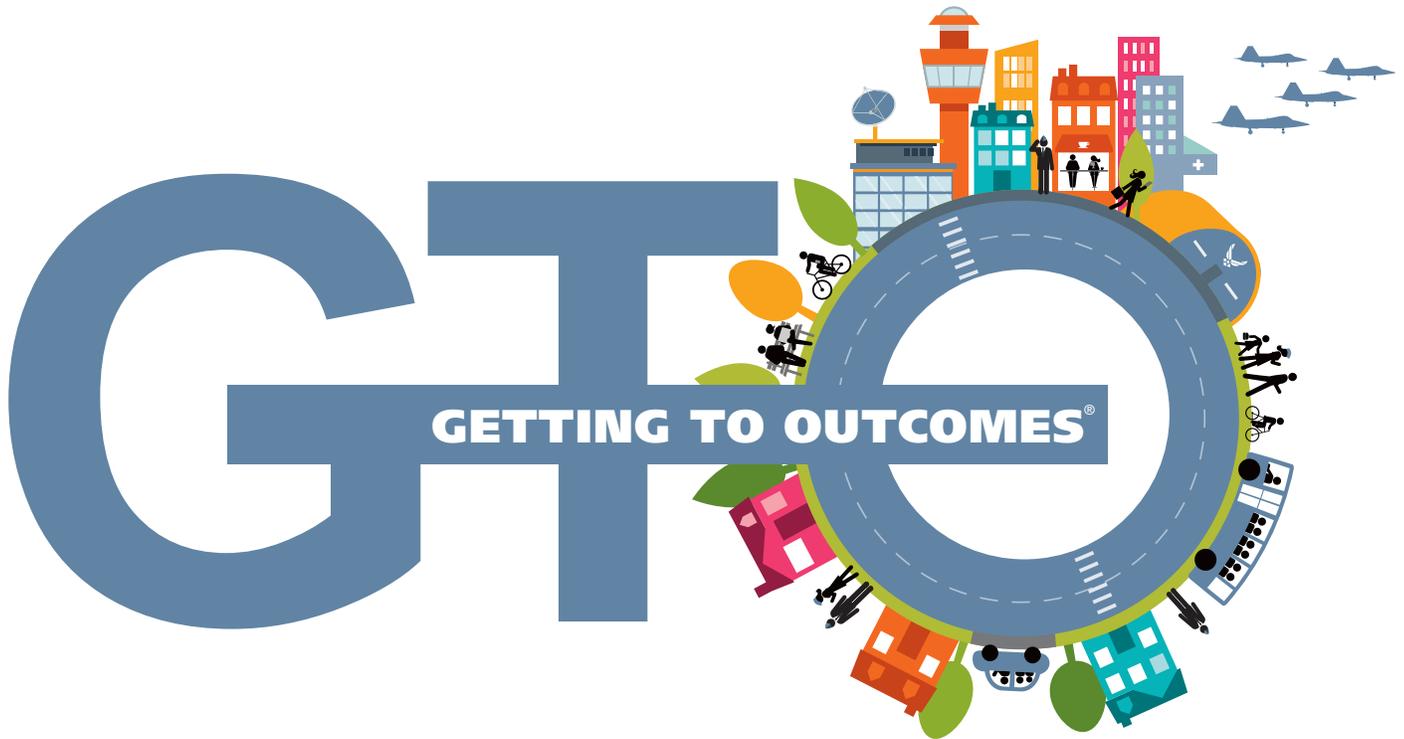# GETTING TO OUTCOMES® HANDBOOK

FOR U.S. AIR AND SPACE FORCE COMMUNITY ACTION PLANNING

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GTO
GETTING TO OUTCOMES®

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About This Handbook

This **Handbook**, *Getting To Outcomes® Handbook for U.S. Air and Space Force Community Action Planning*, is a streamlined version of a previous Getting To Outcomes (GTO) guide developed for Air and Space Force installation Community Action Teams (CATs) working to develop a Community Action Plan (CAP).[1] The Handbook replicates significant content from previous GTO publications by the authors. It provides guidance on how to plan, implement, and evaluate various types of prevention programs, policies, practices, and processes—referred to as *P⁴*—that aim to prevent self-directed harm and prohibited abusive or harmful acts (Department of Defense Instruction 6400.09). There are other GTO guides on many other topic areas (see www.rand.org/gto), but this Handbook is streamlined and tailored specifically for the Air and Space Force's CAT efforts to enhance resilience and well-being, improve quality-of-life programs, and reduce interpersonal and self-directed violence. The GTO process provides a structured way to think critically about current efforts, remaining gaps and priorities, and new initiatives that have the potential for positive impact.

GTO can be used to help CATs efficiently and effectively develop a high-quality CAP. Each chapter in this Handbook includes guidance and tools that walk the CAT through each step to help identify local needs and priorities, select evidence-based programs to meet those needs, think through critical issues of implementation, and plan and execute an evaluation of the selected P^4.

In addition to helping with the development of CAPs, GTO can be a useful tool in supporting the identification and exploration of what Department of Defense Instruction 6400.09 calls "Prevention System components." Some of these components include human resources (the prevention workforce and leadership), collaborative relationships, and infrastructure (data, resources, and policies that support effective prevention). Another key component that can be bolstered with GTO is the process of prevention, which includes understanding the problem; taking a comprehensive approach; applying quality implementation; and using continuous evaluation for short, intermediate, and long-term objectives.

This Handbook contains example tools based on alcohol misuse. However, this Handbook is not specific to any content area, because the CATs are expected to identify P^4 across many different content areas.

This Handbook provides background and instructions for completion of the GTO tools in the corresponding **Workbook** that will serve as a written record of those decisions and become part of the CAP. Additionally, a supplementary **Resource Guide** provides links to other information and helpful tips for completing tools. The Handbook, Workbook, and Resource Guide can be downloaded at www.rand.org/t/TLA1268-1.

The research reported here was commissioned by A1Z and conducted within the Manpower, Personnel, and Training Program of RAND Project AIR FORCE as part of a fiscal year 2021 project, Getting To Outcomes for Integrated Violence Prevention and Resilience in the Military: Additional Assistance to Update and Improve Community Action Plans.

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[1] Matthew Chinman, Patricia A. Ebener, Amy L. Shearer, Joie D. Acosta, and Sarah B. Hunter, *Getting to Outcomes® Operations Guide for U.S. Air Force Community Action Teams*, Santa Monica, Calif.: RAND Corporation, TL-311-AF, 2020 (https://www.rand.org/pubs/tools/TL311.html).

future air, space, and cyber forces. Research is conducted in four programs: Strategy and Doctrine; Force Modernization and Employment; Workforce, Development, and Health; and Resource Management. The research reported here was prepared under contract FA7014-16-D-1000.

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Contents

Abbreviations

CAB	Community Action Board
CAP	Community Action Plan
CAT	Community Action Team
CDC	Centers for Disease Control and Prevention
CQI	continuous quality improvement
DUI	driving under the influence
GTO	Getting To Outcomes®
NIAAA	National Institute on Alcohol Abuse and Alcoholism
P⁴	program, policy, practice, or process
SMART	specific, measurable, achievable, realistic, and time-based

STEP 1   Identify Priority Problems to Address

Why?

Step 1 is the process of gathering information about problems or challenges that the Community Action Plan (CAP) could address. Step 1 lays the foundation for the CAP.

Purpose
Identify and document the priority problems and existing resources to address them.

- Documenting the current level or rate of problems and their associated risk and protective factors will help with prioritizing among them and setting realistic CAP goals and desired outcomes.

- Learning what has already been done at the installation to address the problem, including how effective those efforts have been, can avoid duplication and help identify whether there is an opportunity to partner with existing efforts.

- By having data about the current level of priority problems(s) (at baseline), changes in the problem(s) after the CAP has been implemented can then be gauged.

Key Points

- This effort can leverage what is known among the Community Action Team (CAT) and does not need to take a long time.
- Data previously collected can be used and can be an opportunity to synthesize data from the past.
- An example of a successfully completed tool is included below, for reference.
- The Workbook includes blank tools to be used for the CAP.
- The Resource Guide includes additional resources, tips, and information that are helpful for completing the tool.

Step 1 Instructions: Identifying Your Priority Problem Tool

1. **Review problem data (column 1).**

   - Review data from the various local data sources (see Tip 1-1 in the Resource Guide for links to existing data resources) and any other pertinent information available.

   - If there are limited available data, data not representing the population of interest well, or data only including a few individuals or incidences:

     o Talk to CAT members about any additional data sources they could share or any specific problems or priorities of which they are aware.

     o Solicit feedback and suggestions from leadership and other personnel on perceived problems or priorities.

     o Consider whether the information on perceived problems appears to be pointing toward a specific issue(s) (triangulation).

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- Each problem should be identified in a separate row on the table.

2. **Summarize data, list available resources, and identify any trends (columns 2–4).**
   - Summarize the data for each problem listed and specify the data source.
   - List any resource that is already attempting to address the problem.
   - Comment about the data trends (e.g., getting better, worse, or no change). This should be done collaboratively with the data source owner at your location because they are the subject-matter experts of the data and will understand the context and nuances that could influence trends.

3. **Decide on CAP priorities (column 5).** Complete this task **_after_** having completed rows 1–4 for **all** problems identified.
   - For each problem identified, determine whether it is a low, medium, or high priority.
   - Be sure that there is a consensus from the CAT about the highest-priority problems that the installation should address in its CAP before moving on to Getting To Outcomes (GTO) Step 2.

4. **Considerations for identifying priority problems.**
   - How do the top problem areas compare with other local data? Do they agree or disagree?
     - Agreement and convergence across data sources might suggest a priority area to address. If different data sources do not converge, then this problem could be a lower priority.
   - Are there local risk factors relevant to integrated resilience and violence prevention in the community that might suggest that it should be included as a priority in the CAP?
     - What are they, and what information points to them? For example, although data might not show that substance abuse is a big problem on the installation (e.g., if Airmen are hesitant to report it on a survey), other local data might show high levels of alcohol misuse, a surge in driving under the influence (DUI) arrests in the past year or two, or a lack of intensive outpatient treatment for alcohol misuse. Given the preponderance of other data, substance abuse could be a priority.
   - What trends in local data are disturbing or encouraging?
     - Problems that persist or get worse could warrant attention in the CAP.

EXAMPLE GTO Step 1: Identifying Your Priority Problem Tool				
Completed by: Date:				
Risk factors or problem areas to decrease or protective factors to promote	**What do various data sources say about these risk and protective factors?** List the data and the source.	**List any resources that currently address this risk or protective factor.** Include ▪ resource name ▪ target population ▪ any data that show whether it is or is not impacting the risk or protective factor.	**Are there any data to suggest that the issue is getting better, worse, or staying the same?** If available, look at previous years of data (from column 2).	**Is addressing this risk factor a low, medium, or high priority?** Consider leadership priorities, duplication with other initiatives, and available resources.
Alcohol misuse	▪ Chaplain Corps Activity Reporting System data show that chaplains have seen 38 cases of alcohol misuse this year. ▪ According to Judge Advocate quarterly reports, there have been five incidents of Airmen being arrested for DUI over the past six months.	The Chaplain Corps serves the whole wing. Chaplains feel overwhelmed and unprepared for the alcohol misuse issues. The Alcohol and Drug Abuse Prevention and Treatment (ADAPT) program serves all Airmen. Staff report that it is typically only utilized after an offense has occurred, and Airmen rarely engage voluntarily or for prevention purposes.	Data show that it has gotten worse compared with last year—there were four more DUIs and 15 more reports of alcohol misuse cases from chaplains.	High

STEP 2   Setting Goals and Desired Outcomes

Why?

Step 2 is important because setting broad goals and specific changes, called *desired outcomes*, ensures that

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Purpose

Step 2 helps with development of a goal and specific desired outcomes to reach the goal.
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- everyone involved "is on the same page" with what is going to be accomplished
- benchmarks are planned so that it is known when the program, policy, practice, or process (P^4) is working
- the right evaluation data can be collected to assess progress.

Step 2 is also important because it is a forcing function to **state in detail** what should be accomplished with the CAP for each priority problem listed.

Definitions

- A **goal** for a CAP is a broad statement that represents the overall vision of achieving a reduction in the CAP priority problem(s)—for example, to reduce alcohol misuse.
- A **desired outcome** is a way to make goals more specific—for example, a reduction of a specified percentage of alcohol misuse (e.g., binge drinking) within a defined time frame for a target population.
- **S**pecific, **m**easurable, **a**chievable, **r**ealistic, and **t**ime-based **(SMART)** is an acronym that includes all the characteristics of a well-stated desired outcome. See the SMART checklist in the SMART Desired Outcomes Tool below for definitions.

Key Points

- The desired outcome statement should include what will change and for whom, by how much, and when it will change.
- In GTO, goals and outcomes are changes in the problem being targeted, not in the implementation of a plan.
- Set realistic desired outcomes rather than overly ambitious or hard-to-measure ones. Adjust goals and desired outcomes if there is no way to tangibly measure achieving them.
- The blank SMART Desired Outcomes Tool can be found in the Workbook.
- If there is uncertainty about how to complete the tool, see the Resource Guide for additional references, tips, and information about completing the tool.

Step 2 Instructions: SMART Desired Outcomes Tool

1. **Copy and paste the *selected* priority problem(s)** from the Step 1 tool into the first column of the SMART Desired Outcomes Tool.

2. **Write at least one goal and one desired outcome for each priority problem.** Make sure that desired outcome statements are SMART:

Specific

- The desired outcomes should identify concrete changes that will take place.
- This aspect of the outcome 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.
- This aspect of the outcome 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.

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Achievable

- The desired outcomes should be possible, given the problems and goals identified. Once you select a P^4, you might need to adjust the desired outcomes based on what the P^4 you have selected has achieved in the past.
- This aspect of the outcome answers the question "Is the desired outcome **possible** in terms of what the P^4 is attempting to do or is known to accomplish?"
- Example: The P^4 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 P^4 you are planning.
- This aspect of the outcome answers the question "Is the desired outcome **logically related** to the problem(s) identified and the P^4 selected?"
- Example: It is realistic to expect that a lack of knowledge and skills at intervening could be changed using a gatekeeper skill-building P^4 for suicide risk identification. It would be unrealistic to expect that a gatekeeper skill-building P^4 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.
- This aspect of the outcome 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 P^4 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.

EXAMPLE GTO Step 2: SMART Desired Outcomes Tool

Completed by: **Date:**

Priority problem (from Step 1)	Goal	SMART desired outcome
Alcohol misuse	Reduce the *quantity* of drinking among all Airmen	By six months after participating in the P^4, participants will show a one-third average decrease in the number of drinks consumed, as measured by the Daily Drinking Questionnaire.
SMART checklist		
What **SPECIFIC** *knowledge, skills, attitude,* or *behavior* are we expecting to change?	Number of drinks consumed	
How much change is expected, and how will change be **MEASURED**?	Decrease in number of drinks by one-third, as measured by the Daily Drinking Questionnaire.	
How do you know this change is **ACHIEVABLE** (i.e., possible) in terms of what we are attempting to change?	Brief interventions have shown that drinking quantity can be reduced by one-third.	
How do you know this change is **REALISTIC**? I.e., is the specific change logically related to the problem(s) identified (from a content perspective)?	It is reasonable to expect that a brief intervention targeting alcohol use can reduce drinking quantity.	
By when, or in what **TIME FRAME**, is this change expected to occur?	Six months after participating in the P^4	

STEP 3 Explore Research-Based and Promising P⁴

Why?

Step 3 helps to select one or more candidate P⁴ to address each priority problem. This tool helps CATs assess the evidence of potential P⁴ to enable them to select those that are research-based or follow best-practice principles, where possible. Using a research-based P⁴

- increases the likelihood of achieving goals and desired outcomes
- promotes confidence among Air and Space Force leadership and others that they are using the best approach possible
- reduces the possibility of "reinventing the wheel" and usually comes with features that newly created, untested approaches do not have, such as tools to track outcomes.

Purpose
Step 3 helps with identification of existing research-based or promising P⁴ related to the CAP goals.

Definitions

- **Research-based P⁴** are activities that have decreased the behavior of interest for a specific population or improved one or more contributing factors to the behavior of interest in similar settings and whose positive effects were sustained over time (Department of Defense Instruction 6400.09, p. 30).
- **Promising P⁴** refers to programs, policies, practices, and processes that have documented successful outcomes but do not have enough research evidence to prove they will be effective across a wide range of settings and service members (Department of Defense Instruction 6400.09, p. 30).

Step 3 Instructions: Evidence Synthesis Tool

1. **Look for research-based P⁴** that could help achieve the desired outcomes identified in Step 2. Resource List 3-1 in the Resource Guide provides links to repositories and clearinghouses of evidence-based P⁴. Resource Lists 3-2 (responsible alcohol use interventions), 3-3 (healthy relationships and communication interventions), and 3-4 (work-life balance interventions) also include research-based P⁴ for consideration.

   ACCESS THE TOOL:

   RAND:
   www.rand.org/t/TLA1268-1

   Air Force:
   https://usaf.dps.mil/sites/afpc-home/
   DPF/DPFZ/SitePages/ActionPlanning-
   Evaluation-Research.aspx

2. **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 but seems like a promising P⁴. 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 and Space 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 and Space Force settings, it could be viable to include in your CAP.

- Is there *contextual evidence* that the P⁴ is effective? According to the Centers for Disease Control and Prevention's (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 useful in a local setting" (Centers for Disease Control and Prevention, undated). 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? Although 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 (Nation et al., 2003; National Institute on Drug Abuse, 2003).

- The CDC recommends consideration of six areas 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?).

3. **Assess characteristics of the P⁴ that can influence how it is implemented and how successful it will be within the installation.** Department of Defense Instruction 6400.09 addresses how research P⁴ are supposed to perform (i.e., whether they yield outcomes), and below are common characteristics of effective P⁴ that RAND researchers have identified. **An effective P⁴**

- **is based on theory and research.** The P⁴ should have a scientific justification. Sometimes intuitive approaches are actually harmful.

- **is appropriately timed in development.** That is, the P⁴ is implemented at a time that can have maximal impact in a participant's life.

- **is 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.

- **is 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 P^4), and delivery (how the P^4 is implemented).

4. **In columns 2 and 3, assess whether the P^4 meets each characteristic** ("Yes" or "No"). If the answer is "No," then begin to think about what would need to change for the P^4 to appropriately meet the needs of the installation (column 4).

5. **Complete this tool for each P^4 being considered.**

EXAMPLE GTO Step 3: Evidence Synthesis Tool			
Completed by:	**Date:**		
P[4] being considered: eCHECKUP TO GO			
P[4] features and how they relate to our needs, behaviors, or desired outcomes	**Does the P[4] have these features? (Yes/No)**	**Explain answer**	**What would we need to change to make the P[4] fit our needs?**
Has evidence of effectiveness	Yes	Seven studies demonstrate the program's efficacy with the general college freshman population and at the population level (Hustad et al., 2010; Doumas et al., 2011; Doumas and Andersen, 2009; Lane and Schmidt, 2007; Wilson, Henry, and Lange, 2005; Steiner, Woodall, and Yeagley, 2005; and Henry, Lange, and Wilson, 2004). Outcomes improved include heavy drinking, general alcohol use, alcohol-related problems, and alcohol-related consequences. Outcomes were generally stronger for those who were heavy drinkers.	Modifications might be needed to determine certain situations in which additional support from a clinician or medical provider is needed.
Focuses clearly on one of our identified goals and outcomes	Yes	By six months after participating in the P[4], participants will show a one-third average decrease in the number of drinks consumed, as measured by the Daily Drinking Questionnaire. By six months after participating in the P[4], at least 50 percent of participants who have participated in binge drinking in the past month will have decreased the frequency of their binge drinking.	No changes needed.
Provides necessary activities and materials to support implementation	Yes	Purchasing the program gives access to the online materials.	No changes needed.
Employs teaching methods to actively involve participants	No	The program is designed to be brief and does not actively engage participants.	Can add a one-on-one component if desired.
Employs activities, instructional methods, and behavioral messages appropriate for our target population	Yes	The program is designed so that participants "check up" on their drinking behaviors.	No changes needed.

Selecting the Best Option

Why?

Steps 4 and 5 are used to select the best P^4 from those identified by helping the CAT assess the strength of evidence, resources, and capacity to implement the P^4 and adaptations that might be needed.

In **Step 4**, the list of candidates P^4 identified in Step 3 is narrowed through assessment of fit. Regardless of how effective a P^4 is in one setting, it might not be a good fit in another. P^4 are most effective when they are used in settings like those in which they were found to be effective or where there is a good fit with the target population, the community, and the organization. Assessing fit *before* implementation is important because it

Purpose
Steps 4 and 5 focus on the assessment of P^4 and CAT capacity to narrow down the selection of P^4 for each goal and desired outcome that was identified in Step 2.

- increases the chances that the P^4 will be accepted by, and good for, the target population
- reduces the possibility of the P^4 failing because it was a poor fit with the target population, the community, or the available resources to implement it as it was designed
- rules out the P^4 when there are fit problems that cannot be resolved
- helps CATs select among several candidate P^4 and choose the one with the best fit.

In **Step 5**, consider whether the installation has the capacity and resources to effectively implement the P^4, such as staff time and qualifications, leadership support, equipment needs, financial resources, and local partners. Thinking about resources and capacity in advance not only helps in the final selection of the P^4 but also helps CATs address any gaps (e.g., staffing, financial support) prior to implementation.

After reviewing one or more P^4 to assess research base, fit, and capacity to implement, decide which P^4 is the best fit. It is possible that none of the new or existing P^4 considered might be feasible, if they have poor fit or capacity gaps that you cannot fill. If this is the case, circle back to Step 3 to find more-suitable P^4.

At the end of Step 5, the CAT should select the P^4 that will be implemented to address each of the CAP priorities and goals established in Step 2.

Definitions

- **Fit** means that there is a good match between the P^4 as designed and (1) the target population, priority problems, and CAP goals; (2) the installation's culture, mission, and schedule; and (3) values shared in the broader community.
- **Capacities** are the resources (staff, skills, facilities, finances, and others) that the installation must have to successfully implement and sustain a P^4.

Step 4 Instructions: P^4 Fit Assessment Tool

1. In the corresponding Workbook, **save a copy of the tool for each P^4 under consideration** and write the name of the P^4 in the space provided at the top.
2. **Work through the questions in the tool** to consider the fit of the P^4. Conversations with several different people (e.g., stakeholders, members of the target group, helping agency colleagues, CAT and Community Action Board [CAB] members) might help you get the answers.
3. **Decide whether adaptations are needed to improve poor fit.**

- If the fit is good, then no adaptations are needed, and the P^4 can be used as is.
- If the fit is poor, then adaptations will be needed. Enter adaptation ideas in the column labeled "What adaptations, if any, need to be made to increase the fit?" (see Tip 4-1 and Tip 4-2 in the Resource Guide).
- Determine how large an adaptation is needed to improve fit. Definitions and examples of adaptations you might consider are provided in the Resource Guide (see Tip 4-1 and Tip 4-2).

Adaptations that considerably alter a research-based P^4 should be avoided, or new research with the included adaptations might be necessary to determine effectiveness.

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EXAMPLE GTO Step 4: P^4 Fit Assessment Tool		
Completed by:		**Date:**
P^4 Being Considered: eCHECKUP TO GO		
Does the P^4 fit with the	**Yes/No**	**What adaptations, if any, need to be made to increase the fit?**
Target population's • Needs • Demographics (e.g., gender, pay grade, race/ethnicity) • Other important characteristics (e.g., education level, work schedules)	Yes	It fits overall; however, the program was designed for college students and would likely need some adaptation for the Air and Space Force.
Community's • Cultural norms and values • Other important characteristics (e.g., rural or urban, U.S. or international)	Yes, but some work is needed.	Because the program was not specifically designed for service members, some adaptations might be needed to align the program with Air and Space Force cultural norms and values.
Wing's • Leadership priorities • Current programming (e.g., Wingman Day, training schedule, other activities) • Other important characteristics (e.g., duty schedule)	Yes, but some work is needed.	Because eCHECKUP TO GO was not designed specifically for Air and Space Force service members or service members in general, it could be helpful to develop a communication plan for the dissemination of the program that explicitly connects the importance of mitigation of maladaptive drinking behavior to Airman resilience.

Step 5 Instructions: Capacity Assessment Tool

1. **Save a copy of the tool for each P⁴ still under consideration** and write the name of the P⁴ in the space provided at the top.

2. **Go through each section in the tool and answer the questions** to determine whether the installation's capacity is adequate, and, as needed, explain the plan to increase capacity.
   - Be sure to include an assessment of capacities for each of the P⁴ being considered.

3. **If the installation lacks the necessary capacities to deliver a P⁴**, the CAT should select an alternative P⁴ or delay implementation of the P⁴ while working to build the capacities that are lacking.

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EXAMPLE GTO Step 5: Capacity Assessment Tool		
Completed by: **Date:** **P⁴ Being Considered:** eCHECKUP TO GO		
1. Staff capacities	**What is needed?**	**Is there sufficient capacity?**
Availability: Do you have the number of staff recommended for the P⁴? Do they have the needed time available? Consider any additional staff that might be needed—for example, to serve as backup in case of a facilitator's absence or transfer.	Need members to complete the program online. Need someone to monitor the completion rate and encourage completion.	☒ Yes ☐ No → What is the plan to increase capacity?
Qualifications: Are all staff (primary and backup) adequately qualified to deliver the P⁴? Consider • education and training • experience or skills • comfort with the topic.	Expertise is not needed to deliver the program because it is online. Need some training on how to monitor the program and encourage participation.	☒ Yes ☐ No → What is the plan to increase capacity?
2. Leadership capacities	**What is needed?**	**Is there sufficient capacity?**
Commitment: How committed is your organization leadership (at all levels) to the P⁴ you are considering? Does leadership support prevention staff? Is there a prevention champion who will help introduce and sustain new P⁴?	Somewhat committed. Leadership knows about the program but has not officially announced their support.	☐ Yes ☒ No → What is the plan to increase capacity? Need to have leadership announce their expectation that all will complete the program.

Communication: Are there clear channels of communication in place between levels of leadership (e.g., in case orders are needed to ensure participation)?	Leaders need to announce expectation to complete program.	☐ Yes ☒ No → What is the plan to increase capacity? Communication is usually clear once leaders decide on a course of action.
3. Technical capacities	**What is needed?**	**Is there sufficient capacity?**
Are any specific materials, equipment, or technology needed (e.g., smartphones or computers with internet access)?	Minimal needs. Just need to access program from an internet-ready device and inform participants that they should use eCHECKUP TO GO on their personal device for privacy and because network computers will not allow access to the site. Will also ask Air and Space Force information security personnel to review the data privacy and use policy of eCHECKUP TO GO.	☒ Yes ☐ No → What is the plan to increase capacity?
4. Financial and resource capacities (include in Step 6 budget tool)	**What is needed?**	**Is there sufficient capacity?**
Is there a cost or fee to use the P⁴? Are printed materials needed (including curriculum and recruiting flyers)? Are there any other needs (e.g., transportation, space, evaluation materials and efforts)?	The program does cost money, and leadership needs to approve that purchase.	☐ Yes ☒ No → What is the plan to increase capacity? Need to reach out to the developers to get a final quote on the cost for our wing.
5. Collaboration or partnership capacities	**What is needed?**	**Is there sufficient capacity?**
What relationships with other organizations are needed to do this P⁴? Are memoranda of understanding or memoranda of agreement for collaboration with nonmilitary entities needed?	It could be beneficial to have substance abuse treatment options available in case the program identified a serious drinking problem that requires more-intense services.	☒ Yes ☐ No → What is the plan to increase capacity?

Planning for P⁴ Implementation and Evaluation

Why?

This step includes four tools: the **P⁴ Work Plan Tool**, the **Process Evaluation Planner Tool**, the **P⁴ Outcome Evaluation Planner Tool**, and the **Community Action Plan Overview Tool**, which collectively create a detailed plan for the implementation and evaluation of each P⁴ identified at the end of Step 5. These planning processes are important for

Purpose
Step 6 helps with making a detailed work plan for delivering and evaluating each of the P⁴ selected at the end of Step 5.

- building a comprehensive implementation plan for the intervention that includes specific due-outs, progress checks, and a timeline showing who is responsible for what and when each activity should be completed

- developing a plan to measure the **implementation** of the intervention

- developing a plan to measure the **outcome** of the intervention

- ensuring that CAT members are in agreement with the selected intervention, that the process is transparent and able to be implemented by others if there is a change in personnel or task leadership, and that members are engaged in specific roles or assignments to support the intervention.

For more information on the difference between process and outcome evaluation in GTO, see Tip 6-1 in the Resource Guide.

Definitions

- 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 and when, where, and how they will do it.

- **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 (the quality) of the implementation.

- **Outcome evaluation** tests the extent to which a P⁴ achieved the SMART goal outlined in Step 2 and, potentially, whether the P⁴ worked well for some groups more than others.

Step 6 Instructions: P⁴ Work Plan Tool (complete a separate work plan for each P⁴ being implemented)

1. **Starting on the left, under Tasks, list each task that needs to be accomplished** to implement and evaluate the P⁴. Include as much detail as possible. The tool is divided into several categories of tasks. The tool has some suggested tasks. Include these if relevant to the P⁴, as well as other tasks that need to be completed. Add additional rows to the tool for additional tasks as needed.

ACCESS THE TOOL:

RAND:
www.rand.org/t/TLA1268-1

Air Force:
https://usaf.dps.mil/sites/afpc-home/
DPF/DPFZ/SitePages/ActionPlanning-
Evaluation-Research.aspx

2. For each task, **list the date by which the task will need to be completed**, **the person responsible** for the task, and the **date the task was completed**. Seek feedback from the CAT and those responsible for each task before finalizing the document to ensure that everyone agrees to the timelines.

3. These tools are meant to be living documents. **Regularly review the plans** during preparation and implementation of each P⁴ to ensure that tasks have not been neglected.

EXAMPLE GTO Step 6: P⁴ Work Plan Tool			
Completed by: **Date:** **P⁴:** eCHECKUP TO GO			
Tasks: Administrative	**When will it be done? (time frame)**	**Who is responsible?**	**Date complete**
Prepare budget	Within 1 month	HRA Hernandez	
Meet with program developers to deliver program at the wing	Program becomes available within 6 months	Lt Col/Vice Commander Jones	
Tasks: Policies and procedures	**When will it be done? (time frame)**	**Who is responsible?**	**Date complete**
Obtain any required permissions or approvals needed—for example, approval to purchase a curriculum, hire a certified trainer, buy ad space, or conduct a survey	Within 2 months	Lt Col/Vice Commander Jones	
Tasks: P⁴ preparation	**When will it be done? (time frame)**	**Who is responsible?**	**Date complete**
Secure wing leadership support for the program	Within 1 month	Lt Col/Vice Commander Jones	
Secure funding for the program	Within 2 months	HRA Hernandez	
Review the program materials and work with developers to make changes for the Air and Space Force	Within 3 months	GTO team	
Have wing leadership announce the availability of the program and the expectation that all wing members are to complete it	Within 5 months	Lt Col/Vice Commander Jones	
Tasks: P⁴ recruitment and retention	**When will it be done? (time frame)**	**Who is responsible?**	**Date complete**
Develop participant recruitment (and retention) plan and materials	Within 3 months	Chaplain Johnson	
Notify the wing about the program and how to access it and deadline for its completion	Within 5 months	Chaplain Johnson	
Send reminders to the wing about how to access and complete the program	Within 6 months	Chaplain Johnson	

Tasks: Implementation	When will it be done? (time frame)	Who is responsible?	Date complete
Create a detailed schedule for implementing the P^4 (where and when each part of the P^4 will be conducted—e.g., when and how each component of a media campaign will be rolled out)	First draft by month 2, with updates occurring on an ongoing basis as more detail is obtained and decisions are made	HRA Hernandez	
Design the evaluation and complete the GTO Process Evaluation Planner Tool and P^4 Outcome Evaluation Planner Tool	Within 4 months	Captain Lily	
Collect process data	During months 6–12	Captain Lily	
Administer baseline outcome measures	At month 5 (pre-survey)	Captain Lily	
Administer follow-up outcome measures	At month 12 (i.e., 6 months after implementation begins)	Captain Lily	
Enter the collected data into a spreadsheet or other analysis program, review data quality and make adjustments as needed (e.g., spot-checking for data entry errors, eliminating duplicate entries, etc.), and analyze data	Within 14 months	Captain Lily	
Review process evaluation data from the relevant data collection tools and complete the GTO Steps 7–9 Evaluation Summary and CQI Review Tool	Some data will be reviewed monthly (such as adherence to work plan); others (e.g., user completion) will be reviewed quarterly (at months 9 and 12); satisfaction will be measured at month 12 (post-survey)	Captain Lily	
Review outcome evaluation data (including pre- and post-survey data) and complete the GTO Steps 7–9 Evaluation Summary and CQI Review Tool	Within 14 months	Captain Lily	
If the evaluation results are adequate enough to continue the P^4, decide which changes to make to improve the performance and outcomes, using the GTO Steps 7–9 process and Evaluation Summary and CQI Review Tool. Adjust goals and outcomes and reassess fit and capacity in light of implementation; update the P^4 Work Plan Tool with lessons learned from implementation	Within 16 months	GTO team, individual task assignments to be determined depending on changes needed	
Finalize documentation, inventory any supplies, and begin planning the next round or next steps	Within 18 months	Captain Lily, supported by GTO team as needed	

Step 6 Instructions: Process Evaluation Planner Tool

1. Consider each process question listed in the table and add other process questions of interest, if applicable. In column 2, **list the domains or constructs you intend to capture**.

2. In column 3, enter **the evaluation methods, measures, or data collection tools** that will be used to answer each process evaluation question. Examples in this column could include data collection via pre-post survey, sign-in sheets, notes from trainers on the session, outside (non-trainer) observers, and implementation checklists. See Resource List 6-1 in the Resource Guide for suggested process measures.

3. In column 4, 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 P^4 Work Plan Tool for each P^4.

Note about different P^4: Although this tool has questions that are useful for programs, some of these questions can also be used to track other P^4, such as changes in policies. For example, to conduct a process evaluation on a policy change, you could collect data about the extent to which members know about the policy, the extent to which the policy is consistently implemented, the extent to which the policy is monitored for compliance, and the extent to which consequences for policy violation are consistently applied. The rows in this tool can be applied to these types of questions.

EXAMPLE GTO Step 6: Process Evaluation Planner Tool

Completed by: **Date:** **P[4]:** eCHECKUP TO GO

Process evaluation question	Constructs or domains to measure	Measures and process of data collection	Anticipated schedule for data collection and analysis
1. Who did the P[4] reach? Did it reach the intended audience?	Characteristics of participants compared with the target population (e.g., compare demographics of attendance, utilization, exposure, etc., with those of the target population)	eCHECKUP TO GO has each user complete a standard set of demographic questions	Data collection captured on rolling basis as individuals engage with eCHECKUP TO GO. Analysis: 3 months after initial engagement with program
2. Was the P[4] implemented as planned? Why or why not?	Number and types of interactions with target audience matched plan; number of individuals reached	Logging into the eCHECKUP TO GO system to track access and usage	3 months after implementation of eCHECKUP TO GO
3. What did participants think of the P[4] (e.g., satisfaction, perceived relevance, likelihood to recommend)?	Satisfaction; perceived relevance of the program to participants	Satisfaction and relevance survey	After 6 months, we will ask all of those who participated to take a survey (this question will be added to the outcome evaluation post-survey)
4. What did staff and volunteers think of the P[4] perceptions (e.g., whether trainees appeared engaged, suggestions for improvement, etc.)?	Not applicable		
5. Did implementation align with the GTO Step 6 P[4] Work Plan Tool?	Timeline adherence, missed benchmarks, actual versus planned recruitment	Monthly check of progress relative to P[4] Work Plan Tool; data such as recruitment will be obtained via eCHECKUP TO GO	GTO team will assess implementation at monthly meetings
6. Other. For example, was there evidence of leadership support?	Frequency of reminders provided by wing leadership	Team will formally document communication stemming from leadership about the P[4]	Ongoing

Step 6 Instructions: P⁴ Outcome Evaluation Planner Tool

This tool guides the development of the outcome evaluation. When collecting data, you will likely collect data on both process and outcome measures at the same time. However, it is helpful to think about them separately because the outcome evaluation is designed to assess whether the P⁴ worked in achieving the goal established in Step 2. You might not always be able to single out one direct cause for a change in outcomes, but it is important to document your findings regardless. Over time, your data and the data from other CAPs collectively could provide the Air and Space Force with insights into P⁴ that are making a difference.

1. **Copy each desired outcome** identified in GTO Step 2 into the first column (one desired outcome per row).

2. Check the appropriate box in the Evaluation Design column to **indicate the choice of evaluation design** for each outcome. Design has to do with what data will be collected and when. Three common types of feasible designs are

   - **Pre-/post- with comparison group**: This is the strongest design. Data are collected before and after the P⁴ is implemented, which allows for an assessment of change over time. In addition, the same data are collected at the same time points from a similar group of individuals not participating in or exposed to the P⁴ (control group). This enables you to assess whether the P⁴ might be responsible for the change by assessing whether the change was observed for everyone or just those who received or were exposed to the P⁴. A rigorous pre-/post- with comparison design will take into account other differences that might explain the change or lack of change (such as other P⁴ or major events).

   - **Pre-/post-**: Data are collected before and after the P⁴ is implemented. This design can assess changes over time. However, you cannot be certain that changes were due to the P⁴.

   - **Post- only**: Data are collected only after individuals participate in the P⁴. This is the weakest design and can only tell you whether the group reached some benchmark. It does not assess changes over time, and with this design you cannot attribute changes to the P⁴.

3. Next, **identify the measure or scale** that will be used to assess each of the desired outcome statements. Include the source link or citation for the measure. Although it is possible to create your own measures, that is not recommended. Whenever possible, choose measures that already exist and have been used to evaluate the selected P⁴ or similar programs. **Example measures** for common outcomes can be found in Resource Lists 6-2, 6-3, and 6-4 in the Resource Guide. The developer of the P⁴ might also share the measures they used to establish the evidence base for the P⁴.

4. In the last column, list the **specific questions or items from the measure or scale that you will ask participants**.

EXAMPLE GTO Step 6: P⁴ Outcome Evaluation Planner Tool			
Completed by:	**Date:**	**P⁴:** eCHECKUP TO GO	
Desired outcome (Copy and paste from Step 2)	**Evaluation design**	**Measure or scale name and source**	**Items to include**
By six months after participating in the P⁴, participants will show a one-third average decrease in the number of drinks consumed, as measured by the Daily Drinking Questionnaire.	☐ Pre-/post- with comparison group ☒ Pre-/post- ☐ Post- only	Daily Drinking Questionnaire R. Lorraine Collins, Ph.D. Department of Community Health and Health Behavior University at Buffalo, the State University of New York	Respondents answer for each day of the week for both questions: Typical drinking amounts in a given week in the past month Heaviest drinking amounts in a given week in the past month
By six months after participating in the P⁴, at least 50 percent of participants who participated in binge drinking in the past month before the P⁴ will have decreased their binge drinking by one level on the National Institute on Alcohol Abuse and Alcoholism (NIAAA) binge drinking question.	☐ Pre-/post- with comparison group ☒ Pre-/post- ☐ Post- only	NIAAA binge drinking question https://www.niaaa.nih.gov/health-professionals-communities	Question about frequency of binge drinking in past 6 months: During the last 6 months, how often did you have 5 or more (for males) or 4 or more (for females) drinks containing any kind of alcohol within a two-hour period? (That would be the equivalent of at least 5 [for males] or 4 [for females] 12-ounce cans or bottles of beer, 5 [or 4] 5-ounce glasses of wine, or 5 [or 4] drinks each containing one shot of liquor or spirits.) Choose only one response: every day, 5 to 6 days a week, 3 to 4 days a week, 2 days a week, 1 day a week, 2 to 3 days a month, 1 day a month, 3 to 11 days in the past year, 1 or 2 days in the past year.

Step 6 Instructions: Community Action Plan Overview Tool

This is the most important tool because it presents an overview of the whole CAP. This tool is a summary of the work from each GTO step and an overview of the CAP (the plan at a glance). The column headings specify which GTO steps are linked to each column on this tool. The tool can be completed by copying key information from the other tools that already have been completed. Showing the CAB a completed draft of all tools, including this Community Action Plan Overview Tool, as well as your P[4] Work Plan Tool, Process Evaluation Planner Tool, and P[4] Outcome Evaluation Planner Tool, would be an excellent way to obtain feedback and buy-in from all members of the CAB.

Column 1: Copy and paste the identified priority problem(s) from GTO Step 1 into the first column of the Community Action Plan Overview Tool (one problem per row).

Column 2: Copy and paste the goal(s) for each priority problem from GTO Step 2 into column 2. The combined efforts of the P[4] that will be used during implementation should help to contribute to the goal, but, by themselves, they might not be sufficient to achieve it.
Note: There could be multiple goals and desired outcomes for each priority problem—repeat or merge the cells in the Community Action Plan Overview Tool as needed to fit the plan.

Column 3: Copy and paste desired outcome(s) for each goal from GTO Step 2 into column 3.

Column 4: Write in the corresponding P[4] that has been selected for implementation. This choice will be finalized by going through GTO Steps 3–5. Ensure that there is a strong link between the chosen P[4] and the goals and desired outcomes.

Column 5: Summarize the process evaluation measures and instruments identified on the Process Evaluation Planner Tool in GTO Step 6.

Column 6: Summarize the outcome evaluation measures and instruments identified on the P[4] Outcome Evaluation Planner Tool in GTO Step 6.

Column 7: Specify the plan to monitor any population-level changes in the problem over time. This type of tracking looks at longer-term or overall impacts and can cut across multiple P[4]. Data for this tracking usually come from sources that CATs can access on a regular basis (e.g., the Defense Organizational Climate Survey). Then compare these data with the data collected in GTO Step 1 to observe any changes that might have occurred.

EXAMPLE GTO Steps 1–6: Community Action Plan Overview Tool						
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?** _Specifically include:_ **_What will change_** _(knowledge, attitude, or behavior),_ **by how much, for whom,** _and_ **when** _change is expected_	**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]?** _PROCESS EVALUATION_ **(from GTO Step 6)**	**How will you assess the outcomes of your P[4]?** _OUTCOME EVALUATION_ **(from GTO Step 6)**	**How will you monitor population changes in the initial problem over time? (see GTO Steps 1 and 6)**
Alcohol misuse. Chaplain Corps Activity Reporting System data show that Chaplains have been seeing more cases of alcohol misuse. There have also been several incidents of Airmen being arrested for DUI.	Reduce the quantity of drinking among Airmen	By six months after participating in the P[4], participants will show a one-third average decrease in the number of drinks consumed, as measured by the Daily Drinking Questionnaire.	eCHECKUP TO GO	Using the eCHECKUP TO GO system, we will measure - the demographics of participants - the completion rate of the wing. We will assess satisfaction with participation with a satisfaction question on the post-survey.	Daily Drinking Questionnaire (pre- and post-survey), measured before and six months after the start of eCHECKUP TO GO	Monitor DUI arrests and reports of alcohol misuse in the Chaplain Corps Activity Reporting System over time.
	Reduce the frequency of binge drinking among Airmen	By six months after participating in the P[4], at least 50 percent of participants who have participated in binge drinking in the past month will have decreased their binge drinking by one level on the NIAAA binge drinking question.	eCHECKUP TO GO		NIAAA binge drinking question (pre- and post-survey), measured before and six months after the start of eCHECKUP TO GO	

Using Evaluation to Improve P^4

Why?

Steps 7–9 are focused on the analysis of evaluation data and how those data can be used to inform decisionmaking about how to improve a P^4, maintain its effectiveness going forward, or, if needed, discontinue implementation of a P^4 that does not yield positive outcomes. These steps are particularly important because they work toward continuous quality improvement (CQI) by

Purpose
Steps 7–9 aid in the understanding of where improvements in P^4 can be made using information gathered in Steps 1–6.

- taking advantage of lessons learned over time from the process and outcome evaluations to improve the P^4 for the future without starting over
- putting the investment made in evaluation to work by using the results to inform changes and data-based actions and understand the effects of P^4 implementation.

Steps 7–9 can be completed when both process and outcome data have been collected.

The Evaluation Summary and CQI Review Tool provides an opportunity to summarize both the process and outcome results simultaneously. This is important because:

1. Poor implementation of the P^4 could impact outcomes.

2. Good implementation of the P^4 that does not result in expected outcomes could indicate the need to change the P^4, make further modifications to increase the fit or capacity to implement the P^4, or strengthen the evaluation (if, for example, outcome measures were selected that did not align with the outcome of interest).

To make such decisions, GTO **Steps 7–9** *also* guide the user through a systematic CQI process that is driven by evaluation results obtained and is intended to identify strategies for improving the P^4 performance and progress toward desired outcomes and long-term goals. As part of CQI, there is a need to reevaluate the P^4, including both the fit and the capacity to implement the P^4.

The Evaluation Summary and CQI Review Tool will aid in the creation of a snapshot of the P^4's successes and shortcomings and prompt the identification and planning necessary to begin improvements or discontinue using the P^4.

Definitions

CQI is a process for deciding what changes should be made to improve implementation and outcomes and determining what difference they make.

Steps 7–9 Instructions: Evaluation Summary and CQI Review Tool

How data are analyzed depends on a number of factors, including sample design and sample size. Engage someone on the team with a research background to help you develop an analytic plan and analyze the data. This tool is meant to synthesize key findings from the evaluation, although it is expected that your evaluation might answer more-nuanced questions that will help inform CQI and the decision to sustain the P^4.

ACCESS THE TOOL:

RAND:
www.rand.org/t/TLA1268-1

Air Force:
https://usaf.dps.mil/sites/afpc-home/ DPF/DPFZ/SitePages/ActionPlanning- Evaluation-Research.aspx

1. Answer items 1–5 using the evaluation results.

2. Document conclusions from the evaluation results in item 6.

3. Next, use the probes in items 7–12 to think about any changes in priority problems to address, whether changing goals or desired outcomes is appropriate, alternative P^4 with a stronger research base, how fit and capacities might be different now, and why and how changes in Step 6 planning tools could make an improvement in outcomes.

4. Finally, in item 13, document the decision about whether to continue with the P^4 and what to change to attempt to achieve needed improvements.

5. Refer to the below table for guidance on reporting evaluation results for different audiences.

Guidance on Reporting Evaluation Results for Different Audiences		
Stakeholder	**Information of interest**	**Example of reporting method**
Leadership, including the CAB	Is the P^4 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 webpage
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 webpage

EXAMPLE GTO Steps 7–9: Evaluation Summary and CQI Review Tool

Completed by: **Date:**

Evaluation review	Response
How effectively did the P⁴ help us reach our desired outcomes?	
1. Which, if any, desired outcomes were not met or not completely met? Were any unmet outcomes critically important (i.e., they must be met to justify continuing the P⁴)?	Both desired outcomes were met.
2. Which desired outcomes were reached or exceeded?	The change in number of drinks and amount of binge drinking desired outcomes were met.
3. Was there progress toward our long-term goals?	The change in number of drinks and amount of binge drinking desired outcomes were met.
How well did we implement this P⁴?	

4. How did implementation of the P⁴ go in terms of the following aspects?
    a. reaching the right target population
    b. ensuring engagement or utilization of the P⁴
    c. ensuring that all components were implemented as planned
    d. increasing participant satisfaction
    e. making staff suggestions for improvement
    f. getting enough leadership support.
	The biggest problem was the reach of eCHECKUP TO GO. Only about half of the target population completed the program because there was insufficient awareness of the program. Next year, we plan to have leaders increase their communication about the program and the need to complete it.

5. Which, if any, of 4a through 4f above were likely to have impacted your desired outcomes? How and why? These will be critical components to improve (or sustain) the next time you implement the P⁴.	Leader communication was not intense and consistent enough. This is what needs to be improved next year.
Determination based on evaluation results	**Response**

6. **Are your process and outcome evaluation results overall good enough to continue implementing the P⁴?**
    If YES, what adjustments, if any, will be critical to its improvement?
 	
    If NO, how and why was this decision made? Which missed outcomes were most important to this decision?
	Definitely! Those who completed eCHECKUP TO GO were very satisfied and exhibited important drops in drinking frequency overall and drops in binge drinking.

Continuous quality improvement: Step-by-step review	**Response, including any changes for next time**

7. **Were the problems identified the right ones to be addressing with our P⁴? (GTO Step 1)**
    Was there any improvement in the overall trend of the priority problem? Review the original problem data from Step 1 and compare with any newer updates to the data, if available.
 	
    Have the needs changed or remained?
 	
    Are there new priorities now that should be addressed instead?
	It looks like the right needs were identified. The numbers of cases of alcohol misuse (Chaplain Corps Activity Reporting System) and DUI arrests (Judge Advocate quarterly reports) are lower than the same time last year, but they are still too high. Working on the alcohol issue is still a priority.

Evaluation Summary and CQI Review Tool (continued)	
8. **Do we need to change goals and desired outcomes or potential participants? (GTO Step 2)** Should we target different conditions or behaviors? Should we reset benchmarks up or down?	No. Meeting the desired outcomes appears to be pushing the amount of alcohol incidents and DUIs down.
9. **Should we consider another P⁴? (GTO Step 3)** Or are there other improvements we need to make?	No. eCHECKUP TO GO appears to be working for those who complete it.
10. **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 adaptions made? How did that go?	Yes! The wing members like the brevity and mobility of the program.
11. **Do we need to improve the capacity to do the P⁴ well? (GTO Step 5)** Has there been a shift in resources? Are new staff capacities needed? How can we better utilize our champion to support the P⁴? Did we have enough leadership support?	Some. Leaders did not consistently encourage participation in the program. Other than that, the readiness is there.
12. **Should we change anything in our P⁴ work plan? (GTO Step 6)** Are there any suggestions for improvement? Are any details missing? Are additional funds needed to run the P⁴ well? Do we need to make any changes to staff assigned to implementation or evaluation tasks? How can we keep staff trained in the P⁴? (If more staff are trained, the likelihood of being able to continue the P⁴ will be higher.) Are any changes needed for the process or outcome evaluation design or methods?	Moderately well. To help leaders consistently encourage participation in the program next time, we could help prepare more messages in advance for dissemination and look for events where we could request that leaders announce the program. Also, we could seek additional channels for encouraging participation.
13. Review and discuss your responses above with your CAT and leadership and reach a conclusion about continuing implementation of the P⁴: ☒ **We plan to continue with this P⁴ (with improvements as needed).** *Complete the GTO Step 10 P⁴ Sustainability Review Tool.* ☐ **We do not plan to implement this P⁴ again.** *GTO Step 10 is not applicable if you do not plan to continue using this P⁴.*	

If the plan is to *not* implement the P⁴ again:

After going through the evaluation and quality improvement steps, you might determine that the P⁴ is not performing well enough to continue with it. For example, you might not continue the P⁴ if the implementation of the P⁴ was done well but the outcomes were still not achieved, and no other exacerbating factors can be identified that would suggest that the program might not be effective in your setting. Although this can be disappointing and disruptive, discontinuing a P⁴ based on sound data analysis can be the best decision. It will be important to inform key stakeholders about how this decision was made. 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 select another P⁴ that can address the problems and achieve goals and desired outcomes.

STEP 10 Sustainability

Why?

This step will help you think through whether and how to continue to deliver the P^4 over time so that the desired goal and outcomes established during GTO Step 2 can be reached. Sustainability involves a deliberate effort to integrate the core elements of the program into the routine of the overall organization. This can include difficult discussions with staff and stakeholders about what to change or discontinue if programming is not meeting established goals. GTO Step 10 contains one tool—the P^4 Sustainability Review Tool. However, many of the tools from GTO Steps 1–9 will be used to guide the discussions about sustainability efforts and completion of this tool. Consider two important questions during this step:

Purpose
Step 10 helps with continuation of program delivery and applies when you have decided to continue implementation of the P^4.

1. What is working that should be sustained?
2. How do we sustain data-informed actions that should continue?

The P^4 Sustainability Review Tool guides consideration and recording of plans for next steps. By the end of Step 9, you should have made a **decision as to whether the installation will continue using the P^4** that was implemented. If you decide not to sustain the P^4, the CAT can revisit Step 4 to identify alternate P^4.

Step 10 helps teams review staffing, training, and other factors (such as promoting the P^4 and its sustaining champions, or advocates) to help ensure that the P^4 retains its value and is ready for future or ongoing implementation. These issues require planning and updating GTO tools over time.

Definitions

- **Sustainability** refers to the integration of data-informed actions from an effective P^4 into the routine operations of an organization over the long term.

Step 10 Instructions: P^4 Sustainability Review Tool

1. The members of the team who have had the most involvement with implementing the P^4 are key to this review. The tool can be completed by an individual or as a group with one person as the recorder.

2. Collect the completed GTO tools and any written guidance (for example, a program manual or policy guidance) that came with the chosen P^4 to help with the completion of this tool.

3. Follow the questions and the guidance provided in each row. Each question will address how to handle things that are critical to sustainability in the future.

ACCESS THE TOOL:

RAND:
www.rand.org/t/TLA1268-1

Air Force:
https://usaf.dps.mil/sites/afpc-home/
DPF/DPFZ/SitePages/ActionPlanning-
Evaluation-Research.aspx

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For additional guidance on looking at the GTO steps with an eye toward sustainability, refer to the following table.

Getting started	Continue to build relationships. Whether you are starting something new or refining an existing P^4, collaborative relationships are always important to your success. Get buy-in all along the way from a diverse group of participants.
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 infrastructure and resources you might need to sustain the success of the P^4.
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.
Step 3	Ground your efforts in what works. This will increase staff competence and confidence and help you deliver a strong P^4.
Step 4	Take time to continually assess fit. The more congruent your P^4 is with existing needs, infrastructure, resources, and characteristics in your population, community, and installation, the easier it will be to gain support for it.
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.
Step 6	A good work plan tells your story. Developing and using a clear work plan optimizes your use of time, energy, resources, and infrastructure. The work plan 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.
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.
Step 8	Positive outcomes are crucial. The centerpiece of sustainability is achieving positive outcomes. Clearly demonstrate the effectiveness of what you have 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.
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.
Step 10	Plan for sustainability. If you do not describe your goals, you will not know whether you have achieved them.

EXAMPLE GTO Step 10: P⁴ Sustainability Review Tool

Completed by:	Date:

P⁴: eCHECKUP TO GO

Questions	Response, including any next steps
Who is responsible for the P⁴ going forward? Updating GTO Step 6 is a critical sustainability task, including identifying who will be in charge of implementation and evaluation going forward.	The current GTO team will manage the program going forward. The full GTO team (Jones, Hernandez, Johnson, and Lily) will review the plan to make improvements. All members expect to continue in this role and thus do not need more GTO training. We need to consider inviting someone from the leadership team to be part of the GTO team so that they will communicate more about it to everyone.
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.	eCHECKUP TO GO does not require any training. It is self-administered. Some training is needed to get usage data from the system, but eCHECKUP TO GO developers provide extensive guidance on how to do that.
What particular result can we use to justify the P⁴? Any goal or desired outcome that you achieved could be a good result to share with stakeholders to justify the P⁴.	There were large drops in the overall frequency of drinking and binge drinking, and both desired outcomes were met for those who completed the program.
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.	Hernandez maintains all the completed GTO tools. Lt Col Jones has access to the eCHECKUP TO GO data. These documents are also stored in the P⁴ folder on the CAT's shared intranet site.

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