want to ask CAB members for feedback about the P⁴ that you chose for your installation. Showing the CAB how you will fit the specific P⁴ into your installation (from GTO Step 4) and how you will ensure P⁴ readiness (from GTO Step 5) could allow for leadership input that secures their support. Reviewing all the tools with the CAB will allow you to demonstrate how you are being systematic in your planning and accountable. Once the CAB has weighed in, make sure to update any tools you changed, as needed.



Checklist Completion of Step 6

When you finish working on this step, you should have:

- Finalized your P⁴ selections
- Completed the Step 6 tools for each P⁴
- Updated the CAP Overview Tool
- Identified key components and activities for each P⁴ on the Work Plan Tool
- Considered and selected participant recruitment strategies, if applicable
- Completed a budget for each P⁴
- Designed and planned a process and outcome evaluation for each P⁴
- Obtained CAB approval
- Included the completed Step 6 tools for each P⁴ in your CAP document

Before moving on to Step 7

Now that you have finalized your choice of P⁴ and how to evaluate it, you can go back to the Community Action Plan Overview Tool and fill in the last four columns. With the guidance provided in Appendix B, you are ready to assemble your CAP document.



Chapter Seven

GTO Step 7—Process Evaluation

What is GTO Step 7?

The process, or implementation, evaluation tells you how well plans are being put into action and helps routinely and systematically monitor areas that are important to making a P⁴ successful. This step involves evaluating how well a P⁴ was implemented: Did it run according to your plan, and how well did it go? This step is called *process evaluation* because the collected data track the process of P⁴ implementation, as opposed to the outcomes experienced by the participants (which are covered in GTO Step 8). Process evaluations of P⁴ that are programs typically track attendance of participants and adherence to the program model. They may also involve asking P⁴ participants or P⁴ implementers about how well they thought the P⁴ was delivered. Process evaluations of other P⁴-like policies may track awareness of the policy, the amount of exposure to it, and how consistently the policy was applied. All process evaluations should include a review of how well you followed your work plan. A process evaluation should be planned before a P⁴ begins and should continue while the P⁴ is running. This is why the planning of your process evaluation took place in GTO Step 6, which included the Process Evaluation Planner Tool, to plan for evaluation activities before each P⁴ starts.

WHAT DOES GTO STEP 7 DO?

This step provides guidance on how to interpret data for a process evaluation, the results of which provide information about how well a P⁴ was implemented.

Why is GTO Step 7 important?

This kind of evaluation is important because the results inform the kinds of improvements that should be made for subsequent rounds of implementation. In addition, it is important to understand how implementation went in order to interpret the outcome evaluation. If the process was significantly flawed, the evaluation may explain why the desired outcome was not achieved. If the desired outcome was achieved, it is important to know how the P⁴ was delivered so that it can be replicated in the future.

Examples of process evaluation questions for a P⁴ that is a program include the following:

- How many people attended, compared to the number planned for?
- How much of the P⁴ did participants receive? What was the dropout or attrition rate during the course of the P⁴?
- Did the facilitator deliver the entire P⁴ as designed?

- Were participants satisfied? Did they think the P⁴ was helpful and worth their time?
- What did those who implemented the P⁴ think about how it went?

Examples of process evaluation questions for a P⁴ that is a policy include the following:

- How many Airmen know about the policy?
- How much do Airmen covered by the policy know about it?
- How consistently was the policy applied?

The process evaluation will also tell you whether you need to make midcourse corrections (e.g., improve attendance because attendance is weak; increase communication about a policy change) or changes to your work plan for ongoing P⁴ implementation. Such data will provide you with information that may be useful to other installations doing the same P⁴, to planners in Air Force leadership, and to your understanding of the outcomes of your P⁴.

How do I carry out GTO Step 7?

By the time you have come to this step, you should have already completed the GTO **Process Evaluation Planner Tool** for each P⁴ you included in your CAP (in GTO Step 6). Make sure to execute your process evaluation plans carefully. Failure to follow through with the data collection you planned could undermine your ability to improve the P⁴ over time.

Once you have collected the data called for in your evaluation plan, complete the **Process Evaluation Results Summary Tool** for each P⁴ you have implemented, and consider changes needed to improve the P⁴ for the future based on your process evaluation results. If a P⁴ is run continuously and does not show good process evaluation results early on (for example, if results include poor satisfaction or poor policy awareness), you will need to identify a time when you can make a change to how you run that P⁴ going forward.

For examples of completed tools, refer to any of the companion CAMs available in the Related Products section at www.rand.org/t/TL311.

Instructions for completing the Process Evaluation Results Summary Tool

1. You will complete a Process Evaluation Results Summary Tool for each P⁴ you have implemented.
2. Ask the person(s) you identified to collect and analyze the data in the Process Evaluation Planner Tool to provide the results for which they were responsible. The tool can be completed individually or as a group with one person as the recorder.
3. Enter the results that answer the evaluation questions in the Process Evaluation Results Summary Tool. Be sure that the questions in the Process Evaluation Results Summary Tool are the ones you included in your Process Evaluation Planner Tool.
 - *P⁴ participant characteristics* describe the demographics of the P⁴ participants (e.g., number of participants, gender, ethnicity, and age). For programs, this information would likely come from a survey that was used before and after the program was run. For a policy, the characteristics could be those of the entire installation or of those who violated a certain policy (e.g., banning alcohol) or utilized what the policy established (e.g., a mental health referral service). Compare the actual P⁴ participant characteristics with those for the population you targeted for this P⁴ on row 9 of the Step 2 Triaging

Among Problems Tool. Consider whether the P⁴ actually served those you intended to serve.

- *Participants' utilization of P⁴* for a program can be calculated from attendance information. You could calculate the percentage of participants who have perfect attendance (number with perfect attendance divided by all who participated), the overall attendance rate for the whole group (total number of sessions attended by all divided by total number of sessions the group could have attended), or the overall attendance for each session of the P⁴ (number of participants who attended the session divided by total number of participants enrolled in the P⁴). If the P⁴ consists of only one session, calculate attendance as a percentage of the total anticipated or targeted. Utilization could also be calculated for use of a practice, procedure, or policy.
- *Level of delivery achieved by P⁴* will depend on the measure you use. For example, you might calculate the percentage of activities fully completed, partially completed, and not at all completed for each session or component of a program. Also, this section is where you would summarize results about the awareness of and consistent application of new policies.
- *Participant satisfaction and staff perception of any type of P⁴* will also depend on the measure you are using. If you are using a measure that asks open-ended questions, look across the answers for general themes. If you are using a survey with defined answer choices, calculate the averages or frequencies of the questions.
- *Work plan adherence* describes the percentage of activities that you skipped or failed to deliver based on your work plan.



Process Evaluation Results Summary Tool

Completed by: _____ Date: _____ P⁴: _____

Process Evaluation Questions	Process Evaluation Data and Results
What were the characteristics of P ⁴ participants compared with those of the target population?	
What was the participants' P ⁴ utilization compared with the P ⁴ plan?	
What level of delivery did the P ⁴ achieve, and did all planned components get delivered?	
How satisfied were the participants?	
What was the staff's (including volunteers) perception of the P ⁴ ?	
How closely did the P ⁴ implementation follow the GTO Step 6 Work Plan?	
Other	



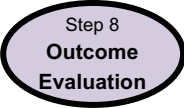
Checklist Completion of Step 7

When you finish working on this step, you should have:

- Carried out the process evaluation data collection specified in your P⁴ Process Evaluation Planner Tool (from GTO Step 6)
- Analyzed the data collected
- Completed the Step 7 Process Evaluation Results Summary Tool for each of your P⁴

Before moving on to Step 8

Once you've finished analyzing and summarizing your process evaluation data, you are ready to move on to GTO Step 8. There, you will analyze and summarize your outcome evaluation data to examine whether you are achieving the changes you seek for individuals receiving your P⁴.



Chapter Eight

GTO Step 8—Outcome Evaluation

What is GTO Step 8?

GTO Step 8 involves evaluating how well your P⁴ achieved its intended outcomes. Outcome evaluation can answer questions—for example, did the participants in the P⁴ change on the desired outcomes, such as knowledge, attitudes, skills, and behaviors? Each of your CAP P⁴ should have an outcome evaluation plan from GTO Step 6. Outcome evaluation for each P⁴ should be planned before the P⁴ begins and should have specific time points for data collection, such as before and after the P⁴ has gone through a complete cycle. This step is called *outcome evaluation* because the collected data track the desired outcomes of the P⁴ (established in GTO Step 2), as opposed to the process of P⁴ delivery (GTO Step 7).

WHAT DOES GTO STEP 8 DO?

This step helps with using the results from your outcome evaluation. An outcome evaluation reveals how well a P⁴ met the goals and desired outcomes set for it in Step 2.

Why is GTO Step 8 important?

This kind of evaluation is important because it shows what differences the P⁴ made. Combined with the results of your process evaluation (GTO Step 7), this step will begin identifying areas for improvement to help address any missed outcomes in an effort to improve the P⁴. Outcome evaluation results can help you demonstrate the effectiveness of your P⁴ and make the case for continuing the program to Air Force leaders and other stakeholders.

Of course, the most important reason to evaluate a P⁴ is to learn whether it is having an impact on the lives of Airmen. However, sharing results in simple, meaningful ways can have other useful impacts as well. For example, reporting positive results to superiors can build support to keep the selected P⁴ running. Keep in mind that different groups of stakeholders may be interested in different types of information. A wing commander may simply want the B-L-U-F (bottom line up front). Members of the installation CAT may want more details. In Tip 8-3, we have included some different ways that information might be reported for different audiences.

How do I carry out GTO Step 8?

Analyzing data

By the time you have come to this step, you should have been executing the outcome evaluation data collection plan that you established in GTO Step 6. Now that you have gathered your data, the next step involves analyzing them. It may be worthwhile to consult an expert in data analysis procedures to ensure that you are using appropriate techniques. Just as there are quantitative and qualitative data collection methods, there are also quantitative and qualitative data analysis methods. When using quantitative data collection methods, such as surveys, it is common to use quantitative data analysis methods, such as comparing averages and frequencies. Sometimes, your analysis may simply involve comparing your results on some indicator to an established benchmark that you set in GTO Step 2. If you are using evaluation measures from the P⁴ developers, the measures might have scoring criteria or might tell you what values are expected from P⁴ participants so that you can assess whether the P⁴ is having the intended effect. The P⁴ Outcome Evaluation Results Summary Tool can help you analyze and summarize quantitative data.

Interpreting the results

Whatever the outcomes, you will need information from both GTO Step 7 (Process Evaluation) and Step 8 (Outcomes Evaluation) to tell you what is happening with your P⁴. That is because, in order to reach desired outcomes, the P⁴ need to be both implemented well (assessed by GTO Step 7) and based on good evidence (assessed by GTO Step 3). In other words, good evidence + good implementation = results. A poorly designed P⁴, even if implemented perfectly, will not produce desired outcomes. Conversely, a strong P⁴ that is implemented poorly will not produce desired outcomes. Therefore, if you do not achieve the outcomes that you hoped for, a process evaluation can give you clues about why: If the process evaluation showed that the implementation was good, maybe the P⁴ was not ideal. If the process evaluation showed that the implementation was poor, maybe it was the poor implementation that led to poor outcomes. You can only conclude this with information from both types of evaluations. Interpreting your results in a thoughtful way helps you see what's working and what you need to change.

Finally, another consideration in interpreting outcome data is reconciling the conclusions from tracking both short-term and long-term outcomes. The evaluation of short-term outcomes might show that the P⁴ was successful—for example, Airmen improved their knowledge of the dangers of DUI. However, it is possible that tracking long-term outcomes—actual incidents of DUI on and near the installation—shows that the long-term outcome is unchanged. How can you reconcile those two results? One possibility is that not enough Airmen were exposed to the P⁴ to improve the long-term outcome. Another possibility may be that simply improving knowledge does not translate into actual behavioral changes. As you can see from this example, long-term outcomes are more difficult to improve than short-term outcomes. The conclusions that you come to using the data that you collect will help you develop a plan for continuous quality improvement (CQI), discussed in more detail in GTO Step 9. For example, in the above example, if the P⁴ seems to be working for those exposed to it, the improvement may simply be to increase the P⁴ delivery to more Airmen. Alternatively, maybe the P⁴ needs to be strengthened beyond targeting knowledge to have a chance at improving long-term outcomes.



Tip 8-1. Reporting evaluation results for different audiences

Stakeholder	Information of interest	Example of reporting method
Leadership, including the CAB	Is the P ⁴ is working in the time promised?	Executive summary of findings; full report available upon request
CAT	How is feedback being incorporated?	Detailed report with executive summary of findings
Airmen and families	Is the P ⁴ working? How is the P ⁴ impacting community members?	Executive summary of findings and accompanying presentation, flyer, or web page
Representative of the helping agencies	Is the P ⁴ working? How can the P ⁴ be improved?	Detailed report with executive summary of findings
Public, Congress	Is the P ⁴ working? What is its return on investment?	Executive summary of findings and accompanying presentation, flyer, or web page

SOURCE: Adapted from Hannah, McCarthy, and Chinman, 2011.

Instructions for completing the P⁴ Outcome Evaluation Results Summary Tool

This tool helps interpret your quantitative data to see how much impact each of your P⁴ has had on the desired outcomes. With this tool, you can summarize your pre- and post- scores for your P⁴ participants and a comparison group (if you have one). While much of this guidance is appropriate for surveys, it can also be used to summarize other kinds of quantitative data (e.g., number of referrals to mental health services, number of incidents of harassment reported). For examples of completed tools, refer to any of the companion CAMs available in the Related Products section at www.rand.org/t/TL311.

1. Make as many copies of the tool as you need. The tool can be completed by your evaluator or CAP facilitator or as a group with one person as the recorder.
2. Copy over your measures (scales of questions, other indicators) from the P⁴ Outcome Evaluation Planning Tool.
3. Enter the results from your measures in the remaining columns.
4. If you have pre-P⁴ data, calculate the pre-P⁴ averages for the participants:
 - o Calculate averages across all participants for each scale, item, or other type of data. Add the scores for each participant together, then divide by the number of

participants. Place this final number into the Pre-P⁴ Score column of the tool in the space labeled “P⁴.” Do the same for each data source.

5. Repeat the same procedure to generate post-P⁴ averages, if you have post-P⁴ data.
6. If you have data for a comparison group, you will need to calculate pre- and post-averages for each scale, item, or other type of data and enter them into the tool in the space labeled “Comparison” (below the participants’ scores) or write in “Not applicable” (N/A).
7. For each scale, item, or other type of data, calculate the percentage change from the pre- to post- averages:
 - Subtract the pre-P⁴ average from the post-P⁴ average.
 - Divide the result by the pre-P⁴ average.
 - Convert the result to a percentage (multiply the result by 100).
8. If you used a comparison group, calculate the percentage change for that group as well (for each scale, item, or other type of data), and enter it in the appropriate column.
9. Briefly summarize the meaning of each result in the “Interpretation” column. First, consider whether the change meets the desired outcome you established in GTO Step 2. Next, consider how big the change was overall. In general, small movement in either direction should not be taken to mean that a genuine change has occurred. In general, the bigger the change, the more confident one can be that it is genuine (although there are many caveats to this rule of thumb). Although it may be challenging, measuring against a comparison group can be helpful. For example, a 20-percent increase in the number of Airmen getting adequate sleep may or may not be a genuine change. But that result considered against a 10-percent decrease in a comparison group could suggest that there was a genuine positive change because of the P⁴.



P⁴ Outcome Evaluation Results Summary Tool

Completed by: _____ Date: _____ P⁴: _____

Metric/Item/Scale /Other data Name	Pre-P ⁴ Score	Post-P ⁴ Score	Percentage Change [(post- minus pre-) divided by pre-]	Interpretation
	P ⁴ :	P ⁴ :		
	Comparison:	Comparison:		
	P ⁴ :	P ⁴ :		
	Comparison:	Comparison:		
	P ⁴ :	P ⁴ :		
	Comparison:	Comparison:		
	P ⁴ :	P ⁴ :		
	Comparison:	Comparison:		
	P ⁴ :	P ⁴ :		
	Comparison:	Comparison:		
	P ⁴ :	P ⁴ :		
	Comparison:	Comparison:		

Assessing goals specified in the Community Action Plan Overview Tool

In GTO Step 6, you thought about how to track your broader goals. By the time you get to GTO Step 8, you may have had the opportunity to collect some of the data you need to assess your overall goals (e.g., data from your needs assessment). You will need to be careful when interpreting these types of data. Desired outcomes tied directly to P⁴ are generally easier to improve than the type of data you used in your needs assessment. Thus, your P⁴ might be working well, but you still might not see change in your overall goals. This result could mean that not enough Airmen went through the P⁴ to improve the whole installation's goals. It could also mean that you need more time for the P⁴ to have an impact. Another explanation could be that different P⁴ are needed. A good example is awareness-building events. An installation could be very successful at running awareness-building events about the consequences of alcohol abuse (i.e., meet the desired outcomes of building awareness), but if that is all the installation is doing, then it is unlikely that the installation will address the overall goal of having fewer DUI incidents. In Step 9, you will look at all of your data to brainstorm ways to improve your P⁴.



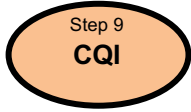
Checklist Completion of Step 8

When you finish working on this step, you should have:

- Collected and analyzed your outcome evaluation data for each P⁴
- Completed the Step 8 tool for each P⁴
- Collected data to broadly evaluate your goals
- Interpreted your results in preparation for doing CQI (GTO Step 9)

Before moving on to Step 9

You should have some idea at this point about how much of your desired outcomes you have achieved. The final two steps in this process will help you reflect on what you've done, fine-tune your work before you conduct your P⁴ again, and bring together a set of ideas about how to sustain your work.



Chapter Nine

GTO Step 9—Continuous Quality Improvement (CQI)

What is GTO Step 9?

Step 9 will help you use your process and outcome evaluation data to determine what worked well, where there is room for improvement, and what changes may be needed the next time you run the P⁴. CQI is a process for deciding what changes can be made that will result in improvement.

The Step 9 CQI Review Tool will help you create a snapshot of your P⁴'s successes and shortcomings and prompt you to identify and plan to start necessary improvements. Although it began in manufacturing, CQI is becoming a part of routine operations in many health and social services organizations and can be applied across all P⁴, representing an emphasis by the organization on the quality of its services.

WHAT DOES GTO STEP 9 DO?

This step provides a framework for using process and outcome evaluation data to make P⁴ improvements.

Why is GTO Step 9 important?

Step 9 is important because CQI takes advantage of what you have learned over time from your process and outcome evaluations to improve the P⁴ for the future without starting over. It puts the investment made in evaluation to work by using the results to make changes and understand their effects as you continue to implement your P⁴. It helps all staff to keep your P⁴ fresh and a good fit for your participants, your organization, and your community.

How do I carry out GTO Step 9?

The CQI Review Tool will prompt you to summarize your evaluation data and work back through GTO Steps 1 to 8 as you assess what went well and what should be improved. You will evaluate whether you met the goal and desired outcomes you created in GTO Step 2 using the results from your process and outcome evaluations. This will prepare you to decide whether and how to revise your goals and desired outcomes, reassess fit and capacity, and revise your work plan for future P⁴ implementation. The next step is to assess whether the changes you make will prove to be effective.

Instructions for completing CQI Review Tool

1. Make as many copies of the tool as necessary for you and your team to complete this task. The tool can be completed individually or as a group with one person as the recorder. Try to include as many stakeholders (e.g., CAT members) as possible in this review. For examples of completed tools, refer to any of the companion CAMs available in the Related Products section at www.rand.org/t/TL311.
2. Assign a person responsible for collecting the completed GTO tools, including the notes containing all the process and outcome evaluation data gathered during the course of the P⁴. You will also need your P⁴ materials (e.g., program manuals, policy documents) to help you complete this tool.
3. Complete the first section: “Priorities for Action.” Use materials gathered and generated in GTO Step 1 (Needs and Resources Assessment) to enter your P⁴’s information in the “Targeted Need” column. This could come from row 8 in the GTO Step 1 Triaging Among Problems Tool. Using the SMART Desired Outcomes Tool from GTO Step 2 (Goals and Desired Outcomes), enter the desired outcome statement associated with each need.
4. Use outcome evaluation data. From your interpretation of the results in your Outcome Evaluation Summary Tool (GTO Step 8), check the impact on each of the SMART desired outcomes (“Exceeded,” “Reached,” or “Missed”). Finally, determine whether any further action is needed (“Yes” or “No”). Further action may be needed if you did not reach your desired outcome or if you believe that there is room for improvement.
5. Complete the second section: “Process Evaluation.” Using your GTO Step 7 Process Evaluation Summary Tool, complete the sections describing P⁴ dates and target population (this part of the tool is mostly designed for programs, but it can still be adapted for other P⁴, such as policies). The lettered fields are asking for (A) total target population, (B) total number of participants who attended at least one session of the program, (C) total number of participants who attended every session of the program, and (D) total number of participants included in the process evaluation. You can then calculate the percentage of your target population that actually attended (D divided by A) and then the percentage of actual participants included in the evaluation (D divided by B). For assessing other P⁴, such as policies, you could change the prompt about Adherence/Delivery to one that assesses knowledge of the policy (*knowledge of the policy* assesses the degree to which those implementing the new policy adequately promoted it, a key aspect of delivery for this type of P⁴).
6. Complete the third section: “Planning P⁴ Improvements.” Once you know more about what has worked and not worked, you can make decisions about changes to make before the P⁴ is implemented again. The questions in this section prompt you to review past GTO steps. If your answers suggest that changes are needed, you might need to rework tools from previous steps. For example, if you need to change your goal or desired outcomes, you may need to make changes to the scales in your Outcome Evaluation Survey Tool. If you decide that you need to make changes in any GTO step, go back and update the relevant GTO tool. Answer each of the questions honestly, and, where needed, create strategies for improvement for your next implementation.

For more information on making a small change and understanding whether it makes a difference, review *Promoting Success: A Getting To Outcomes Guide to Implementing Continuous Quality Improvement for Community Service Organizations*, by Sarah B. Hunter, Patricia A. Ebener, Matthew Chinman, Allison J. Ober, and Christina Y. Huang,

Santa Monica, Calif.: RAND Corporation, TL-179-NIDA, 2015
(<http://www.rand.org/pubs/tools/TL179.html>). It provides more-specific guidance on conducting CQI.



CQI Review Tool

Completed by: _____ Date: _____ P⁴: _____

1. Priorities for Action			
Targeted Need	Desired Outcome	Outcome Evaluation Result (Check one box and explain)	Action Needed? (Yes/No & explain)
		Progress on desired outcome: <input type="checkbox"/> Exceeded <input type="checkbox"/> Reached <input type="checkbox"/> Missed	
		Progress on desired outcome: <input type="checkbox"/> Exceeded <input type="checkbox"/> Reached <input type="checkbox"/> Missed	
		Progress on desired outcome: <input type="checkbox"/> Exceeded <input type="checkbox"/> Reached <input type="checkbox"/> Missed	
		Progress on desired outcome: <input type="checkbox"/> Exceeded <input type="checkbox"/> Reached <input type="checkbox"/> Missed	

2. Process Evaluation		
Dates and Participation Targets		
P ⁴ dates: _____		
A. Total target population: _____		
Target population characteristics:		
P⁴ Adherence/Delivery		
B. Total P ⁴ participants who attended at least one session: _____*		
C. Total who attended every session: _____		
What level of P ⁴ adherence did you achieve (offer activities according to P ⁴ requirements), and what evidence do you have to document this level of adherence?		
Process Evaluation Results	Divide the Total at B by the Total at A	Divide the Total at D by the Total at B
D. Total participants in evaluation: _____	% of target: _____ (B ÷ A × 100)	% of actual: _____ (D ÷ B × 100)
Evaluation participants (check all that apply): <input type="checkbox"/> Facilitators or staff <input type="checkbox"/> Participants (all) <input type="checkbox"/> Participants (some) <input type="checkbox"/> Others _____		
How well does the evaluation represent the population served? (check one): <input type="checkbox"/> Not at all well <input type="checkbox"/> Somewhat well <input type="checkbox"/> Very well		

* For assessing a new policy, this question could ask how many Airmen know about the new policy.

3. Planning P⁴ Improvements		
Step-by-Step Review	Response	Changes for the Next Time?
<p>Were the problems identified the right problems to be addressing with our P⁴? (GTO Step 1) Are there other problems that should be addressed? Have the problems changed? Should we ‘stay the course’ with the current P⁴?</p>		
<p>Do we need to change goals and desired outcomes or potential participants? (GTO Step 2) Target different conditions or behaviors? Reset benchmarks up or down?</p>		
<p>Should we consider another P⁴? (GTO Step 3) Or are there other improvements we need to make?</p>		
<p>Does the P⁴ still philosophically and logistically fit our installation, community, and participants? (GTO Step 4) If not, why not? What adaptations could be made? Were any adaptations made? How did that go?</p>		
<p>Do we have the readiness (willingness and capacities) to do the P⁴ well? (GTO Step 5) Has there been a shift in resources? Are new staff capacities needed?</p>		
<p>How well did we plan? (GTO Step 6) Any suggestions for improvement? Anything missing?</p>		
<p>How well did we implement the P⁴? (GTO Step 7) Did we implement the P⁴ with adherence—i.e., were the core components delivered? What are the main conclusions from the process evaluation?</p>		
<p>How effectively did the P⁴ help us reach our desired outcomes? (GTO Step 8) What are the main conclusions from the outcome evaluation?</p>		



Checklist Completion of Step 9

When you finish working on this step, you should have:

- Completed the Step 9 tool
- Documented successful P⁴ activities
- Assessed which P⁴ activities did not work well overall or for specific groups
- Identified areas for improvement
- Created strategies for improvement
- Increased buy-in within your organization by soliciting and acting on the suggestions of P⁴ staff

Before moving on to Step 10

In Step 10, we will present ideas about how to sustain the successes of your P⁴. While some ideas will call for new actions, other ideas will relate to work you have already completed in past GTO steps.



Chapter Ten

GTO Step 10—Sustainability

What is GTO Step 10?

This step will help you think through whether and how you can continue to deliver your P⁴ over time so that you reach the goal and desired outcomes established during GTO Step 2.

Sustainability involves a deliberate effort to integrate the core elements of the P⁴ into the routine of your installation. This may include difficult discussions with your CAT, wing commander, and Airmen about what to change or discontinue if the P⁴ is not meeting established goals.

GTO Step 10 contains one tool: the Sustainability Review Tool. However, you will rely heavily on many of the tools from GTO Steps 1–9 to guide your discussions about sustainability efforts and completion of this tool.

There are two important questions to consider during this step:

- What is working that should be sustained?
- How do we sustain activities that should continue?

After you have gone through the evaluation and quality improvement steps, you may determine that your P⁴ is not performing well. For example, if the implementation of the P⁴ was done well but the outcomes were still not achieved, that would suggest that the program may not be effective in your setting. Thus, it may be appropriate to discontinue the P⁴. While this can be disappointing and disruptive, discontinuing a P⁴-based on sound data analysis can be the best decision. A key point is that it will be important to inform your key stakeholders about how you came to this decision. If leaders understand that it was a data-driven decision, they will likely be supportive. After discontinuing a P⁴, it will be important to restart the GTO process to choose another P⁴ that can address the problems and achieve the goals and desired outcomes you set.

WHAT DOES GTO STEP 10 DO?

This step guides you through some questions to consider when making decisions about whether your organization should continue a P⁴.

Why is GTO Step 10 important?

First, if the original problem still exists, and your P⁴ shows that it achieves outcomes, then there is still a need for your P⁴. By sustaining the P⁴, your installation and its Airmen will continue to get benefits from the large investment in starting the P⁴. Sustaining effective P⁴ maintains the positive feelings that your successful P⁴ generated among installation leaders, Airmen, and funders and adds to your reputation for delivering quality, evidence-based P⁴.

As when planning to deliver P⁴ modules, sustainability should also be thoughtfully planned. The following are suggestions for improving sustainability that could be included in a sustainability plan.

P⁴ documentation: Make sure that all aspects of your P⁴ are documented so that key knowledge does not leave the installation in the event of turnover in your implementation team.

P⁴ effectiveness: By creating and maintaining high visibility of P⁴ that are showing positive results (through publicizing the activities and positive evaluation results of your P⁴), you can establish a reputation for effectiveness and increase your P⁴'s likelihood of being sustained.

P⁴ financing: P⁴ that rely completely on a single source of funds are more vulnerable than those with a diversified funding base. Taking the following actions can improve your chances of sustaining your P⁴: (1) Plan initially for eventual funding cutbacks, (2) cultivate additional resources while the P⁴ is ongoing, and (3) adopt an entrepreneurial spirit in seeking additional support.

Training: The more individuals who are trained to deliver a P⁴ in an organization, the more likely that P⁴ will continue to survive, even in the face of turnover. These individuals can continue to provide programming, train others, and form a constituency to support the P⁴.

Institutional readiness to do P⁴: The readiness of the institution implementing the P⁴ is related to sustainability. As covered in GTO Step 5, the more motivation, general capacities, and innovation-specific capacities exist, the more likely it is that the P⁴ will be continued.

Integration with existing P⁴ or services: P⁴ that are *stand-alone*, or self-contained, are less likely to be sustained than P⁴ that are well integrated with the host organization(s). In other words, if the P⁴ does not interact and integrate with other P⁴ and services, the P⁴ will be easier to cut when the initial funding ends. Therefore, P⁴ personnel should work to integrate their P⁴ rather than to isolate and guard them.

Fit within your community: Your P⁴ should demonstrate value over preexisting P⁴. This will enhance your potential for sustainability of the P⁴.

P⁴ champions: P⁴ sustainability sometimes can depend on generating goodwill for the P⁴'s continuation. Goodwill often depends on obtaining an influential P⁴ advocate or "champion." This person can be internal to the organization (for example, a high-ranking member of the CAT) or external (for example, a CAB leader).

Direct oversight: Simply put, a P⁴ will more likely continue when a staffer is directly assigned to manage it and knows that his or her supervisor will be asking about its progress.

How do I carry out GTO Step 10?

Like GTO Step 9, GTO Step 10 involves a global or comprehensive review of (1) what you have done to date and (2) what you will do in the future to promote the P⁴'s sustainability. In this section, you will address these questions, record your answers, and indicate the next steps needed to sustain your P⁴.



Tip 10-1. Looking at the GTO steps with an eye toward sustainability

Each of the GTO steps provides a lens through which to assess different elements of sustainability. Here are some suggestions to guide your thinking on this important topic.

Getting started	Continue to build relationships. Whether you are starting something new or refining an existing P ⁴ , relationships are always important to your success. Get buy-in all along the way from a diverse group of participants.
GTO Step 1	Ensure that the selected P ⁴ is based on real needs in the community. As needs change, assess whether and how your P ⁴ can meet those changing needs. Identify what sorts of resources you might need to sustain the success of the P ⁴ .
GTO Step 2	Choose goals and desired outcomes that are meaningful and important to P ⁴ participants and your other stakeholders. Working toward goals that your stakeholders care about will help you gather support from your stakeholders to sustain the P ⁴ .
GTO Step 3	Ground your efforts in what works. This will increase staff competence and confidence and help you deliver a strong P ⁴ .
GTO Step 4	Take time to continually assess fit. The more congruent your P ⁴ is with existing needs, resources, and characteristics in your population, community, and installation, the easier it will be to gain support for it.
GTO Step 5	Develop important capacities in an ongoing way. Training is important to ensure that your staff and volunteers know how to deliver a P ⁴ . Ongoing training ensures that new staff are always up to date on your P ⁴ and operations.
GTO Step 6	A good work plan tells your story. Developing and using a clear work plan optimizes your use of time, energy, and resources. It brings together all your research, assessments, goals, outcomes, and evaluation plans, which will help you track your work, communicate what you are doing, and more easily attain the goals of an effectively implemented P ⁴ .
GTO Step 7	Process is important. Identifying strengths, weaknesses, and areas for improvement will increase your overall effectiveness, which helps build support for your P ⁴ .
GTO Step 8	Positive outcomes are crucial. The centerpiece of sustainability is achieving positive outcomes. Clearly demonstrate the effectiveness of what you've done and tie it to your vision, goals, and the needs in your community. Involve the participants. Collect stories, especially from those who have completed the P ⁴ and feel that it worked well for them.
GTO Step 9	Revitalize your work. Looking for ways to continuously improve what you are doing keeps your work fresh and current and strengthens your overall P ⁴ .
GTO Step 10	Plan for sustainability. You won't know where you are going on this important topic if you do not describe your goals and figure out how you'll know when you get there.

SOURCE: Hannah, McCarthy, and Chinman, 2011.

Instructions for completing the Sustainability Review Tool

1. Make as many copies of the tool as necessary for you and your team to complete this task. The tool can be completed individually or as a group with one person as the recorder. For examples of completed tools, refer to any of the companion CAMs available in the Related Products section at www.rand.org/t/TL311.
2. Assign a person responsible for collecting the completed GTO tools, including notes containing the process and outcome evaluation data gathered in the course of the P⁴. You will also want any written guidance (for example, a program manual or policy guidance) that came with your chosen P⁴ to help you complete this tool.
3. This tool has two sections. The first pertains to the work you have done to date, and the second pertains to the work you will do to sustain the P⁴ in the future.
4. Follow the questions and the guidance provided in each row. By answering each question, you will address what you have done to date and how you want to do things in the future.



GTO Step 10 Sustainability Review Tool: Current Status

Completed by: _____ Date: _____ P⁴: _____

	Questions (use your GTO tools as you address these questions)	Answers	Next Steps (Explain or enter “N/A”)
What we have done in the past	<p>Does the need for the P⁴ continue? Has the need for the P⁴ changed or remained the same? Are there any new concerns?</p>		
	<p>Are our results good enough to continue doing the P⁴? Look at your results and determine the P⁴'s impact on the participants.</p>		
	<p>What particular result can we use to justify the P⁴? Any goal or desired outcome that you achieved may be a good “result” to share with stakeholders to justify the P⁴. Look at the Goals and CQI tools to see what desired outcomes were reached or exceeded. Highlight any dramatic improvement from your data.</p>		
	<p>What should we change about the way we do the P⁴? Using evaluation data and the CQI tool from GTO Step 9, think about the process—recruitment, enrollment, attendance, logistics, etc.—and consider whether one or more of these activities could be strengthened or changed to be a better fit for your site and staff.</p>		
	<p>Who knows the P⁴ and supports keeping it going here? Consider which individuals at the installation are champions of this P⁴—i.e., influential people who really like the P⁴—and are enthusiastic about it, including leadership. Should somebody else be brought on? Who is going to take the lead?</p>		



Sustainability Review Tool: Future Work

Completed by: _____ Date: _____ P⁴: _____

	Sustainability Questions	Answers	Next Steps
What we will do in the future	<p>Where will the GTO tools, the P⁴ evaluation, and the P⁴ manual and materials be kept? Decide who will have access to them and consider how this is the same or different from other P⁴ materials at your installation. Where do you currently keep them?</p>		
	<p>Who will be in charge of making the P⁴ happen? Also, think about who is trained to be the facilitator, how that decision was made, and what supervision would be necessary.</p>		
	<p>Who else is in favor of and needs to be involved in keeping the P⁴ going? Think about the Wing Commander, the Community Action Team, the CAB, and the community of Airmen. Should a new champion be added?</p>		
	<p>Who will do the evaluation and pre-/post- surveys, track attendance, and monitor adherence? When (how often) and to whom will the results be reported? Think about who could lead these activities (1 person or more—staff or an outside group). Think about how to organize the results and who needs to see them. Also think about whether your evaluation plans should be revised.</p>		
	<p>How much funding, if any, do we need for running the P⁴? Are there resources other than funds that are needed to run the P⁴ well (e.g., for recruitment, good attendance, supplies)?</p>		
	<p>When will we run the P⁴ again? And when will we revise the Step 6 Work Plan? Consider the different times of year or days and times of the week and what worked best in the past. Think about lead time needed to look back at the Work Plan and revise it if needed.</p>		
	<p>How can we keep staff trained in the P⁴? The more staff are trained, the more likely you will be able to continue the P⁴. Look back at the P⁴ materials and what is required of facilitators. Consider who could be trained and who would be responsible for doing the training.</p>		



Checklist Completion of Step 10

When you finish working on this step, you should have:

- Completed the Step 10 tool
- Reviewed how each of the previous steps helps with sustainability
- Identified at least one respected P⁴ champion
- Developed a sustainability plan

APPENDIXES

Appendix A

GTO Glossary of Terms

(When relevant, the GTO step associated with that term is provided in parentheses.)

Activities are the important parts of an EBP⁴ that need to be implemented to reach the desired outcomes (GTO Step 6—P⁴ and Evaluation Work Plan).

Adaptation is the process of changing an EBP⁴ to make it more suitable to a particular population or an organization's capacity without compromising or deleting the activities of the P⁴ that make it effective (often called core components) (GTO Step 4—Fit).

Capacities are the resources (staff, skills, facilities, finances, and others) that an organization has to implement and sustain a P⁴ (GTO Step 5—Readiness to Implement P⁴).

Continuous quality improvement (CQI) is a systematic assessment using feedback from evaluation information about planning, implementation, and outcomes to improve P⁴ (GTO Step 9—Continuous Quality Improvement).

Culture can be thought of as a person's or an organization's values, practices, beliefs, religion, customs, rituals, language, and/or ethnicity/race, for example (GTO Step 4—Fit, GTO Step 5—Readiness to Implement P⁴).

Desired outcomes are specific changes in behaviors and risk and protective factors that you expect to result from a specific P⁴. They make a broad goal—such as reducing suicide rates—more concrete. Well-written desired outcomes are specific, measurable, achievable, realistic, and time based (SMART) (GTO Step 2—Goals and Desired Outcomes).

Dosage is a way to show how much of a P⁴ a participant receives. Depending on the P⁴, dosage can be the amount of time spent, the number of sessions or modules completed, or the number of activities in which a participant actually takes part (GTO Step 6—Plan, GTO Step 7—Process Evaluation).

An **evidence-based program** or **evidence-based P⁴ (EBP or EBP⁴)** has been demonstrated through rigorous research methods to achieve positive outcomes. P⁴ that are not evidence based may be evidence informed or adapted from another EBP⁴—for example, they may be adapted for military application—but not yet tested. Others may be promising based on preliminary evidence or developed based on best practices.

Fidelity describes the faithfulness with which an EBP⁴ is implemented. This includes implementing a P⁴ without removing parts essential to its effectiveness (core components). This is also sometimes called *compliance* or *adherence* (GTO Step 3—Best Practices, GTO Step 4—Fit, GTO Step 5—Readiness to Implement P⁴, GTO Step 7—Process Evaluation).

Fiscal, resource, and technical capacities include adequate funding and other basics needed to implement a P⁴ as planned (e.g., transportation, food, printed materials, and evaluation resources). Technical capacities are the expertise factors needed to address all aspects of P⁴ planning, implementation, and evaluation; access to special materials needed for

implementation; and the technology appropriate to the implementation, such as computers (GTO Step 5—Readiness to Implement P⁴).

Fit expresses the overall compatibility between a P⁴ and the target population, organization, and stakeholders (GTO Step 4—Fit).

The **goal** is the overarching big picture of the impact that a CAP seeks to achieve through its included P⁴. Goals reflect the anticipated impact in the future. Each CAP should include goals for addressing the problems it is targeting (GTO Step 2—Goals and Desired Outcomes).

Logic models illustrate how a goal to address a specific need will be reached. Like a flow chart, a logic model shows needs; goals; and, for each goal, desired outcome(s), P⁴ to achieve the desired outcome, and how the quality of the P⁴ and its actual outcomes will be assessed (GTO Step 2—Goals and Desired Outcomes).

Measures are individual questions or scales on a survey designed to obtain information about the behavior and/or risk, protective, and resilience factors being examined (see Appendix C for examples and repositories of measures) (GTO Step 6—Plan, GTO Step 7—Process Evaluation, GTO Step 8—Outcome Evaluation).

A **needs and resources assessment** is a systematic way to identify current problems that suggest the potential need for improvement and to identify related community resources (GTO Step 1—Needs and Resources Assessment).

Outcome evaluation tests whether a P⁴ achieved an improvement among its participants on specific areas of interest (for example, whether there was a reduction in incidents of workplace harassment) and by how much (GTO Step 8—Outcome Evaluation, GTO Step 9—CQI).

A **P⁴** is a program, policy, practice, or process in your CAP.

P⁴ readiness refers to the degree to which a team or installation is ready to develop and implement a P⁴. It is a combination of motivation (commitment) and capacity (ability). P⁴ readiness can range from none at all (the group has not even started thinking about addressing an issue) to already having successful P⁴ in place and being ready to sustain them (GTO Step 5—Readiness to Implement P⁴).

Partnership and collaboration capacities involve connections with other service providers who can help implement and support a P⁴ (GTO Step 5—Readiness to Implement P⁴).

The **priority population** is the group(s) determined to be most in need of an EBP (GTO Step 1—Needs and Resources Assessment, GTO Step 2—Goals and Desired Outcomes, GTO Step 3—Best Practices, GTO Step 4—Fit).

Process evaluation assesses the degree to which a P⁴ is implemented well and as planned. It includes monitoring the activities, who participated, and how often, as well as the strengths and weaknesses (quality of the implementation) (GTO Step 6—Plan, GTO Step 7—Process Evaluation, GTO Step 9—CQI).

A **program** is a purposeful, organized set of activities designed to improve knowledge, awareness, or skills; change attitudes; or change behavior.

Scale is a grouping of individual survey questions that address a single topic. Individual questions are averaged together and interpreted as a group (GTO Step 8—Outcome Evaluation).

Staff and volunteer capacities refer to staff with appropriate credentials, training, experience, and commitment to a P⁴—trained and committed volunteers (GTO Step 5—Readiness to Implement P⁴).

Stakeholders are the individuals invested in the delivery and results of a P⁴. Stakeholders include participants, their families, installations, community members and organizations, leadership, volunteers, funders, and CAB and CAT members (GTO Step 4—Fit).

Sustainability refers to the continuation of a P⁴ after initial start-up has been completed (GTO Step 10—Sustainability).

Tasks encompass all the broader actions needed to prepare for and carry out a P⁴. They include such aspects as preparation, training, and debriefings of implementers, among others (GTO Step 6—Plan).

Tools are the worksheets and templates associated with each GTO step that prompt GTO users to make and record decisions (GTO Steps 1–10).

Vision is a belief about what the future should look like in the community in terms of resilience and violence prevention (GTO Step 2—Goals and Desired Outcomes).

The **work plan** is the organized, formal documentation of tasks (for example, recruitment) necessary to implement a P⁴, broken down by resources, personnel, delivery dates, and accomplishments. The work plan specifies who will do what, when, where, and how (GTO Step 6—Plan).

Appendix B

Checklist for Assembling Your CAP Document

- One CAP Face Sheet (see next page)
- One CAP Overview Tool (see GTO Step 2)

and

a set of the following tools for **each P⁴ you include in your CAP:**

P⁴ name: _____

- P⁴ Work Plan Tool (see GTO Step 6)
- P⁴ Budget Tool (see GTO Step 6)
- P⁴ Process Evaluation Planner Tool (see GTO Step 6)
- P⁴ Outcome Evaluation Planner Tool (see GTO Step 6).

P⁴ name: _____

- P⁴ Work Plan Tool (see GTO Step 6)
- P⁴ Budget Tool (see GTO Step 6)
- P⁴ Process Evaluation Planner Tool (see GTO Step 6)
- P⁴ Outcome Evaluation Planner Tool (see GTO Step 6).

P⁴ name: Annual Training Requirement

- P⁴ Work Plan Tool (see GTO Step 6)
- P⁴ Budget Tool (see GTO Step 6)
- P⁴ Process Evaluation Planner Tool (see GTO Step 6)
- P⁴ Outcome Evaluation Planner Tool (see GTO Step 6).

Community Action Plan Face Sheet

Name of Installation: _____

Demographics of Installation: Complete as much of the below table as possible.

Total Air Force active-duty personnel assigned: [ENTER TOTAL HERE]		Number
Air Force active-duty personnel assigned by age		
	17–20 years	
	21–24 years	
	25–30 years	
	31–40 years	
	41+ years	
Air Force active-duty personnel assigned by rank		
	E1–E4	
	E5–E6	
	E7–E9	
	O1–O3	
	O4–O6	
	O7+	
Family status		
	Single (no dependents under 23 years of age; includes divorced, widowed, anonymous)	
	Single parent (includes divorced, widowed, anonymous)	
	Married (but not married to a military member)	
	Married to a military member	
Children		
Total Guard assigned to base		
Total Reserve assigned to base		
Total other branches assigned to base (list number by branch):		
Total DoD civilians (appropriated and non-appropriated fund, full- and part-time employees—not contractors)		
Total retiree population		
Housing		
	Number of personnel in dormitories	
	Number of enlisted personnel in base housing	
	Number of enlisted personnel in off-base housing	
	Number of officers in base housing	
	Number of officers in off-base housing	
Average commute time from off-base housing (in minutes)		
Unemployment rate in local civilian community (%)		

Community Action Plan Overview: Below, briefly write a narrative summarizing your CAP. You can include a brief description of your problems and goals, which P⁴ you chose and why, and how you plan to evaluate your P⁴.

Appendix C

P⁴ Evaluation Planning and Example Measures

This appendix provides background and tips for use in completing the GTO Step 6 Process Evaluation Planner Tool and Outcome Evaluation Planner Tool. The appendix is divided into a section on process evaluation followed by a section on outcome evaluation.

What is a process evaluation?

This step involves evaluating the implementation of a program: Did it run according to your plan, and how well did it go? This step is called *process evaluation* because the collected data track the process of program implementation, as opposed to the outcomes experienced by the participants. Process evaluations typically track attendance of participants, program adherence, and how well you followed your work plan. They may also involve asking program participants or program implementers about how well they thought the program was delivered. A process evaluation should be planned before a program begins and should continue while the program is running.

Note about P⁴ that are not programs: Even though this process evaluation guidance is mostly focused on programs, much of the information can be used for conducting an evaluation of other P⁴, such as changes in installation policy. In that case, you will want to find out the extent to which Airmen know about the policy and the consistency of its implementation.

Why is process evaluation important?

The process evaluation tells you how well plans are being put into action and helps routinely and systematically monitor areas important to making a P⁴ (including policy change) successful. Examples of process evaluation questions include the following:

- Compared to your expectations, how many people attended or took part in the P⁴ (were exposed to the new policy)?
- How much of the P⁴ did participants receive? What was the dropout rate?
- Did the facilitator deliver the entire P⁴ as designed (how consistently implemented was the new policy)?
- How satisfied were the participants?
- What are the perceptions of those who implemented the P⁴?

The process evaluation will also tell you whether you need to make midcourse corrections (e.g., improve attendance because attendance is weak) or changes to your work plan for your next round of implementation. Such data will provide you with information that might be useful to other installations doing the same P⁴ or to planners in Air Force leadership and can help you better understand your P⁴ outcomes.



Tip C-1. Process evaluation methods

You are likely to use a variety of methods for collecting your process evaluation data. Here's some additional information about a few key methods mentioned in this chapter.

Participant data

What they are: Participant data are specific information about participants, including counts and characteristics, such as age, gender, race/ethnicity, education level, household income, family size, and referral source.

How to gather them: You have probably already gathered much of this kind of information during planning for, establishing, or running your P⁴. Often, these types of questions are asked as part of an intake to a service or an outcome assessment survey. Information can be gathered during an interview with each participant as well. A one-time P⁴, such as a community forum, might gather a little information like this on the attendance log for the session.

Why they're important: They tell you whether your P⁴ is serving the targeted population and whether P⁴ outreach efforts are working to engage the participants you planned to reach.

Focus groups

What they are: Focus groups are facilitator-led discussions on a specific topic with a group of no more than 6–12 participants brought together to share their opinions on that topic.

How to manage them: Generally, focus groups are led by one or two facilitators who ask the group a limited number of questions. Ideally, the participants are similar to each other so that they all feel comfortable talking openly (i.e., do not have a group of Airmen with their superior officer). Think of the structure of a focus group like a funnel—each major topic should start with broad questions and then get more specific. Be sure to audio-record the focus group or have a designated note-taker. The data can be analyzed by looking for the themes that appear in the transcripts or notes. The following resources provide more information on focus groups:

- Community Tool Box—Conducting Focus Groups: <http://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/conduct-focus-groups/main>
- Designing and Conducting Focus Group Interviews: <http://www.eiu.edu/~iheec/Krueger-FocusGroupInterviews.pdf>
- DEOCS: <https://deocs.net/public/index.cfm>

Why they're important: Focus groups are an excellent way to learn what people thought about a P⁴ and get suggestions about how to improve it. Focus groups often yield qualitative (text) data, as opposed to surveys, which usually yield quantitative (numerical) data. Listening as people share and compare their different points of view provides a wealth of information—not just about what they think but also why they think the way they do.

Satisfaction surveys

What they are: Satisfaction surveys are information about whether the participants enjoyed (or are enjoying) the P⁴, whether they got something out of it, whether the P⁴ met their needs or expectations, and whether they plan to use what they learned. Satisfaction surveys can also be asked about what it is like to be at an installation under a different set of policies.

How to do them: The easiest way is to administer brief paper or web-based surveys to participants as part of the P⁴ at the end of each session or activity. This is better than waiting until the end of the entire P⁴ because sometimes participants forget details from earlier sessions. However, the surveys should be administered so that respondents feel confident that their responses will be kept confidential (i.e., the program facilitators should not collect responses). Surveys can also be handed out at the end of a P⁴ with self-addressed, stamped envelopes so that the participants can complete the survey and return it later. This method, however, adds expense (cost of postage), and often fewer surveys are returned. If you are using a packaged P⁴, it may require you to use a certain questionnaire with the participants. You could also implement a web-based survey and invite participants to complete it via email. If you are surveying about a policy change, make sure to allow enough time for the policy to take effect before conducting the survey.

Why they're important: They tell you whether the participants feel good about their experience and can help you identify ways to improve participant satisfaction, which would be likely to improve retention or create additional demand for the P⁴ (or maintain high support for a policy change). Note: High satisfaction is not the same as achieving positive outcomes.

Data from those who implemented the P⁴

What they are: These data are perceptions of those who run a P⁴ about what worked and didn't.

How to gather them: There are several methods for gathering data on the perspectives of those who run P⁴ on your installation, including

- focus groups
- surveys
- interviews.

In addition to what we've already mentioned about *focus groups*, an *interview* can be a good way to get detailed information about P⁴ implementation. While interviews with P⁴ implementers involve a similar type of questioning as a focus group, in an interview you are talking with one person at a time.

A *debriefing*, also known as a *hot wash*, is a straightforward way for P⁴ implementers to meet immediately after a P⁴ activity (usually a program) has been conducted and answer two questions:

1. What went well in the session?
2. What didn't go so well, and how can we improve it next time?

Why they're important: Implementers are often in an excellent position to comment on how well a P⁴ is being implemented and might have ideas for improvement.

P⁴ adherence monitoring

What it is: P⁴ adherence monitoring is systematically tracking how closely each intervention activity or policy change was implemented as laid out in the curriculum of a program or a policy and in your final work plan. This includes how much of a P⁴ was administered (“dose”) (or how many Airmen were exposed to a new policy) and whether it was administered as intended.

How to do it: If you are using a packaged P⁴, such as a manualized program, check with those responsible for disseminating the program to see whether they have an adherence guide, and make sure to obtain the scoring criteria. If an adherence instrument does not come with the program materials or you have developed your own P⁴, look at adherence guides from other manualized programs and create your own.

Why it is important: The closer you can come to implementing a P⁴ as it was intended, the better chance you have of achieving your goals and desired outcomes.

SOURCE: Adapted from Hannah, McCarthy, and Chinman, 2011.

What is an outcome evaluation?

An outcome evaluation reveals how well a P⁴ met the goals and desired outcomes set for it in GTO Step 2. Did the participants accomplish the desired outcomes, such as changes in knowledge, attitudes, and behaviors? This step is called *outcome evaluation* because the collected data track the desired outcomes of the P⁴ (established in GTO Step 2), as opposed to the process of implementation described above. Each P⁴ outcome evaluation should be planned before the P⁴ begins and should have specific time points for data collection, such as before and after a complete cycle. Each of your CAP P⁴ should have an outcome evaluation plan.

Why is an outcome evaluation important?

The purpose of an outcome evaluation is to understand whether you have met the desired outcomes established in GTO Step 2 for each P⁴ in your CAP. Combined with the results of your process evaluation, this step will begin identifying areas for improvement to help address any missed outcomes in an effort to improve the P⁴ while maintaining achieved outcomes. Outcome evaluation results can help you demonstrate the effectiveness of a P⁴ to Air Force leaders and other stakeholders.

How do I do an outcome evaluation?

For each P⁴, you need an evaluation design and a data collection and analysis plan, including a measurement tool (e.g., a pre-/post-survey), a target population to be measured (e.g., all the participants in the P⁴), a timeline for when to collect the data (e.g., before and after implementation), a plan for entering the collected data (usually into a spreadsheet), and a plan for analysis to determine whether outcomes were achieved (e.g., the change from the pre-survey to the post-survey). Outcome evaluations can be complex, costly, and intimidating. This guide is meant to assist with simple outcome evaluations. If you want to carry out more-complicated outcome evaluations, you may need to get help from a trained program evaluator.

Planning the outcome evaluation design. A *design* is a term for the type of evaluation you will conduct. The type of design guides when you collect data and from which groups. For example, a simple and inexpensive design uses a questionnaire to collect data from program participants just before a P⁴ begins and after it is completed (often called a *pre-/post-*). This design might be appropriate to assess changes in knowledge and attitudes that were targeted by a P⁴. However, a major limitation of the *pre-/post-* design is that you cannot conclude with certainty that any change from pre- to post- was due to the impact of the P⁴. Another type of design, called the *pre-/post- with comparison group*, compares participants with a similar group not receiving the P⁴ during the same time period. This is a stronger design because you can be more certain that any changes taking place in the participants getting the P⁴ from pre- to post- were real and did not happen also to nonparticipants (i.e., if both groups improve the same amount, then the P⁴ did not have an effect). This improves confidence that differences were due to the P⁴ and not to something else. That is why this design is a stronger way to evaluate whether the P⁴ led to changes in knowledge, attitudes, or behaviors over time. However, this design is more complicated, so you may want to consult an evaluator. Finally, sometimes you may only be interested in how participants did in a P⁴ at the end. Surveying participants only at the end is called a *post-only design*. It is the easiest to do, but it is the weakest type of evaluation because you have no information about how much change occurred after the P⁴ started, and it only includes participants who completed the P⁴.

Measuring your outcomes. In GTO Step 2, you specified measurable desired outcomes. Planning an outcome evaluation includes deciding what measures you will use. It can be advantageous to use measures that already exist rather than making up your own. For example, there are several well-known and tested measures of resilience, including ones used in the military. See Tip C-2 for a list of measures and information about them. Several databases, included in Tip C-3, offer lists of measures on a variety of topics.



Tip C-2. Example measures of risk and protective factors*

Risk or protective factor	Measure and reference(s)	Items and response choices
Utilization of mental health services	National Survey on Drug Use and Health , current utilization of mental health services item (https://nsduhweb.rti.org/respweb/homepage.cfm)	Are you currently receiving treatment or counseling for help with emotional problems? Item response choice: 1 = yes, 0 = no
Social support	Behavioral Risk Factors Surveillance System, social support item (Strine et al., 2008)	How often do you get the social and emotional support that you need? Item response choice: 0 = never, 1 = rarely, 2 = sometimes, 3 = usually, 4 = always
Cohesion	Cohesion Questionnaire-Brigade Survey and Cohesion Questionnaire-Company Survey (Smith and Hagman, 2006; Smith and Hagman, 2004)	The cohesion questionnaire includes the following subscales that could be adapted to the Air Force context: stabilization (2 items), leader effectiveness (15 items), learning climate (10 items), job motivation (4 items), job satisfaction (8 items), morale (2 items), personal well-being (5 items), and family well-being (9 items) (Smith and Hagman, 2004). The full measure is available in the appendix of Smith and Hagman, 2004: http://www.dtic.mil/dtic/tr/fulltext/u2/a428049.pdf
Post-deployment reintegration (work, family, and personal reintegration)	Army Post-Deployment Reintegration Scale (APDRS) (Blais, Thompson, and McCreary, 2009)	Six six-item subscales that could be adapted to the Air Force context are as follows: <ul style="list-style-type: none">• Work-negative: 6 items, including “I have considered leaving the military”• Work-positive: 6 items, including “I feel I am a better soldier”• Family-negative: 6 items, including “There has been tension in my family relationships”• Family-positive: 6 items, including “I have become more involved in my family relationships”• Personal-negative: 6 items, including “Focusing on things other than the tour has been difficult”• Personal-positive: 6 items, including “I have a greater appreciation of the value of life.” The full measure is available in Blais, Thompson, and McCreary, 2009.

* Four CAMs that accompany this guide also include examples of measures for their content areas.

Risk or protective factor	Measure and reference(s)	Items and response choices
Family functioning	McMaster Family Assessment Device, 6+ short form (Miller et al., 1985; Boterhoven de Haan et al., 2015)	<p>Here are a few statements about families. Read each statement carefully, and decide how well it describes your own family. You should answer according to how you see your family. Try not to spend too much time thinking about each statement, but respond as quickly and as honestly as you can. If you have difficulty, answer with your first reaction.</p> <ol style="list-style-type: none"> 1. In times of crisis we can turn to each other for support. 2. Individuals are accepted for what they are. 3. We can express feelings to each other. 4. We feel accepted for what we are. 5. We are able to make decisions about how to solve problems. 6. We confide in each other. <p>Item response choice: 1 = strongly agree, 2 = agree, 3 = disagree, 4 = strongly disagree.</p>
Psychological distress	Kessler 6 Psychological Distress Scale (Kessler et al., 2003; www.hcp.med.harvard.edu/ncs/k6_scales.php)	<p>During the past 30 days, about how often did you feel</p> <ol style="list-style-type: none"> 1. nervous? 2. hopeless? 3. restless or fidgety? 4. so depressed that nothing could cheer you up? 5. that everything was an effort? 6. worthless? <p>Item response choice: 1 = all of the time, 2 = most of the time, 3 = some of the time, 4 = a little of the time, 5 = none of the time.</p>
Self-efficacy	National Institutes of Health (NIH) Toolbox Fixed Form V2—Self Efficacy (18+) , items 3, 4, 6, 7, 8 (www.nihtoolbox.org)	<ol style="list-style-type: none"> 1. It is easy for me to stick to my aims and accomplish my goals. 2. I am confident that I could deal efficiently with unexpected events. 3. I can solve most problems if I try hard enough. 4. I stay calm when facing difficulties because I can handle them. 5. When I have a problem, I can find several ways to solve it. <p>Item response choice: 1 = never, 2 = almost never, 3 = sometimes, 4 = fairly often, 5 = very often.</p>
Life satisfaction	Cantril's Ladder of Life Scale (Cantril, 1965; Gallup, 2009)	<p>Please imagine a ladder with steps numbered from zero at the bottom to ten at the top. Suppose we say that the top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you. If the top step is ten and the bottom step is zero, on which step of the ladder do you feel you personally stand at the present time?</p> <p>Item response choice:</p> <p>Zero One Two Three Four Five Six Seven Eight Nine Ten</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>

Risk or protective factor	Measure and reference(s)	Items and response choices
Resiliency	Connor-Davidson Resilience Scale (CD-RISC) (Campbell-Sills and Stein, 2007; Connor and Davidson, 2003; www.connordavidson-resiliencescale.com)	<p>The Connor-Davidson Resilience Scale (CD-RISC) is proprietary. You can submit a request to use the scale here: http://www.connordavidson-resiliencescale.com/submit-ofr.php</p> <p>In addition to the full 25-item CD-RISC (or CD-RISC 25), there are two briefer versions, the ten-item (CD-RISC 10) and two-item (CD-RISC 2) scales.</p>
Airman fitness	USAF Comprehensive Airman Fitness (Bowen, Jensen, and Martin, 2016)	<p>Airman Resiliency</p> <ol style="list-style-type: none"> 1. I successfully meet the challenges of military life. 2. I successfully perform my assigned duties. 3. I successfully meet the overall responsibilities associated with my personal and family roles (e.g., as a friend, neighbor, community member, significant other, spouse, parent, son/daughter, brother/sister, and so forth). <p>Mental Fitness</p> <ol style="list-style-type: none"> 4. I look forward to beginning each day. 5. I keep a positive outlook on life. 6. I enjoy most days. <p>Physical Fitness</p> <ol style="list-style-type: none"> 7. I maintain a healthy diet. 8. I exercise on a regular basis. 9. I maintain a healthy lifestyle. <p>Social Fitness</p> <ol style="list-style-type: none"> 10. I can depend on support from one or more extended family members, if I need it. 11. I can depend on support from one or more friends, if I need it. 12. I can depend on support from one or more members of my unit (or place of work), if I need it. <p>Spiritual Fitness</p> <ol style="list-style-type: none"> 13. I have a guiding set of principles or beliefs. 14. I attempt to live in accordance with a guiding set of principles or beliefs. 15. I draw strength from a set of guiding principles or beliefs. <p>Item response choice (range from 0 to 10): 0 = not at all, 10 = completely.</p>



Tip C-3. Databases of outcome measures

The NIH HealthMeasures is a repository of validated, psychometrically sound measures suitable for measuring program outcomes. Measures cover global, physical, mental, and social health and functioning for adults and children in the general population, as well as those with chronic health conditions and neurological disorders.

www.healthmeasures.net/explore-measurement-systems/nih-toolbox

The RAND National Security Research Division Online Measure Repository is a searchable database of program monitoring and evaluation measures related to psychological health and the treatment of traumatic brain injuries. Descriptions of measures include information about their use with military populations. Search filters include keywords, domain (such as readiness, resilience, suicidal thoughts, and stress and coping), age group, fee for using the measure, number of items, and others.

www.rand.org/nsrd/ndri/centers/frp/innovative-practices/measure.html

RAND Project AIR FORCE Airman and Family Resilience Measures. This report reviews the available measures of resilience published in research literature. See Sarah O. Meadows, Laura L. Miller, and Sean Robson, "Airman and Family Resilience: Lessons from the Scientific Literature," *RAND Health Quarterly*, Vol. 5, No. 3, 2016.

www.ncbi.nlm.nih.gov/pmc/articles/PMC5158212/

Plan for collecting data on your outcomes. There are many methods you could use to collect data on your outcomes. Tip C-4 provides an overview of pros, cons, and costs of many of the common methods. A common method is an outcome survey conducted before and after the P4 implementation. It measures outcome domains with individual survey questions or several questions grouped together into topical categories called scales (see Tips C-2 and C-3 for examples of scales). For example, a measure assessing knowledge of workplace harassment may include several questions assessing different types of harassment knowledge. The question responses can be averaged together to form a single score, or scale. Then the analysis of these data can be done easily by scoring each scale, calculating the average for the group surveyed, and then comparing the pre- and post- scale scores. These surveys can also use individual items to assess change in knowledge, attitudes, and behaviors.



Tip C-4. Data collection methods for measuring desired outcomes

Methods		Pros	Cons	Cost
Surveys	Self-administered surveys	Anonymous Inexpensive Easy to analyze Standardized Easy to compare with other data	Could be biased if respondents do not understand the questions or answer honestly May not have very many responses; some respondents may not answer all of the questions	Low to moderate
	Telephone surveys	Easy to analyze Standardized Easy to compare with other data	Same as above, but those without phones may not respond Others may ignore calls	Moderate to high, depending on number of surveys to complete
	Face-to-face structured surveys	Same as self-administered, but you can clarify responses	Same as self-administered but requires more time and staff time	High
	Recorded interviews	Objective Quick Does not require new participants	Can be difficult to interpret Data are often incomplete	Low
Open-ended interactions	Open-ended face-to-face interviews	Gather in-depth, detailed info Info can be used to generate survey questions	Takes much time and expertise to conduct and analyze Potential for interview bias	Moderate if done in house Cost can be high if hiring outside interviewers and/or transcribers
	Open-ended questions on a written survey	Can add more in-depth, detailed info to a structured survey	People often do not answer them May be difficult to interpret the meaning of written statements	Low
	Focus groups	Can quickly get information about attitudes, perceptions, and social norms Information can be used to generate survey questions	Cannot get individual-level data from focus group Can be difficult to run Hard to generalize themes to larger group May be hard to gather 6–12 people at the same time Sensitive topics may be difficult to address in a focus group	Moderate if done in house Cost can be high if hiring a professional Incentives are usually offered to participants
Other	Observation (of children, parents, program staff)	Can provide detailed information about a program, a family, etc.	Observer can be biased Can be a lengthy process	Low to moderate if done by staff or volunteers

SOURCE: Adapted from Hannah, McCarthy, and Chinman, 2011.

In addition to determining the methods, there are a few other considerations to keep in mind about collecting data. Tip C-5 presents guidance on those issues.



Tip C-5. Data collection considerations

Important issues come up about protecting participants in data collection regardless of the method you've chosen. Here are several critical considerations:

Confidentiality: You must make every effort to ensure that the responses of the participants will not be shared with anyone but the evaluation team unless the information reveals imminent intent of someone to harm themselves or others. Confidentiality is honored to protect the privacy of the participants so that they will feel that they can provide candid responses. Common safeguards include locking the data in a secure place and limiting the access to a select group, using code numbers in computer files rather than names, and never connecting data from one person to his or her name in any written report (only report grouped data, such as frequencies or averages). Tell participants not only that their answers will be kept confidential but also that the services they receive in the future will not be determined or affected by their answers in any way. (Participating agencies must take this seriously.)

Anonymity: Whenever possible, data should be collected so that each participant can remain anonymous. This means that participants' responses to the evaluation are kept separate from identifiable information, such as name and contact information. Again, this will protect the privacy of the participants. If you plan to match subjects on a pre- and post-test measure, you'll have to come up with some sort of non-identifying way to match surveys, such as creating unique identification numbers or codes for each participant, for example. Also, if you want to link the responses from the outcome evaluation to other data—for example, process evaluation data, such as the number of sessions attended—then you may be limited in doing that without a plan in place ahead of time. Make sure to tell the participants that their data will be kept confidential and anonymous. They will be more likely to give true information.

Institutional review: If you are planning on using the data for internal purposes only, you likely do not need to go through an *institutional review board* (IRB; a committee formally designated to review research involving people). You should submit an application to the Air Force survey office for any data collection that isn't part of normal program operations. AFI 38-501, 2014, provides more information on the application process. In addition, research involving human subjects would need to adhere to the standards outlined in Department of Defense Instruction (DoDI) 3216.02/AFI 40-402, *Protection of Human Subjects and Adherence to Ethical Standards in Air Force–Supported Research*, 2014.

Next steps in evaluation, GTO Steps 7 and 8

Your Step 6 tools lay the groundwork for your process and outcome evaluations. GTO steps 7 and 8 will help you summarize your process and outcome evaluation results for each P⁴ and turn them into guidance for making improvements (GTO Step 9) and sustaining the P⁴ over time (GTO Step 10).

Appendix D

Bibliography

Acosta, Joie, Matthew Chinman, Patricia Ebener, Patrick S. Malone, Susan Paddock, Andrea Phillips, Peter Scales, and Mary Ellen Slaughter, "An Intervention to Improve Program Implementation: Findings from a Two-Year Cluster Randomized Trial of Assets—Getting To Outcomes," *Implementation Science*, Vol. 8, No. 1, 2013, p. 87.

AFI—See Air Force Instruction.

AFPD—See Air Force Policy Directive.

Air Force Instruction 1-2, *Commander's Responsibilities*, 2014.

Air Force Instruction 36-3009, *Airman and Family Readiness Centers*, 2018.

Air Force Instruction 38-501, *Air Force Survey Program*, 2014.

Air Force Instruction 40-301, *Family Advocacy Program (FAP)*, 2015.

Air Force Instruction 44-121, *Alcohol and Drug Abuse Prevention and Treatment (ADAPT) Program*, 2018.

Air Force Instruction 90-501, *Community Action Information Board (CAIB) and Integrated Delivery System (IDS)*, 2013.

Air Force Instruction 90-505, *Suicide Prevention Program*, 2018.

Air Force Instruction 90-506, *Comprehensive Airman Fitness*, 2014.

Air Force Instruction 90-5001, *Integrated Resilience*, 2019.

Air Force Instruction 90-6001, *Sexual Assault Prevention and Response (SAPR) Program*, 2015.

Air Force Materiel Command, *Integrated Violence Prevention Efforts*, 2017.

Air Force Policy Directive 40-3, *Family Advocacy Program (FAP)*, 2015.

Air Force Policy Directive 90-5, *Community Action Information Board*, 2013.

Air Force Policy Directive 90-60, *Sexual Assault Prevention and Response Program*, 2014.

Basile, Kathleen C., Sarah DeGue, Kathryn Jones, Kimberley Freire, Jenny Dills, Sharon G. Smith, and Jerris L. Raiford, *Stop SV: A Technical Package to Prevent Sexual Violence*, Atlanta, Ga.: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 2016. As of January 5, 2020:

<https://www.cdc.gov/violenceprevention/pdf/sv-prevention-technical-package.pdf>

Blais, Ann-Renée, Megan M. Thompson, and Donald R. McCreary, "The Development and Validation of the Army Post-Deployment Reintegration Scale," *Military Psychology*, Vol. 21, No. 3, 2009, pp. 365–386.

Blueprints for Healthy Youth Development, homepage, 2018. As of April 11, 2018:
<https://www.blueprintsprograms.com>

Blue Star Families, homepage, undated. As of January 4, 2020:
<https://www.bluestarfam.org>

Boterhoven de Haan, Katrina L., Jennifer Hafekost, David Lawrence, Michael G. Sawyer, and Stephen R. Zubrick, "Reliability and Validity of a Short Version of the General Functioning Subscale of the McMaster Family Assessment Device," *Family Process*, Vol. 54, No. 1, 2015, pp. 116–123.

Bowen, Gary L., Todd M. Jensen, and James A. Martin, "A Measure of Comprehensive Airman Fitness: Construct Validation and Invariance Across Air Force Service Components," *Military Behavioral Health*, Vol. 4, No. 2, 2016, pp. 149–158.

California Evidence-Based Clearinghouse for Child Welfare, homepage, 2018. As of April 11, 2018:
<http://www.cebc4cw.org/>

Campbell-Sills, Laura, and Murray B. Stein, "Psychometric Analysis and Refinement of the Connor–Davidson Resilience Scale (CD-RISC): Validation of a 10-Item Measure of Resilience," *Journal of Traumatic Stress*, Vol. 20, No. 6, 2007, pp. 1019–1028.

Cantril, Hadley, *The Pattern of Human Concerns*, New Brunswick, N.J.: Rutgers University Press, 1965.

CDC—See Centers for Disease Control and Prevention.

Centers for Disease Control and Prevention, *Air Force Violence Prevention Webinars for VPIs—Understanding Evidence*, 2017.

Chinman, Matthew, Joie Acosta, Patricia Ebener, Q. Burkhart, Patrick S. Malone, Susan M. Paddock, Michael Clifford, Maryann Corsello, Tim Duffey, Sarah Hunter, Margaret Jones, Michel Lahti, Andrea Phillips, Susan Savell, Peter C. Scales, and Nancy Tellett-Royce, "Intervening with Practitioners to Improve the Quality of Prevention: One-Year Findings from a Randomized Trial of Assets—Getting To Outcomes," *Journal of Primary Prevention*, Vol. 34, No. 3, 2013, pp. 173–191.

Chinman, Matthew, Joie Acosta, Patricia Ebener, Patrick S. Malone, and Mary E. Slaughter, "Can Implementation Support Help Community-Based Settings Better Deliver Evidence-Based Sexual Health Promotion Programs? A Randomized Trial of Getting To Outcomes," *Implementation Science*, Vol. 11, No. 78, 2016.

Chinman, Matthew, Sarah B. Hunter, Patricia Ebener, Susan M. Paddock, Lindsey Stillman, Pamela Imm, and Abraham Wandersman, "The Getting To Outcomes Demonstration and Evaluation: An Illustration of the Prevention Support System," *American Journal of Community Psychology*, Vol. 41, No. 3–4, 2008, pp. 206–224.

Clearinghouse for Military Family Readiness at Penn State, "Continuum of Evidence," July 13, 2012. As of January 4, 2020:
<https://militaryfamilies.psu.edu/wp-content/uploads/2017/08/continuum.pdf>

Clearinghouse for Military Family Readiness at Penn State, “A Tool for Assessing Program Fit and Feasibility,” 2017a. As of April 11, 2018:

<https://militaryfamilies.psu.edu/wp-content/uploads/2018/08/A-Tool-for-Assessing-Fit-and-Feasibility-9-9-17.pdf>

Clearinghouse for Military Family Readiness at Penn State, “Making Sense of the Science: Understanding Evidence Based Programs,” 2017b. As of April 11, 2018:

<https://militaryfamilies.psu.edu/wp-content/uploads/2018/08/Understanding-Evidence-Based-Programs-9-9-17.pdf>

Clearinghouse for Military Family Readiness at Penn State, homepage, 2018a. As of April 11, 2018:

<https://militaryfamilies.psu.edu/>

Clearinghouse for Military Family Readiness at Penn State, “Program Implementation Toolkit,” 2018b. As of April 11, 2018:

<https://militaryfamilies.psu.edu/resources/program-implementation-toolkit/>

Clearinghouse for Military Family Readiness at Penn State, “Program Selection,” 2018c. As of January 4, 2020:

<https://militaryfamilies.psu.edu/services-we-offer/program-selection/>

Clearinghouse for Military Family Readiness at Penn State, “Contact Us,” 2020. As of January 4, 2020:

<https://militaryfamilies.psu.edu/contact-us/>

The Community Guide, homepage, 2018. As of April 11, 2018:

<https://www.thecommunityguide.org/>

Community Tool Box, “Databases of Best Practices,” 2018. As of April 11, 2018:

<https://ctb.ku.edu/en/databases-best-practices>

Community Tool Box, “Section 6: Conducting Focus Groups,” 2018. As of April 11, 2018:

<http://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/conduct-focus-groups/main>

Connor, Kathryn M., and Jonathan R. T. Davidson, “Development of a New Resilience Scale: The Connor-Davidson Resilience Scale (CD-RISC),” *Depression and Anxiety*, Vol. 18, No. 2, 2003, pp. 76–82.

CrimeSolutions.gov, National Institute of Justice, homepage, undated. As of April 17, 2018:

<https://crimesolutions.gov/>

Defense Equal Opportunity Management Institute, Defense Organizational Climate Survey (DEOCS), homepage, 2017. As of April 11, 2018:

<https://deocs.net/public/index.cfm>

Defense Suicide Prevention Office, homepage, undated. As of January 4, 2020:

<https://www.dspo.mil>

Denning, Laura Aiuppa, Marc Meisnere, and Kenneth E. Warner, eds., “Evidence for Department of Defense Interventions for Preventing Psychological Disorders,” Chapter 4 in Institute of Medicine, *Preventing Psychological Disorders in Service Members and Their Families: An Assessment of Programs*, Washington, D.C.: The National Academies Press, 2014.

Department of Defense Instruction 1020.3, *Harassment Prevention and Response in the Armed Forces*, 2018.

Department of Defense Instruction 3216.02/Air Force Instruction 40-402, *Protection of Human Subjects and Adherence to Ethical Standards in Air Force Supported Research*, 2014.

Department of Defense Instruction 6490.16, *Defense Suicide Prevention Program*, 2017.

Department of Defense, Office of People Analytics, *2016 Workplace and Gender Relations Survey of Active Duty Members*, 2017. As of April 11, 2018:

http://www.sapr.mil/public/docs/reports/FY16_Annual/Annex_1_2016_WGRA_Report.pdf

DoDI—See Department of Defense Instruction.

Edwards, Dorothy J., *Shift Happens: Shifting Paradigms from Response to Prevention, Air Force Community Action Team Initiative Workbook*, Springfield, Va.: Alteristic, Inc., undated.

Edwards, Dorothy J., *Air Force Tools to Create an Environment of Dignity, Respect, and Connectedness: Toolkit Manual*, Springfield, Va.: Alteristic, Inc., 2018.

Fortson, Beverly L., Joanne Klevens, Melissa T. Merrick, Leah K. Gilbert, and Sandra P. Alexander, *Preventing Child Abuse and Neglect: A Technical Package for Policy, Norm, and Programmatic Activities*, Atlanta, Ga.: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 2016. As of January 5, 2020:

<https://www.cdc.gov/violenceprevention/pdf/can-prevention-technical-package.pdf>

Forys, Kelly L., and Trish J. Prosser, *Literature Review of Military Related Suicide Prevention Programs*, U.S. Army Public Health Command (Provisional), Aberdeen Proving Ground, Edgewood, 2010.

Gallup, *World Poll Methodology*, Washington, D.C., 2009.

Ghoncheh, Rezvan, Ad J. F. M. Kerkhof, and Hans M. Koot, “Effectiveness of Adolescent Suicide Prevention E-Learning Modules That Aim to Improve Knowledge and Self-Confidence of Gatekeepers: Study Protocol for a Randomized Controlled Trial,” *Trials*, Vol. 15, No. 1, 2014, p. 52.

Greden, John F., Marcia Valenstein, Jane Spinner, Adrian Blow, Lisa A. Gorman, Gregory W. Dalack, Sheila Marcus, and Michelle Kees, “Buddy-to-Buddy, a Citizen Soldier Peer Support Program to Counteract Stigma, PTSD, Depression, and Suicide,” *Annals of the New York Academy of Sciences*, Vol. 1208, No. 1, 2010, pp. 90–97.

Hannah, Gordon, Sharon McCarthy, and Matthew Chinman, *Getting To Outcomes in Services for Homeless Veterans: 10 Steps for Achieving Accountability*, Philadelphia, Pa.: National Center on Homelessness Among Veterans, 2011. As of January 1, 2020:

https://www.va.gov/homeless/nchav/docs/GTO_Homelessness_Manual.pdf

HealthMeasures, homepage, 2018. As of April 11, 2018:
<http://www.healthmeasures.net/index.php>

Healthy People, "About Healthy People," 2018. As of April 11, 2018:
<https://www.healthypeople.gov/2020/About-Healthy-People>

Hunter, Sarah B., Patricia A. Ebener, Matthew Chinman, Allison J. Ober, and Christina Y. Huang, *Promoting Success: A Getting To Outcomes Guide to Implementing Continuous Quality Improvement for Community Service Organizations*, Santa Monica, Calif.: RAND Corporation, TL-179-NIDA, 2015. As of January 3, 2020:
<http://www.rand.org/pubs/tools/TL179.html>

Ireland, Robert, and Marjan Ghahremanlou Holloway, "Ongoing Efforts to Address the Public Health Problem of Military Suicide Within the United States Department of Defense," *Military Health Care*, Abingdon, UK: Routledge, 2013, pp. 117–136.

Kessler, Ronald C., Peggy R. Barker, Lisa J. Colpe, Joan F. Epstein, Joseph C. Gfroerer, Eva Hiripi, Mary J. Howes, Sharon-Lise T. Normand, Ronald W. Manderscheid, Ellen E. Walters, and Alan M. Zaslavsky, "Screening for Serious Mental Illness in the General Population," *Archives of General Psychiatry*, Vol. 60, No. 2, 2003, pp. 184–189. As of January 1, 2020:
https://www.hcp.med.harvard.edu/ncs/k6_scales.php

Krueger, Richard A., *Designing and Conducting Focus Group Interviews*, St. Paul, Minn.: University of Minnesota, October 2002. As of January 1, 2020:
<http://www.eiu.edu/~ihec/Krueger-FocusGroupInterviews.pdf>

Matthieu, Monica M., Wendi Cross, Alfonso R. Batres, Charles M. Flora, and Kerry L. Knox, "Evaluation of Gatekeeper Training for Suicide Prevention in Veterans," *Archives of Suicide Research*, Vol. 12, No. 2, 2008, pp. 148–154.

Meadows, Sarah O., Laura L. Miller, and Sean Robson, "Airman and Family Resilience: Lessons from the Scientific Literature," *RAND Health Quarterly*, Vol. 5, No. 3, 2016. As of April 11, 2018:
www.ncbi.nlm.nih.gov/pmc/articles/PMC5158212/

Miller, Ivan W., Nathan B. Epstein, Duane S. Bishop, and Gabor I. Keitner, "The McMaster Family Assessment Device: Reliability and Validity," *Journal of Marital and Family Therapy*, Vol. 11, No. 4, 1985, pp. 345–356.

Military OneSource, "Reports and Survey Findings," undated. As of January 4, 2020:
www.militaryonesource.mil/reports-and-surveys

Mullen, ADM Michael, "On Total Force Fitness in War and Peace," *Military Medicine*, Vol. 175, Supplement 8, 2010, pp. 1–2.

Nation, Maury, Cindy Crusto, Abraham Wandersman, Karol L. Kumpfer, Diana Seybolt, Erin Morrissey-Kane, and Katrina Davino, "What Works in Prevention: Principles of Effective Prevention Programs," *American Psychologist*, Vol. 58, Nos. 6–7, 2003, p. 449.

National Institute on Drug Abuse, *Preventing Drug Use Among Children and Adolescents: A Research-Based Guide for Parents, Educators, and Community Leaders*, 2nd edition, U.S. Department of Health and Human Services, Bethesda, Md., 2003. As of January 1, 2020:
https://www.drugabuse.gov/sites/default/files/preventingdruguse_2.pdf

National Institutes of Health Toolbox, homepage, 2020. As of January 1, 2020:
<http://www.healthmeasures.net/explore-measurement-systems/nih-toolbox>

National Survey on Drug Use and Health, homepage, undated. As of January 1, 2020:
<https://nsduhweb.rti.org/respweb/homepage.cfm>

NIDA—See National Institute on Drug Abuse.

Niolon, Phyllis Holditch, Megan Kearns, Jenny Dills, Kirsten Rambo, Sharon Irving, Theresa L. Armstead, and Leah Gilbert, *Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies, and Practices*, Atlanta, Ga.: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 2017. As of January 5, 2020:

<https://www.cdc.gov/violenceprevention/pdf/ipv-technicalpackages.pdf>

Puddy, Richard W., and Natalie Wilkins, *Understanding Evidence Part 1: Best Available Research Evidence. A Guide to the Continuum of Evidence of Effectiveness*, Atlanta, Ga.: Centers for Disease Control and Prevention, 2011. As of January 1, 2020:

https://www.cdc.gov/violenceprevention/pdf/understanding_evidence-a.pdf

Ramchand, Rajeev, Joie Acosta, Rachel M. Burns, Lisa H. Jaycox, and Christopher G. Pernin, *The War Within: Preventing Suicide in the U.S. Military*, Santa Monica, Calif.: RAND Corporation, MG-953-OSD, 2011. As of November 20, 2019:

<https://www.rand.org/pubs/monographs/MG953.html>

RAND National Security Research Division, “Catalog of Programs to Address Psychological Health and Traumatic Brain Injury,” undated-a. As of April 11, 2018:

<https://www.rand.org/nsrd/ndri/centers/frp/innovative-practices/catalog-of-programs.html>

RAND National Security Research Division, “RAND Online Measure Repository,” undated-b. As of April 11, 2018:

<https://www.rand.org/nsrd/ndri/centers/frp/innovative-practices/measure.html>

Smith, Monte D., and Joseph D. Hagman, *Year 1 Assessment of the Unit Focused Stability Manning System, Final Report, August 2003–August 2004*, U.S. Army Research Institute for the Behavioral and Social Sciences, 2004. As of November 2, 2010:

<http://handle.dtic.mil/100.2/ADA428049>

Smith, Monte D., and Joseph D. Hagman, *Year 2 Assessment of the Unit Focused Stability Manning System, Final Report, August 2005–June 2006*, U.S. Army Research Institute for the Behavioral and Social Sciences, 2006. As of November 2, 2010:

<http://handle.dtic.mil/100.2/ADA456217>

Stone, Deb, Kristin Holland, Brad Bartholow, Alex Crosby, Shane Davis, and Natalie Wilkins, *Preventing Suicide: A Technical Package of Policy, Programs, and Practices*, Atlanta, Ga.: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 2017. As of April 11, 2018:

<https://www.cdc.gov/violenceprevention/pdf/suicidetechnicalpackage.pdf>

Strine, Tara W., Daniel P. Chapman, Lina S. Balluz, David G. Moriarty, and Ali H. Mokdad, “The Associations Between Life Satisfaction and Health-Related Quality of Life, Chronic Illness, and Health Behaviors Among U.S. Community-Dwelling Adults,” *Journal of Community Health*, Vol. 33, No. 1, 2008, pp. 40–50.

Substance Abuse and Mental Health Services Administration, "National Registry of Evidence-Based Programs and Practices," 2018. As of April 11, 2018:

<https://www.nrepp.samhsa.gov/landing.aspx>

Suicide Prevention Resource Center, "Resources and Programs," 2018. As of April 11, 2018:

<http://www.sprc.org/resources-programs>

VetoViolence, "Understanding Evidence," undated-a. As of April 11, 2018:

<https://vetoviolence.cdc.gov/apps/evidence/Default.aspx>

VetoViolence, "Understanding Evidence: Continuum of Evidence of Effectiveness," undated-b. As of April 11, 2018:

<https://vetoviolence.cdc.gov/apps/evidence/continuumIntro.aspx#&panel1-8>

Violence Prevention, homepage, Public Health Institute at Liverpool John Moores University, 2018. As of April 11, 2018:

<http://www.preventviolence.info/>

Wilkins, Natalie, Benita Tsao, Marci Hertz, Rachel Davis, and Joanne Klevens, *Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence*, Atlanta, Ga.: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention; and Oakland, Calif.: Prevention Institute, 2014.