U.S. Army's Ready and Resilient Initiative Evaluation Process Guide

DEVELOPING AND EXPANDING INITIATIVES

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Initiative Evaluation Process (IEP): An Introduction

The Army's vision is to defend the United States during times of war and peace. Soldiers put their lives on the line each day protecting the U.S. by promoting peace and security across the globe. To accomplish this vision, Soldiers and their Families must stay healthy and resilient in the face of uncertainty and stressful environments. Unfortunately, numerous threats to health and readiness exist within our force including tobacco use, behavioral health concerns, injuries, and obesity. Several programs, policies, and initiatives exist at all levels of influence within the Army (i.e., unit, installation, Army Command (ACOM), and Army-wide) to try to combat these problems. **While some initiatives have been effective, unfortunately Soldiers, DA Civilians, and Families may feel that some of the Army's programs, policies, and initiatives are either ineffective or are unable to provide the data and information necessary to demonstrate the favorability of their impact.**

Many people across the Army are responsible for the mission to improve the health, readiness, or resilience of the Force in some way. The problems that we are tasked to address are often complex. Therefore, the process of identifying the factors affecting a problem and its root causes, developing and selecting a solution, and adequately evaluating and documenting outcomes can be a challenge. As a result, many Army initiatives are not data driven or evidence-based; and they are unable to demonstrate outcome effectiveness and impact on their target population(s). The Initiative Evaluation Process (IEP) aims to help you, the initiative developer, and your leadership as decision makers, to complete the necessary planning and evaluation activities and avoid common pitfalls as you work through the process.

This process can assist you whether you—

- Have identified a problem but don't know exactly how to solve it.
- Have a potentially brilliant and innovative solution to address one of our emergent health or readiness threats and want to present this solution to leadership so it can be resourced and implemented.

- Have developed a program, policy, or initiative that has worked within your initial target audience and think it might be worthwhile to expand to larger audiences.
- Have an innovative idea to improve an existing Portfolio program, without creating a new initiative.

In each of these situations, and others, the IEP will assist you and your leadership in the important mission of keeping our Soldiers and their Families strong and resilient by ensuring the health or readiness initiative you develop is set up to be effective and of high quality. In summary, the IEP will help you positively influence the health and readiness of the Total Force.

What is the IEP?

The IEP is an initiative planning, evaluation, and review process to assist with developing and expanding initiatives that are effective in improving the health of the Total Army Family.

How does the IEP support the development and expansion of effective initiatives?

The IEP ensures you transparently document your work so others can learn from it. In addition, decision makers can make knowledgeable decisions for your initiative to either implement, provide resources, or replicate it Army-wide. The IEP combines the identified best practices from the fields of business, public health, strategic planning, and prevention science to help new and existing initiatives.

How does the IEP connect to the Commander's Ready and Resilient Council(s)?

The Commander's Ready and Resilient Council (CR2C), formerly known as Community Health Promotion Councils (CHPCs), ensure strategic integration of the public health process at the tactical and operational level. Chaired by the Senior Commander, the CR2C includes the Garrison Commander, Hospital Commander, Brigade Commanders, other Tenant Unit Commanders, and appropriate subject matter experts (SMEs) from across the installation. The CR2C process integrates garrison, medical, and mission efforts in support

of the synchronization of personal readiness and resilience. A dedicated staff officer/CR2C Facilitator (a.k.a., Community Ready and Resilient Integrator (CR2I)) facilitates the council. The councils are in place at nearly every Army installation worldwide and at each ACOM and Army Service Component Command (ASCC). The CR2Cs meet at least quarterly and, sometimes, more frequently.

The CR2Cs do the following tasks:

- Identify goals and objectives to meet requirements established by Army Health Promotion (AR 600-63), HQDA OPERATION ORDER - ENDURING PERSONAL READINESS AND RESILIENCE, DTG: 010421Z Dec 16, and the HPRR Campaign Plan (Red and Gold Book), and develop an implementation plan for approval by the Senior Commander.
- Comprehensively and regularly assess and analyze information to ensure enhanced visibility of personal readiness.
- Provide feedback on policy implementation issues, current trends at the installation level, and recommendations for adjustments to priorities and resourcing.
- Serve as forums to present best practices to be shared across the community and the Total Army based on effective and targeted actions.

Your IEP initiative may relate to one or more of the CR2C or CR2C Working Groups' implementation plans' objectives. Having your IEP initiative tied to your CR2C or a CR2C Working Group may better ensure its success, sustainability, and/or regular monitoring and evaluation. Several things you will read about in this IEP Guide that may connect to the CR2C include, but are not limited to:

- The installation's Community Strengths and Themes Assessment (CSTA).
- Tracking of CR2C and CR2C Working Group initiatives through the CR2C Impact Tracker.
- Installation Community Resource Guides (CRG).
- For more information about your installation or organization's CR2C, contact your CR2C Facilitator/CR2I.

IEP Guide: An Overview

What is the IEP Guide?

This how-to guide is an Army-developed tool to help initiative champions execute the necessary steps to—

1. **Develop and implement initiatives that have increased likelihood of success**, which is described in detail in Part III and Part IV.
2. **Revise and/or expand implemented initiatives**, which is described in detail in Part VI.
3. **Promote an effective initiative for Army-wide implementation**, which is described in detail in Appendix A. The IEP Submission Process and Instructions describes how an initiative owner/proponent submits his/her initiative for consideration for Army-wide implementation. You can use the IEP-Initiative Submission to understand how and where to submit your initiative as well as what happens to your submitted initiative summary. IEP-Initiative Submission is important because it lays the foundation for what happens if you decide to submit your initiative for consideration for Army-wide implementation.
4. **Document your work so decision makers can make evidence-informed decisions or so others can learn from what you have done.**

Who should use the IEP Guide?

The IEP guide is available to anyone who is interested in developing, implementing, or expanding an initiative designed to improve the health, readiness, or resilience of an Army population or sub-population. This could include:

- CR2C Work Groups targeting behavioral health (e.g., increases in drug use rates, unhealthy drinking habits, etc.) or other Ready and Resilient (R2) problems on their installations.
- Managers of programs like Army Substance Abuse Program (ASAP), Sexual Harassment/Assault Response and Prevention (SHARP), or Suicide Prevention Program (SPP) who are looking to improve the effectiveness of existing activities by revising program components.
- Any leader trying to address a health or readiness threat within his or her command, whether that is at the unit, Army command, or enterprise level.

Your commander or leadership chain will make the determination as to whether they require you to use this guide. Even if your leadership does not require you to use the IEP Guide, it can help initiative champions produce evidence-based initiatives. If you plan to submit your initiative for consideration of being implemented across the Army, Headquarters, Department of Army (HQDA) requires that you use the IEP Guide.

Why should you use the IEP Guide?

Do you have a great idea to improve the lives of your community? Have you identified a problem and see an area where the Army can improve? This guide provides you with reader-friendly instructions on how to document the need in your community, identify and prioritize potential solutions, create an evidence-informed initiative, implement and improve that initiative, and potentially promote your initiative for implementation expansion.

Developing and Documenting Your Initiative

This guide will help you plan, execute, and assess the effectiveness of an initiative and document what you have done along the way. Part III will walk you through three fundamental elements when developing an initiative: Brainstorming, Intelligence Gathering, and Needs Assessment. Before you begin developing ANY initiative, it is critical that you understand and use these fundamentals as they will be used throughout Part IV.

Part IV provides you with step-by-step instructions on how to develop and document your initiative. This process contains 10 critical components, which are presented in the figure on Page 9, summarized on pages 10-12, and described within the Initiative Abstract on page 13. Many components are informed by the fundamentals in Part III. Part IV of the guide covers each component in numbered sections to walk you through the initiative planning steps by giving instructions on how to—

- Use the best possible information and evidence to design your initiative so it is set up for success from the very beginning.
- Build evaluation into the planning process so you can document and share your successes and lessons learned.
- Communicate the foundational elements of your initiative so decision makers can decide to implement, resource, or potentially expand or replicate your initiative in the future.

You can complete the various components within the guide with new or existing initiatives. The foundation of this guide is a framework based on program design and implementation science. Within this framework, the IEP Guide contains components that mirror Army Design Methodology. As such, people familiar with Army Design Methodology or principles of program development, or both, will find similarities between what they already know and the components within the guide.

Within this guide, Part III presents a brief description of each fundamental and Part IV presents each component.

INTELLIGENCE GATHERING

NEEDS ASSESSMENT

IDENTIFY THE PROBLEM: CURRENT STATE AND DESIRED END STATE — Problem Statement

FRAME THE PROBLEM: SUMMARY OF FACTS BEARING ON THE THE PROBLEM — Factors Contributing To The Problem (Determinants); Root Causes

FRAME THE OPERATIONAL ENVIRONMENT — Environmental Scan

DEVELOP OPERATIONAL APPROACH — Course Of Action, Selection Criteria, and Selection; Goal/Smart Objectives; Logic Model

DEVELOP PLAN — Resources; Implementation Plan; Monitoring & Evaluation Plan

DOCUMENT RESULTS — Summary of Implementation; Summary of Results; Communication Plan

HEALTHIER FORCE
BETTER INITIATIVES

What are the IEP Fundamentals?

Brainstorming

A good idea often starts with a simple thought, but that thought needs to be cultivated, nurtured, and developed to fully define the idea. Brainstorming is the process you go through to begin moving the idea from a simple thought to a well-planned and developed initiative. The IEP Guide shows what questions you need to answer to facilitate the brainstorming process and put your initiative idea on the path to success.

Intelligence Gathering

Intelligence gathering (a.k.a., a literature review) is a tool that will help you to obtain information to gain situational awareness about what is going on in your community or previous accomplishment to try to address similar problems. You could use the intelligence gathered in this step to inform your thoughts about your problem and what factors and root causes impact the problem. Your intelligence gathering may also yield information that will help you to decide which activities you will want to implement to produce the results (or changes in behavior) that you would like to see in the people using your initiative. Thus, you use your intelligence gathering efforts as a tool to develop your logic model. Using intelligence gathering as a planning tool tells you what other have done, why it did or did not work, and what the ultimate out-come was. Intelligence gathering can be valuable throughout the entire planning, evaluation, and communication process for your initiative; the IEP Guide provides you with details of how to use intelligence gathering in each section.

Needs Assessment

A needs assessment is a systematic way to understand the reason your problem exists and possible solutions. A needs assessment gathers information in a variety of ways that will help you answer the "What" and "Why" of your problem. This tool is an additional source that can help you identify the contributing factors and root causes to help you define and frame your problem. A needs assessment can help you better understand what resources are available and lacking when you are conducting your environmental scan, creating your initiative budget and developing your logic model. A needs assessment also helps you define what may be most important to members of your target audience to ensure what you develop or implement is relevant to them. The needs assessment will be an important and useful tool throughout the planning and execution of your initiative. Using a needs assessment as a planning tool tells you what resources you have to help you implement your initiative and what challenges and barriers your initiative may face.

What are the IEP Components?

1. Problem Statement

The first step to develop a successful initiative is to define the problem. Then, you should determine whom the problem affects and predict the long-term implications if the problem remains unresolved. You can achieve these tasks with a very clear and concise problem statement. The IEP Guide can help you create and/or refine your problem statement.

2. Factors Contributing to the Problem: Determinants

After you create and/or refine your problem statement, you will want to identify the factors that contribute to the problem (i.e., the determinants of the problem). These determinants may include behavioral factors (e.g., inadequate sleep, tobacco use), environmental factors (e.g., lack of access to healthy foods, exposure to harmful chemicals), and social conditions (e.g., unit operating tempo, marital status) that contribute to the problem. Understanding the determinants will help ensure you know what is influencing the problem so that you can address the problem correctly. The IEP Guide provides the tools, instructions, and resources you may need to identify the determinants of the problem that your initiative addresses.

3. Root Causes

In addition to identifying the determinants of your problem, you will need to complete another step to clearly understand the source of the problem. You will have to identify the root causes of the problems' determinants. These root causes include knowledge, attitudes, social support, unit and family norms, and access to healthy options. These root causes are often the immediate targets of your initiative and are ideally the things you can change. Once your initiative focuses on the root causes of the problem, you will position your initiative to reach the short- and intermediate-term outcomes that will help you reach your long-term goal of resolving the problem. The IEP Guide provides instructions for the process you may use to identify the root causes of your problem.

4. Environmental Scan

A well-planned initiative takes into account the existing resources and current contextual factors that will help or hinder your success in the environment where you execute your initiative. An environmental scan helps you get the "lay of the land" to identify the resources and challenges of your environment; the IEP Guide provides you with steps and tools to complete an environmental scan.

5. Courses of Action (COA) and Selection

Initiatives that aim to solve a problem without considering alternative courses of action will not achieve maximum success. When planning your initiative, you must methodically consider and evaluate other courses of action and demonstrate why selecting your initiative is the best possible choice to reach your desired end state (i.e., your goals and outcomes). The IEP Guide provides criteria to use when assessing your courses of action so you select an initiative that considers cost, acceptability, suitability, distinguishability, feasibility, and impact.

6a. Goals and SMART Objectives

The long-term goal of your initiative is to solve the problem you identified in your environment or affecting the people you're trying to help. The objectives are the intermediate steps you need to achieve to reach your long-term goal. It is important that your objectives are Specific, Measurable, Achievable, Realistic/Relevant, and Time-bound (SMART). You will be better poised to reach your long-term goal(s) when your objectives are built upon the SMART framework. The IEP Guide demonstrates how to write goals and SMART objectives that will better position your initiative for success.

6b. Logic Model

A logic model will be essential to visualize how your initiative should work. The determinants and root causes of your problem, as well as your goals and SMART objectives, should inform the development of your logic model to highlight the links between what you plan to do and what you expect to happen, based on what you do. The IEP Guide shows you how to use these components to plan your initiative for success and document the connections between the following:

- Inputs such as money, personnel, or supplies (what you invest).
- Activities such as training staff and providing educational workshops (what you do).
- Outputs or Measures of Performance (MOPs) such as workshop attendance records and assessments of the workshops (what you produce).
- Outcomes or Measures of Effectiveness (MOEs) such as changes in knowledge (short-term), behaviors (intermediate), and overall health, readiness, and resilience outcomes (long-term) you expect as a result of your initiative (what you achieve).

7a. Resources

Resources are necessary to execute an initiative, whether large or small; and trying to determine what resources are needed can be a daunting task. Completing a well-planned logic model will help you determine the financial, personnel, and other resources that you need for your initiative. The IEP Guide shows you how your logic model helps to identify your needed resources as well as steps to take to ensure your resources list is complete.

7b. Implementation Plan

All well-planned initiatives need a detailed implementation or initiative execution plan. By completing all the components previously described, you have positioned yourself to develop this plan efficiently. Specifically, the implementation plan outlines who will do what, when, and at what frequency—it is the road map describing "what right looks like" for implementing your initiative.

7c. Monitoring and Evaluation Plan

A well-planned initiative is prepared to assess for effectiveness through monitoring and evaluation activities. Your monitoring and evaluation data collection plan is an extension of your logic model and implementation plan; you should prepare a monitoring and evaluation data collection plan before you implement your initiative. The IEP

Guide shows you how to capitalize on the work you completed when planning your initiative and preparing for implementation to produce a high quality monitoring and evaluation data collection plan.

8. Summary of Implementation

Most of us can attest that things do not always go perfectly according to plan—and this will likely be the case with your initiative. Once you have implemented your initiative, you will need to describe the reality of how you executed it versus what you planned. The description of implementation provides the details of how your initiative was put into action. The IEP Guide will help ensure you include all the essential elements of what happened to execute your initiative.

9. Summary of Results

After you execute your initiative using your implementation plan, you will describe what actually occurred and what you learned. The description of data collection and results provides that summary. The IEP Guide can continue to contribute to the success of your initiative by demonstrating how to document the methods and results from your monitoring and evaluation efforts.

10. Communication Plan

The documentation of your results and lessons learned are only valuable if you create a communication plan to disseminate this information to your stakeholders and leadership. Your communication plan should identify your audience, describe the information that will be shared, explain the reason for disseminating results and lessons learned, describe the format in which the information will be communicated, and summarize your timeline. Appropriate planning for the dissemination of your results and lessons learned ensures that you get the right information to the right people at the right time.

What is the Initiative Abstract?

The Initiative Abstract provides a 1-2 page summary of your initiative. The Abstract consists of 10 boxes that cover each component. By answering the list of questions within the boxes related to each of the components, you provide an overview of the necessary information to communicate about your initiative and its potential for evidence of success. A completed Abstract provides a quick synopsis that you can present to others to summarize the main details for your initiative.

Using the Initiative Abstract to Lead You Through the Guide

The Initiative Abstract helps you see where you are in the process of developing and documenting your initiative. You will notice that each box within the Abstract contains numbered components and icons for the components. If you click on the boxes within the PDF of this document, you will be taken to each of the respective sections in Part IV that gives you instructions on how to complete the component.

At the end of the IEP, you will have a well-developed, high quality, evidence-informed initiative that has the best possible chance of producing the results you are expecting to see in your environment. Completing the components of the IEP helps you to achieve your desired end state because you dedicated time to thoroughly plan for your initiative's implementation and evaluation.

IEP Abstract

Identify the Problem

1. Problem Statement
(Clarify the Problem)
- What is the current state?
- What is the desired end state?
- What evidence/data supports that a gap exists between the current state and desired end state?
- What population does the problem affect?
- What will happen if the problem continues?

Frame the Problem

2. Factors Contributing to the Problem
(Determinants)
- What behavioral, environmental, and social factors are contributing to the problem within the target population you've identified?
- What evidence supports the identified behavioral, environmental, and social factors as contributing to the problem?

3. Root Causes
(Determine Root Cause)
- What are the root causes (specific opportunities for change) of the behavioral, environmental, and social factors identified that contribute to the problem?
- What evidence supports the identified root causes of the behavioral, environmental, and social factors that contribute to the problem?

Frame the Operational Environment

4. Environmental Scan
(Determine the Current State and Potential Partners)
- What resources and partners currently exist in your community or environment that are addressing this problem, its determinants, or its root causes?
- What will help address the root causes and factors that contribute to the problem?
- What strengths (within your community) and opportunities (outside your community), exist that will support your initiative?
- What weaknesses (within your community) and threats (outside your community) exist that will prevent your initiative from being successful?

Develop Operational Approach

5. Courses of Action
(Develop Countermeasures)
- What course of action have you identified to impact the root causes and achieve the desired end state? (your initiative)
- How did you prioritize and select your initiative over other possible courses of action?
- What evidence/data supports your initiative as the best solution to reach the desired end state?

6. Goals and SMART Objectives
(Set Improvement Target)
- What are your identified goals (your desired end state) and objectives related to expected changes in the root causes and factors contributing to the problem (short-and mid-term targets)?
- What change(s) will occur, by how much, and by when?
- How will you measure the change(s)?

Develop Plan

7. Implementation, Monitoring, and Evaluation Plan
(Plan Countermeasures)
- What is the logic and evidence behind your expected linkages between activities, outputs, and anticipated outcomes?
- Who will implement your initiative?
- What resources are available and needed to implement your initiative?
- When, where, how, and at what frequency will your initiative's activities be implemented (i.e., what does "right" look like for your initiative?)
- How many people are expected to participate in or be reached by your initiative?
- What monitoring data will be collected to let others know what has happened?
- What process evaluation data will be collected to assess quality of implementation and whether things have gone as intended?
- What outcome evaluation data will be collected to substantiate outcomes and assess effectiveness?

8. Summary of Implementation
(Implement Countermeasures)
- What activities did you implement as part of your initiative?
- Who implemented your initiative?
- When, where, how, and at what frequency were your initiative's activities implemented?
- How many people participated in or were affected by your initiative?
- What process evaluation data were collected to assess quality of implementation and whether things went as intended? What did those data show?

Document Results

9. Summary of Results
(Monitor Process and Confirm Results)
- What outcome evaluation data were collected to determine if the target objectives were achieved?
- To what extent were the target objectives achieved? What changes, if any, were observed?
- To what extent was your initiative successful or unsuccessful in achieving your desired end state?

10. Communication Plan
(Standardize and Share)
- What were your lessons learned as a result of implementing your initiative that are worth sharing with others?
- What revisions, improvements, and/or future developments should be made to your initiative?
- What is your recommendation regarding whether or not your initiative should continue being implemented?
- What is the recommendation for whether or not your initiative should be replicated or expanded?
- What is the rationale and supporting evidence for the recommendation of whether your initiative should be continued, replicated, or expanded?
- With whom do you plan to communicate about your initiative and your recommendations?

Fundamentals

Logic Model

Logic models can provided useful information about your initiative. See page 62 for additional information.

Process (Operational Approach)			Outcomes (Desired State)		
Inputs/ Resources	Activities	Outputs (MOPs)	Short-term Outcomes (MOEs)	Intermediate Outcomes (MOEs)	Long-term Outcomes (MOEs)
What resources are available and needed to complete the initiative?	What does the initiative staff need to do to bring about the desired end state or effect?	What evidence (e.g., measures of performance) do you have that the activities occurred?	What changes in learning, knowledge, and attitudes (e.g., measures of effectiveness) need to happen for the changes in behavior to occur?	What changes in behaviors and practices (e.g., measures of effectiveness) need to happen for the intended changes to occur?	What is the desired end state that your initiative wants to make?

Assumptions and External Factors

What assumptions do you make about your program?

What things might affect your program?

Why Should You Complete the Activities In Parts III and IV?
As you complete the activities within within Parts III and IV, the guide helps you create an initiative summary that puts everything in one place for you! You can use your initiative summary for a variety of purposes including:

1. To clearly inform your leadership, community, or unit about your initiative and the reasons behind your initiative and its activities.
2. To enhance continuity of your initiative should you have a permanent change of station or change responsibilities.
3. To enable you or someone in your leadership chain to submit your initiative for consideration for Army-wide expansion via the SHARP Ready and Resilient Directorate's IEP Initiative Submission process.

This guide assists you in summarizing your initiative in two ways: a 1-2 page abstract and a more detailed narrative initiative summary. You can use either or both to communicate with your leadership depending on their preferences.

How Do You Complete Parts III and IV of the Guide?
You complete Parts III and IV by completing the component tasks and documenting your work. This guide helps you complete each of the components by providing:

1. Instructions on how to complete each component,
2. Tools you can use to collect information needed for each component, and
3. Examples of completed components.

Are Parts III and IV of the Guide for New or Existing Initiatives?
Parts III and IV of the guide are for new and existing initiatives. New initiatives (initiatives that you have not implemented) can complete all the components except the *Description of Initiative Implementation and Results and Communication Plan*. Existing initiatives (initiatives that you have implemented) should complete all the components.

Why Complete Parts III and IV for an Existing Initiative?
You should complete the IEP components to—

• Find areas of improvement for your initiative.
• Provide support that you have created an evidence-based initiative.
• Document the success of your initiative.

What If I Need Help to Complete One or More of the Components Listed In This Guide?
Designated representatives at each level are available to help you complete the components listed in this Guide. Contact the SHARP Ready and Resilient Directorate (SR2) via email to identify your representative:
usarmy.pentagon.hqda-dcs-g-1.list.r2pao@mail.mil

Other Tools to Help You Throughout the Guide

In the section below, you will find detailed descriptions of the elements presented throughout the guide and why they are important. These descriptions explain how to complete each IEP fundamental in Part III and IEP component in Part IV which facilitate use of the guide.

Introduction

The IEP "Introduction" is important because it lays the foundation for planning your initiative using the IEP components outlined in this guide. Use the "Introduction" to familiarize yourself with areas that may be new to you or refresh your knowledge.

Connections

The "Connections" show the links between the outlined IEP components. Use the "Connections" element to help ensure that the pieces of your initiative fit together. The "Connections" provide you with insight to strengthen the linkages between the different components of your IEP submission.

Approach

The "Approach" describes how you can use the needs assessment and the intelligence gathering in different ways to complete the IEP components. Use the "Approach" to gather information from the most relevant resources for each component. The "Approach" guides you in the direction of where to begin so that you can create a well-planned initiative.

How To Do

The "How To Do" describes the steps you can take to complete each IEP component. Use the "How To Do" to guide you through the process of developing each of the essential components. The "How To Do" serves as your navigation system for each of the components.

Got Questions

The "Got Questions" provides websites or documents that you can use to find additional information on how to complete a specific component. Access these documents and websites through the provided hyperlinks. The "Got Questions" resources can provide in-depth answers to questions you may have regarding how to complete a specific component.

Let Us Help

The "Let Us Help" provides additional data sources collected by others that may support the purpose of your initiative and help you complete a component. Access these data sources through the provided hyperlinks. The "Let Us Help" assists to overcome the major challenge of finding credible data sources to help create evidence-informed initiatives.

Example

The "Example" provides you with an example of each component for a fictitious initiative at a fictitious installation. It is an illustration of what the complete component may look like. Use the "Example" as a blueprint of what to include in a final summary of the component for your initiative. The "Example" clarifies what your summary for each section needs to include and how a submission should be organized and written.

Summary Template

The "Summary Template" helps you to create a summary of the information that you found for a component. The written "Summary Template" for a component helps to communicate what you are doing and why you are doing it for your community, leadership, and unit. Additionally, if your leadership chain would like to submit your initiative for consideration for Army-wide implementation for expansion, your summaries could provide the necessary documentation for the SHARP Ready and Resilient Directorate (SR2) IEP Initiative Submission.

PART III
Before You Begin: Initiative Development Fundamentals
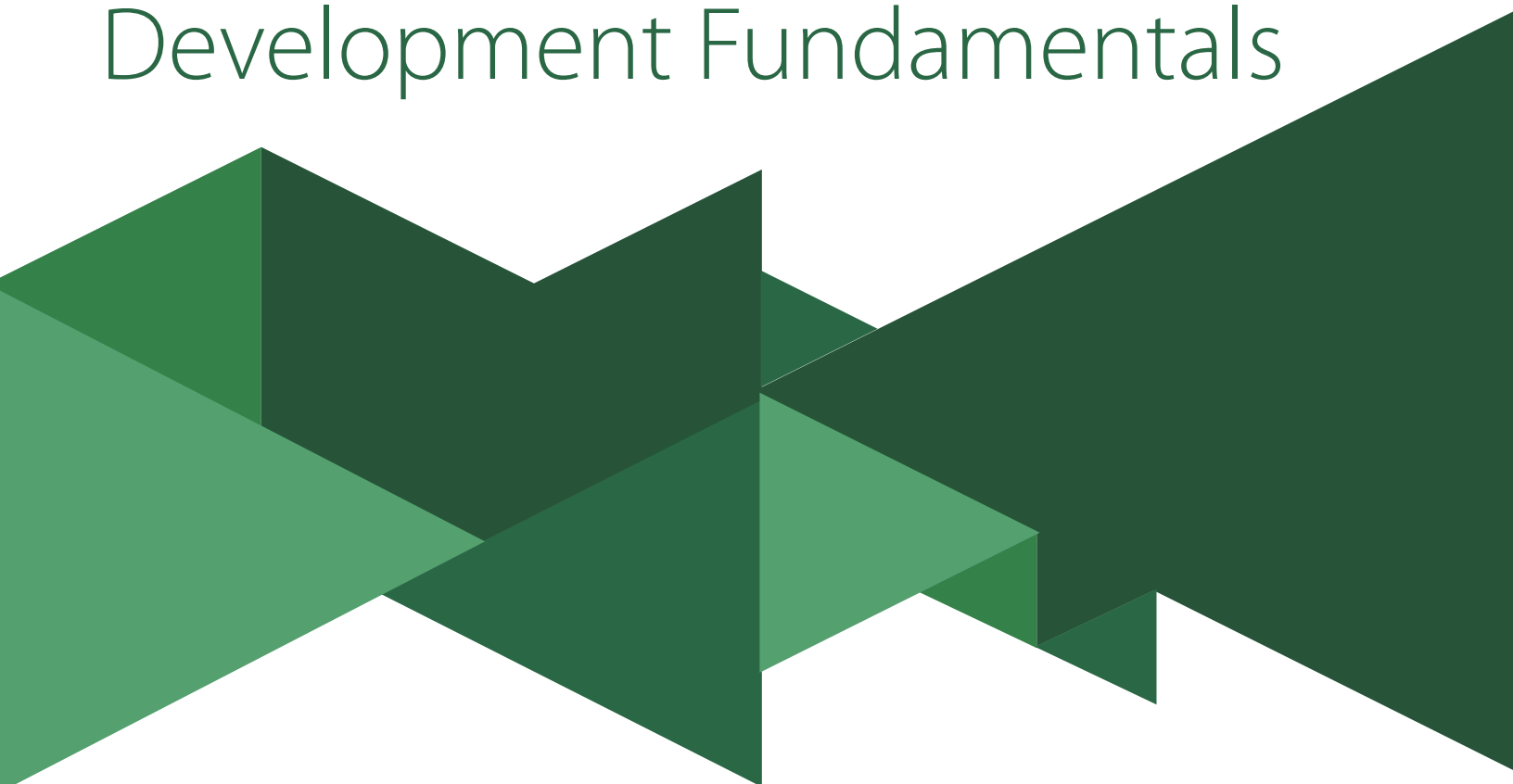
Brainstorming: Defining the Idea

Every good solution starts out as an idea. Ideas are thoughts or suggestions to a possible (COA) that you can take. Our ideas can provide unique solutions to problems or could be an improvement over the way the Army currently does things. This section of the IEP requires you to write down your idea on how to make things better—how to improve readiness and resilience—for a problem existing at your installation or within your population of interest (i.e., target population). Successful communication of your idea to others can help answer the following questions:

Prerequisite Questions	Example Answers
1. What is your idea?	The Army Wellness Center will help Soldiers in the 123rd Stryker Brigade (BDE) lose weight and prevent injuries when physically training.
2. What problem does your idea address?	Too many 123rd Stryker BDE Soldiers are obese and too many injure themselves during physical training.
3. If implemented, whom will your idea help?	Soldiers in 123rd Stryker BDE.
4. If implemented, what impact do you think your idea will have on the affected group?	Soldiers in 123rd Stryker BDE will lose weight and have fewer injuries from physical training.
5. How will your idea be implemented?	The Army Wellness Center will have classes to help Soldiers learn new ways to work on losing weight and preventing injuries.
6. Why do you think your idea is important enough for execution on your installation?	Our BDE's readiness would improve for war, which would be a success for our BDE, our Division, and the Army.
7. Why do you think your idea is important enough for execution across the entire Army?	This could help other Soldiers in our brigade and at other posts, if it works and the Command approves.

Answer the questions below to define your idea.

Questions	Response
1. What is your idea?	
2. What problem does your idea address?	
3. If implemented, whom will your idea help?	
4. If implemented, what impact do you think your idea will have on the affected group?	
5. How will your idea be implemented?	
6. Why do you think your idea is important enough for execution on your installation	
7. Why do you think your idea is important enough for execution across the entire Army?	

Defining the Idea

The last step of Defining the Idea is to summarize your idea for others.

EXAMPLE: SUMMARY OF DEFINING THE IDEA

Ft. Fleetwood's Defining the Idea

The Army Wellness Center at Ft. Fleetwood could help Soldiers in 123rd Stryker BDE lose weight and prevent injuries when training physically. As the 123rd Stryker BDE Commander, my Sergeant Major and I have noticed that many of our Soldiers are overweight, injured, and we have seen a higher percentage failing their Army Physical Fitness Test (APFT) over the last few years and they could benefit from this initiative. Because of the weight gain and injuries, they cannot pass their Physical Training (PT) test. If more Soldiers in the BDE pass their PT test, they would be fully fit to fight. Our BDE's readiness would improve for war, which would be a success for our Division and the Army.

Your Summary

Intelligence gathering allows you to summarize published evidence (e.g. scientific articles, military documents, policy) that assist you throughout the entire process of developing an initiative. Intelligence gathering is similar to a fact-finding mission; the goal is to collect and share information relevant to the current situation. Intelligence gathering can help you identify why a problem exists in your environment, and what COAs others have used to address a similar problem. This intelligence can guide you in selecting (COAs) for addressing the problem in your environment, and deciding how you should implement your initiative to achieve the desired outcomes. Intelligence gathering should inform the theoretical foundation for your initiative, and the metrics you will use to measure your initiative's impact and success. **This section provides information to help you develop an intelligence gathering.**

What is a theoretical foundation?

A theoretical foundation provides the support and rationale for your initiative. Intelligence gathering establishes a theoretical foundation by helping you understand the issues you are trying to address in your problem statement, the purpose for your initiative, and the reason you believe your initiative will be successful.

The theoretical foundation serves as a roadmap for how your initiative should work. It helps determine which activities you can implement to address the root causes of your problem, and what changes to expect in your environment if your initiative successfully addresses the problem.

Your theoretical foundation addresses how to affect the determinants and root causes of your problem, which are the variables your initiative aims to impact in the intermediate outcomes found in your logic model.

READATHE LITERATURE With your problem statement in mind, read intelligence on topics related to your problem or issue.

CONNECTIONS

Why is intelligence gathering important?

1. Intelligence gathering informs what others believe are the **determinants and root causes of the problem** that your initiative aims to address.

2. Intelligence gathering helps you identify the **strengths, weaknesses, opportunities, and threats** in your environment.

3. Intelligence gathering helps you **determine whether an approach** to addressing a problem **has worked before** and with whom or what setting it did or did not work.

4. Intelligence gathering uses the findings from previous studies to **explain why your initiative is necessary** and can help you **develop realistic goals** for your initiative.

5. Intelligence gathering **shows the relationship between** your initiative's **activities and the desired end state.**

6. Intelligence gathering establishes **reasonable expectations for success** and informs the **type of data you can collect** to measure your initiative's success.

RECOGNIZE CONCEPTS As you read the intelligence, you will recognize concepts that directly link the causes of the problem. These concepts are part of one or more theories of change that specify how to influence change in populations that share the same or similar problems identified in your problem statement.

IDENTIFY THEORIES Use the information found in your intelligence gathering to help you develop a definition for each concept and identify the theories that may best support your initiative.

For example, the concept of motivation (i.e., for eating healthy/exercising) is a determinant of injury and obesity prevention in Soldiers. Several theories of change address the concept using motivation to affect behavior change.

1. SEARCH THE INTERNET
Access intelligence resources (e.g., Google Scholar, Defense Technical Information Center, Substance Use and Mental Health Services Administration, National Registry of Evidence-Based Programs and Practices)

2. TALK TO A LIBRARIAN
If you cannot find any information on your topic, talk to your installation's librarian or go online to the Army Libraries Community page for help.

3. READ YOUR FINDINGS
Include intelligence that identifies the problem in your environment, provides justification for your initiative, and supports the relationship between your initiative's activities and the desired end state.

Conduct Intelligence Gathering

After reading the findings from your intelligence gathering, synthesize and summarize the intelligence from research articles, evaluation studies, or systematic reviews. The identified research and evaluation articles must meet the following criteria:

- Full-text articles are preferred, but reports that describe how authors collected and analyzed the data may also be included.
- Dated within the last 10 years.
- Provide evidence to suggest why the problem exists in your environment.

- Provide evidence to inform realistic goals and expectations for your initiative.
- Provide evidence for metrics and data collection methods to evaluate your initiative's success.
- Provide evidence to support the relationship between your initiative's activities and the desired end state.
- Provide evidence that alternative approaches will not be successful.

Answer the questions in the table below for each article to complete your review of the intelligence you gathered. Two article examples are provided in the table.

Questions	Example 1	Example 2
1. What is the reference (citation) for the article/study? (Author(s) Last Name, Author(s) First Initial. (Publication Year). Article Title. *Journal/Book Title, Volume Number* (Issue Number), Page Numbers.	Harman, E., Gutenkunst, D., Frykman, P., Nindl, B., Alemany, J., Mello, R., & Sharp. M. (2008). Effects of two different eight-week training programs on military physical performance. *Journal of Strength and Conditioning Research*, *22*(2), 524-534.	Knapik, J, Rieger, W., Palkoska, F. Camp, S., & Darakjy, S. (2009). United States Army Physical Readiness Training: Rationale and Evaluation of the Physical Training Doctrine. *Journal of Strength and Conditioning Research*, *23*(4), 1353-1362.
2. What is the purpose of the article/study?	To examine the effects of a weight-based training program for short-term military training.	To review the rationale and evaluations of Physical Readiness Training (PRT), a U.S. Army physical training program implemented to improve Soldier readiness.

3. How did the authors collect the information for the study?	Experimental comparison between a weight-based training program and the Army's Standardized Physical Training program.	Review and summarize three field evaluations that compared PRT to traditional Army physical training, and one laboratory investigation that compared PRT to an aerobic and weight training program.
4. Who participated in the study?	Civilian males between the ages of 18 and 35 years.	The groups of people exposed to each intervention in the evaluations and the laboratory investigation varied amongst different groups from the Army.
5. What outcomes were measured?	A series of military relevant tests were completed including a timed obstacle course with fighting load, varied distance running timed with varied load, and simulated casualty rescue with fighting load. Additional tests included the Army Physical Fitness Test, oxygen uptake, and physical training.	Many outcomes were measured including physical training, fitness improvement, and injury risk.
6. What were the findings or main conclusions?	The findings did not support practical differences between the weight-based training program and the Army's Standardized Physical Training program. The results provided evidence to support the implementation of the Army's Standardized Physical Training Program.	The findings supported use of PRT in the Army. Soldiers participating in PRT had lower injury rates and equal or higher fitness improvements than those using traditional Army physical training programs.
7. How does this article support your initiative?	The article supports the importance of Army physical training programs to strengthen Soldier resiliency and preparedness for the battlefield.	The article supports the importance of physical training programs to reduce injury risks in the Army.

Intelligence Gathering Template

Answer the questions below to summarize your intelligence gathering.

Questions	Source 1	Source 2	Source 3	Source 4
1. What is the reference for the article/study? Author(s) Last Name, Author(s) First Initial. (Publication Year). Article Title. *Journal/Book Title, Volume Number* (Issue Number), Page Numbers.				
2. What is the purpose of the article/study?				
3. How did the authors collect the information for the study?				
4. Who participated in the study?				

5. What outcomes were measured?				
6. What were the findings or main conclusions?				
7. How does this article support your initiative?				

GOT QUESTIONS?

Where can I find additional information on how to gather intelligence?

Additional resources are available at:

North Carolina A & T State University F.D. Bluford Library
http://libguides.library.ncat.edu/literaturereview
This website explains what intelligence gathering (i.e., literature review) is, its purpose or importance, how to conduct your intelligence gathering, and how to organize information found through your intelligence gathering in a way that makes the most sense for your initiative.

The Writing Center at the University of Wisconsin-Madison
https://writing.wisc.edu/Handbook/ReviewofLiterature.html
This website teaches you how to write up the information gained during your intelligence gathering (i.e., review of the literature).

Where can I find additional information on Theories of Change?

Additional information on Theories of Change is available at:

The Annie E. Casey Foundation
http://www.aecf.org/resources/theory-of-change/
This manual defines TOC and shows community/initiative advocates how to create their own TOC by showing the relationships between outcomes, assumptions, strategies, and results.

Where can I find examples of best practices of evidenced-based programs, policies, and initiatives?

Additional information on best practices is at:

U.S. Army Public Health Center (APHC)
https://phc.amedd.army.mil/topics/healthsurv/phape/Pages/The-role-of-Program-Evaluation-in-Evidence-Based-Public-Health.aspx
This website explains the role of program evaluation in public health, describes what is an evidenced-based public health program or initiative, and provides resources to help you identify evidence-based programs, policies, and initiatives.

LET US HELP

Needs some help in finding useful data? Here are some data sources that may help you:

Penn State Clearinghouse for Military and Family Readiness
https://militaryfamilies.psu.edu/
The Clearinghouse for Military and Family Readiness is an applied research center designed to help military communities identify, implement, evaluate, and improve programs to strengthen military Service members and Families. The Clearinghouse has reviewed available evidence for more than 1,000 community-based and school-based programs and has rated them as ineffective, unclear, promising, or evidence-based. These include programs specifically implemented within the military as well as non-military programs that could be implemented in a military setting.

Cochrane Library of Systematic Reviews
http://www.cochrane.org/
The Cochrane Library provides summaries of evidence-based research to guide the development of your initiative.

Agency for Healthcare Review and Quality
https://www.ahrq.gov/
Go to this site to find evidence-based tools and resources including examples of how to write sections of evidence-based reports such as a description of implementation plan.

National Guideline Clearinghouse
http://www.guideline.gov/
This site provides an accessible mechanism for obtaining objective, detailed information on clinical practice guidelines and quality measures.

Centers for Disease Control and Prevention (CDC)
http://www.cdc.gov/
The CDC website provides data, resources, tools, and disseminated effective evidence-based interventions for a wide range of public health issues.

American Public Health Association (APHA)
https://apha.org/
The APHA is the professional association for public health researchers and practitioners and provides information on a wide-range of public health and health related issues.

National Association for City and County Health Officials (NACCHO)
http://www.naccho.org/
NACCHO serves 3,000 local health departments and is the leader in providing cutting-edge, skills-building, professional resources and pro-grams, seeking health equity, and supporting effective local health practice and systems.

Defense Technical Information Center (DTIC)
https://dtic.mil/
DTIC is the repository for research and engineering information for the United States Department of Defense.

Center for Army Lessons Learned
https://usacac.army.mil/organizations/mccoe/call
The Center for Army Lessons Learned is the Army's daily focal point for adaptive learning based on lessons and best practices from the Total Force. The Center also provides timely and relevant knowledge to the warfighter and our unified action partners utilizing integrated systems and interactive technology to simplify winning in a complex world.

The U.S. Army Public Health Center Public Health Assessment Division
https://phc.amedd.army.mil/organization/hpw/Pages/PublicHealthAssessment.aspx
The Public Health Assessment Division within APHC offers program evaluation services to support the optimal functioning, effectiveness, impact, and relevance of the Army Public Health Enterprise. The website includes information on evaluation, assessment tools, and links to program evaluation resources.

Intelligence Gathering

The last step to your intelligence gathering is to put your summary in a narrative form.

NOTE: Intelligence gathering explains how the information provided in the table supports the implementation of your initiative. The intelligence gathering should be one or two pages. The intelligence gathering must include a reference list.

EXAMPLE: INTELLIGENCE GATHERING

Ft. Fleetwood Intelligence Gathering

Physical fitness can be described as a general state of well-being, as well as the ability to perform certain aspects of sports and occupations (Williams, Foster, Sharp, & Thomson, 2009). In the Army, physical fitness is associated with Soldier resiliency (i.e., to adjust to adversity) and Soldier readiness (i.e., to be prepared for any assigned mission). A review of training programs in the military suggested that increased injury rates and obesity in the Army negatively affect Soldiers' physical fitness and overall resiliency and readiness (Cooper & Johnson, 2016). Thus, published intelligence supports the implementation of a health promotion program focused on enhancing the physical fitness and resiliency of the 123rd Stryker BDE at Ft. Fleetwood.

According to Roberts, Lewis, and Clark (2015) male-dominated workforce environments, like the Army, have a higher risk for injury. These environments have been shown to be associated with a greater willingness of men to engage in risk-taking behaviors (Miller, 2008). Injury prevention in the Army is especially important because Soldiers work in high-risk, competitive jobs with an increased likelihood of injury (Davis, 2017). Furthermore, the lack of adherence to physical training protocols increases the likelihood of Soldier injury. A study conducted by Williams et al. (2009) indicated that people who do not know how to engage properly in physical fitness activities, relative to people who do know how to exercise properly, are more likely to injure themselves. This finding supports the need to provide a tailored health promotion program to 123rd Stryker BDE Soldiers to support injury prevention efforts.

The intelligence identifies several factors that contribute to obesity. For example, Smith (2013) suggests an association between poor eating habits and obesity. This research indicates that males are less likely than females to consume fresh fruit and vegetables, and more likely than females to drink soda (Smith, 2013). Collectively, this intelligence is applicable to the Army, where Soldiers may not have direct access to healthier food options. Additional research by Jones and Stevens (2010) further suggests that prescribed medications may cause greater weight gain, decrease energy levels, or diminish motivation to exercise. These factors may also be evident within the Army. The health promotion program for the 123rd Stryker BDE Soldiers may provide the necessary tools to reduce obesity rates at Ft. Fleetwood.

Evaluations and research that investigated the association between physical fitness, injury risk, and obesity supports the importance of physical training in the Army. A systematic review by Cooper and Johnson (2016) showed how targeted education initiatives were associated with lower injury rates and healthier eating habits rather than general informational materials. Currently, there are no promising practices to reduce work-related physical injury or obesity for military populations in the Clearinghouse for Military Family Readiness. However, programs such as the LE³AN Program demonstrate that behavioral modification is the strongest predictor of lasting change.

Collectively, these studies support the implementation of a new health promotion program that focuses on enhancing the physical fitness and resilience of the 123rd Stryker BDE. Physical fitness and training is important for the Army. The benefits associated with physical training (e.g., reduced injury risk) would be extraordinarily valuable for 123rd Stryker BDE Soldiers and their Families.

Reference List*

Cooper, N., & Johnson, P. (2016). Systematic review of training programs on military physical performance. *Journal of Strength and Conditioning Research, 25*(4), 750-761.

Davis, R. (2017). Factors contributing to higher injury rates for U.S. Army Soldiers. *Military Medicine*, *62*(2), 52-60.

Jones, M. I., & Stevens, J. (2010). Association between prescribed medications and weight gain. *American Journal of Epidemiology, 175*(5), 1010-1015.

Miller, A. (2008). Systematic review of gender differences in risk-taking. *Psychological Review*, *11*(5), 835-850.

Roberts, L., Lewis, B. A., & Clark, S. (2015). Work environments and new technology foster increases in competition among men. *Occupational and Environmental Medicine, 75*(3), 76-85.

Smith, A. (2013). A comparative analysis of obesity and nutrition between males and females. *Obesity*, *23*(1), 275-281.

Williams, T., Foster, L. M., Sharp, K., & Thomson, A. (2009). Risk factors for heightened injury during exercise. *Medicine and Science in Sports and Exercise*, *35*(9), 1215-1222.

*Note: The reference list is comprised of fictitious citations. The journal names are real, but the referenced authors and article titles were developed only for this example.

Needs Assessment: Understanding your Target Audience

A needs assessment is a way to determine the gaps between the current and desired end state for a specific group. Moreover, data collected in your needs assessment can serve as baseline data for your initiative. It provides information about how to solve the problem. Additionally, this information helps with the initiative's design and implementation. The needs assessment will help identify what the needs, resources, and barriers are for your community/installation, which can help you identify the determinants and root causes of the problem. This section describes how to complete a needs assessment for your initiative.

Needs Assessments as Baseline Data

You can use your needs assessment to collect baseline data. Baseline data describes the conditions that exist in your community before you implement any intervention or initiative. After you implement your initiative, you can collect data on the same indicators again using the same data collection tools. Then, you compare those results to your baseline data to determine if there is any change in your community after you implement your initiative. Baseline data provides your initial data point for comparison, which is a key component that helps you determine if your initiative worked.

How can you use baseline data?
You can use baseline data to confirm the existence (and possibly the severity) of the problem identified in your community. Key stakeholders and your leadership can use the baseline data's documentation of the problem to justify their support of your initiative.

You can also use baseline data to help develop realistic goals and SMART objectives for your logic model. Baseline data will provide the initial numbers or values for your indicators that you plan to assess for change after implementing your initiative. You can use these numbers and information gained during intelligence gathering to figure out what would be appropriate, realistic, and achievable objectives for your initiative.

Lastly, you can use your baseline data to help determine if your initiative met its short-, intermediate-, and long-term goals. In other words, by comparing data collected after implementing your initiative to your baseline data, you can determine if there are any changes associated with the execution of your initiative. Thus, you can determine the effectiveness of your initiative.

When should you collect baseline data?
You should collect baseline data before implementing your initiative. Baseline data is valuable because it describes the conditions that existed in your community before you implemented your initiative. You can collect baseline data as part of your needs assessment, even if the initiative is already underway.

CONNECTIONS

Why is a needs assessment important?

A needs assessment is similar to a reconnaissance mission. The purpose is to gain information about the mission's environment. **A needs assessment is important to understand the problem that you are trying to solve. Specifically, it can help you understand why the problem exists (i.e., the factors contributing to the problem and the root causes of those factors). A needs assessment can help determine community priorities and resources required to reach the desired end state, which is extremely helpful as you consider courses of action.** A needs assessment also helps identify barriers to achieving the desired end state.

To ensure that you understand current conditions affecting the environment and barriers to achieving the desired end state, your needs assessment should be no more than 3 years old.

What type of data can serve as baseline data?
Any data that is relevant to the problem identified in your community can serve as baseline data. As you continue to frame the problem that you intend to address, you might identify potential indicators on which you would like to collect baseline data as you establish the determinants and root causes of your problem. For example, as part of an initiative that focuses on preventing injury when exercising, you may want to collect data on how many times per week the target group exercises. Additionally, your intelligence gathering (e.g., review of the literature) might identify other indicators to use as baseline data points based upon what others have already done.

Where can you get baseline data?
You can collect baseline data as part of your needs assessment. Ensure that you follow the Army's human protection protocols if you collect your own original data. The Army has specific rules in place to safeguard the rights of the people from whom you would be collecting your data. If you would like to learn more about human protections procedures, please see the Monitoring and Evaluation Data Collection section.

How do I prepare to complete a needs assessment?

1. BRAINSTORM
Brainstorm with a team about the reasons that the problem exists for your population.

2. IDENTIFY EVIDENCE
Determine how you could provide evidence (e.g., Indicators, Metrics, or Measures) showing the problem exists for your population.

3. LOCATE SOURCES OF EVIDENCE
These can be needs assessments conducted by others (such as the Health of the Force Report) that will work for your initiative.

4. TARGET KEY FACTORS
Collect new data or compile existing data to determine the current state of the problem.
Use the data to identify the most important factors/areas to address for your initiative.

The table below highlights the benefits of a needs assessment.

For a new initiative	For an ongoing initiative
A needs assessment— • Identifies gaps in resources. • Gathers data to show what issues need the most attention. • Provides baseline data for evaluation.	A needs assessment— • Determines if the initiative meets the identified need. • Substantiates the need for the initiative by identifying gaps in resources. • Reinforces that identified problems or issues are those that need the most attention. • Provides baseline data for evaluation.

For a new initiative:

Data sources for a new initiative may include the following:

Established Data Sources	New Data Sources*
You or your team may use data collected from— • Local surveys. • Department of the Army studies. • Department of Defense studies. • Health of the Force Reports. • Literature on similar populations.	You or your team may collect new data through— • Surveys. • Interviews. • Focus groups.

*Interviews and focus groups are especially important to understand the issue from the perspective of the group of people experiencing it.

If someone has already conducted a needs assessment for your initiative, you may consider entering previous needs assessment findings into the table as described below.

For an ongoing initiative:
1. If a needs assessment was completed, enter previous needs assessment findings into the chart.
2. If a needs assessment was not completed, complete the steps for a new initiative as outlined above.

The table on Page 31 is a template to organize information collected during a needs assessment. Follow the directions below to fill out this table.

Column 1: Enter your identified problem.

Column 2: Enter which group of people that you think this problem affects.

Column 3: Enter what indicator you can use to measure what is causing/affecting the problem.

Column 4: Enter the information that you collected (your findings).

Column 5: Enter the data source used to obtain that information.

Identified Problem or Need *INPUT from Problem Statement*	Among what population (or group) *INPUT from Problem Statement*	Indicators/ Measures/ Metrics	Findings	Data Source(s)	**IEP Component this information informs
Obesity	123rd Stryker BDE soldiers at Ft. Fleetwood.	**Diet:**			
		Fresh Fruit	47% of 123rd Stryker BDE Soldiers did not eat the recommended amount of fruit.*	The Global Assessment Tool (GAT 2.0)	Factors contributing to the problem (behavioral determinants)
		Fresh Vegetables	33% of 123rd Stryker BDE Soldiers did not eat recommended amount of vegetables.*		
		Water Intake	33% of 123rd Stryker BDE Soldiers did not drink daily-recommended amount of water.*		
		123rd Stryker BDE Soldier Attitude and Knowledge about Nutrition	37% of 123rd Stryker BDE Soldiers reported not knowing where to get additional information about healthy food options.	Unit nutrition survey	Root causes
			85% of 123rd Stryker BDE Soldiers wished for additional nutrition education that would support "strength training and/or weight loss."		Root causes and potential COA development
		Physical Fitness:			
		Pushup Standards Sit-up Standards 2 Mile Run Standards	7% of 123rd Stryker BDE Soldiers did not meet Physical Fitness Standards; this has been increasing over the past 3 years.	APFT Scores	Factors contributing to the problem
		Height and Weight Measure	9% of 123rd Stryker BDE Soldiers did not pass height and weight requirement; The percentage of those who did not meet requirements also has been increasing over the past 3 years.	Electronic Medical Health Records	Factors contributing to the problem

Injury	123rd Stryker BDE soldiers at Ft. Fleetwood.	**PT Satisfaction:**			
		123rd Stryker BDE Soldier Attitude and Knowledge about PT	75% of 123rd Stryker BDE Soldiers were dissatisfied with the physical fitness program. 30% reported not following injury prevention protocol during physical training. 40% of 123rd Stryker BDE Soldiers lacked motivation. 65% of 123rd Stryker BDE Soldiers reported inadequate knowledge about injury prevention.	123rd Stryker BDE Satisfaction Survey	Root causes
		Injuries:			
		Re/Current Injuries	25% of males and 19% of females reported experiencing an injury in the past 12 months. This percentage has slowly been increasing in the past 4 years.	APHC Injury Prevention Division	Root causes

NOTES:
*United States Department of Agriculture (USDA) Recommended Daily Intake.
** You are not required to show the connection between data gathered in your needs assessments and evaluation elements in other IEP components. This is an example to facilitate your understanding.

Needs Assessment Template

List the items that fit into the columns below to write a needs assessment.

Identified Problem or Need *INPUT from Problem Statement*	Among what population *INPUT from Problem Statement*	Indicators/ Measures/ Metrics	Findings	Data Source(s)

? GOT QUESTIONS?

Where can I find additional information on how to complete a needs assessment?

University of Kansas (KU) Community Tool Box Conducting Needs Assessment Surveys
https://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/conducting-needs-assessment-surveys/main

National Association of County and City Health Officials (NACCHO)
https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp

Needs Assessment

The last step of a needs assessment is to summarize your data for others.

NOTE: You can provide this summary in either table form, or if easier, written in narrative (paragraph) form. Examples of each are below to demonstrate how to organize your information.

Remember to provide data when it is available and to state how recent the data were collected.

EXAMPLE: NEEDS ASSESSMENT SUMMARY

Ft. Fleetwood Needs Assessment Summary

Injury and increasing rates of obesity are problems found among 123rd Stryker BDE Soldiers. Four areas that contribute to these problems are diet, physical fitness, PT satisfaction, and injury. Comparing the U.S. Department of Agriculture (USDA) recommended daily intake to the data collected in the last 30 days from the Global Assessment Tool (GAT 2.0), resulted in the following for the 123rd Stryker BDE Soldiers:

- 47% did not eat the recommended amount of fruit;
- 33% did not eat the recommended amount of vegetables; and
- 33% did not drink the daily recommended amounts of water.

According to unit nutrition surveys collected within the last year, 37% of 123rd Stryker BDE Soldiers reported not knowing where to get additional information about healthy food options and 85% of the Soldiers wished for additional nutrition education that would support "strength training and/or weight loss." A review of APFT scores and electronic medical health records (i.e., Armed Forces Health Longitudinal Technology Applications (AHLTA)) from 2018 shows 7% of 123rd Stryker BDE Soldiers did not meet physical fitness standards and 9% did not pass weight requirements; therefore, a steady increase in percentage of not meeting these standards has been seen since 2015. Results of the 123rd Stryker BDE satisfaction survey show that:

- 75% of 123rd Stryker BDE Soldiers were dissatisfied with the physical fitness program;
- 30% reported non-adherence to injury prevention protocol during physical training;
- 40% lacked motivation to do physical training;
- and 65% reported inadequate knowledge about injury prevention.

In 2018, information from APHC Injury Prevention Division shows that 25% of 123rd Stryker BDE male Soldiers and 19% of female Soldiers reported being injured. These findings show that several factors likely affected the rates of injury and obesity experienced by 123rd Stryker BDE Soldiers at Ft. Fleetwood. These Soldiers need an initiative that addresses nutrition, physical fitness, injury prevention tactics, and motivation to exercise.

Your Summary

Step-by-Step Instructions to Develop and Document Your Initiative

SECTION 1. IDENTIFY THE PROBLEM: CURRENT STATE AND DESIRED END STATE

Component 1: Problem Statement

The problem statement describes the problem you found in your community. Your community can be your installation, within your command or unit at the installation, at the Command level (ACOM, ASCC, or Direct Reporting Unit, (DRU)), or for the Army as a whole (Headquarters for the Department of the Army, HQDA). The problem statement is similar to the "problem frame" in Army Design Methodology (ADM). This section provides information to help you develop a problem statement.

Why is a problem statement important?
The problem statement answers the question, "Why does the initiative you are submitting matter?" It includes a description of both the current state and the desired end state. It also identifies the group(s) affected by the problem you are trying to address. Refer to your problem statement when you are creating the other components.

How do you write a problem statement?
Use the questions in the table on the next page to develop your problem statement.

CONNECTIONS

Why is a list of resources important?

It costs to implement any initiative, whether it is the amount of time spent doing an activity or the supplies needed to fill out a questionnaire. These resources contribute to making your initiative run successfully. Understanding the resources needed for your initiative is important for two reasons: 1) it shows what is needed for the initiative to operate the way as intended and 2) it helps to understand what may be needed if the initiative is implemented on a wider scale.

Resources correspond to the "Inputs" section of your logic model. Look at all the "Activities" you have listed in the Logic model. Make sure you have the resources to do all the things necessary to make your initiative a success. Revise your Logic Model "Inputs" if you find that you have overlooked something.

Answer the Questions Below to Write a Problem Statement

Questions	Example
1. What is the problem that your initiative is trying to solve?	1. This initiative creates a Ready and Resilient program to address problems of injury and overweight/obesity for the 123rd Stryker BDE at Ft. Fleetwood.
2. What is happening **(current state)** with the group that your initiative serves? Use statistics when possible.	2. In 2017, 25% of male Soldiers and 19% of female Soldiers reported that they had an injury; this has also been slowly increasing. In 2018, 9% of the 123rd Stryker BDE Soldiers did not pass the height and weight requirements; this has slowly been increasing over the last few years. According to the *2016 Health of the Force* report, the overall injury incidence rate for Ft. Fleetwood is 1,514 (per 1,000) and the rate of obesity is 23.3%.
3. What should be happening **(desired state)** with the group that your initiative serves?	3. For our Brigade, past injury rates have been less than 20% for males and 16% for females; maintaining this or a lower rate of reported injuries should be the minimum. The average Army injury rate is 1,399 (per 1,000), and the average Army rate of obesity is 17.3%.
4. What will happen if this problem continues?	4. If this problem continues, the number of 123rd Stryker BDE Soldiers that the Medical Evaluation Board determines Not Fit for Duty will increase. The inability to get Soldiers back to full duty decreases the overall readiness of 123rd Stryker brigade and may affect BDE and Division readiness (especially if other brigades have similar problems).

Please note: Information about your identified problem may be available in the problem statement field of the CR2C Impact Tracker. Your local CR2I will have access to the Impact Tracker and may be able to pull this information for you.

Problem Statement Template

Questions	Response
1. What is the problem that your initiative is trying to solve?	
2. What is happening (current state) with the group that your initiative serves? Use statistics when possible.	
3. What should be happening (desired state) with the group that your initiative serves?	
4. What will happen if this problem continues?	

Please note: Information about your identified problem may be available in the problem statement field of the CR2C Impact Tracker. Your local CR2I will have access to the Impact Tracker and may be able to pull this information for you.

Problem Statement

The last step to finish your problem statement component is to summarize your idea for others.

EXAMPLE: PROBLEM STATEMENT

Ft. Fleetwood Problem Statement

This initiative creates a Ready and Resilient program to address problems of injury and obesity for the 123rd Stryker BDE/1st Division at Ft. Fleetwood. In 2017, within the 123rd Stryker BDE, a quarter of male Soldiers and almost one-fifth of female Solders reported being injured. Almost 10% of the 123rd Stryker BDE Soldiers did not pass the height and weight requirements; this has been slowly increasing over the last 3 years. According to the 2016 Health of the Force report, the overall injury incidence rate for Ft. Fleetwood is 1,514 (per 1,000), and the rate of obesity is 23.3%. The average Army injury rate is 1,399 (per 1,000) and the average rate of obesity is 17.3%. If this problem continues at Ft. Fleetwood, and within the 123rd Stryker BDE, and perhaps for the brigade and Division as a whole, the number of Soldiers determined Not Fit for Duty by the Medical Evaluation Board will increase. The inability to get Soldiers back to the brigade decreases overall readiness of the brigade and affects day-to-day mission and operations. Additionally, if an increasing percentage of 123rd Stryker BDE Soldiers do not meet weight standards, readiness is further negatively affected. Not meeting weight standards would prevent Soldiers from receiving medical clearance for deployment.

GOT QUESTIONS?

Where can I find additional information on how to write problem statements?

An additional resource on problem statements is available at:

CDC: Problem Descriptions
https://www.cdc.gov/healthcommunication/cdcynergy/ProblemDescription.html
This website provides help tips and instructions on how to write a problem statement.

Your Summary

SECTION 2. FRAME THE PROBLEM: SUMMARY OF FACTS BEARING ON THE PROBLEM

Component 2: Factors Contributing to the Problem (Determinants)

Once you have identified the problem or issue in your community, the next major step is to frame the problem. Problem framing involves identifying and understanding those issues that impede progress towards the desired end state—these are excellent opportunities for intervention or change. When planning your initiative, it is important to closely examine the underlying tensions and the root causes of the problem. This examination will enhance your efforts to effectively intervene and solve the problem. This section details the components and tools used to help frame the problem.

Once the problem is identified within your community, you need to understand the factors that influence the problem. Determinants are factors that influence the health problem or issue within your community/installation. These determinants fit into three categories: social, environmental, or behavioral influences. For example, lack of exercise outside of physical fitness training and poor eating habits may contribute to (or are determinants of) Soldiers' obesity. These examples are *behavioral determinants* of the problem. The figure below provides some examples of behavioral, environmental, and social determinants to give you an idea of what could be included in each category.

Example Social Determinants of Problems	Example Environmental Determinants	Example Behavioral Determinants
• Income disparities • Educational disparities • Racial/ethnic disparities • Gender disparities • Unit or family (group) norms and influences • Family status or structure (divorced, widowed, single parent, etc.) • Rank/status	• Lack of accessible care (hours, time, location) • Lack of healthy food options • Lack of transportation • Lack of a safe environment • Lack of social network or social support • Poor air quality • Exposure to toxic substances	• Tobacco use • Sedentary behavior • Poor nutrition • Unsafe sexual behavior • Drug or alcohol misuse or abuse • Failure to wear seatbelts/helmets/ etc. • Hand washing • Medication adherence/compliance • Cancer screening

This section provides information to help you develop a determinants analysis and summarize the determinants of your problem.

CONNECTIONS

Why are factors contributing to the problem (determinants) important?

Understanding the determinants of the issue you described in the problem statement helps you decide how to address the problem and where to focus your efforts to help solve the problem. The determinants relate to the intermediate outcomes and goals that you are able to affect and change. Intermediate goals and outcomes may change in 2 or 3 years, if your initiative is successful. You should identify these intended intermediate changes in the outcomes section of your logic model.

How can you approach determinants analysis?

Intelligence Gathering
Reviewing intelligence is one way to complete your determinants analysis. By reading articles on your topics, you will learn what experts in the field think are contributors or causes to the problem you are trying to solve. When gathering intelligence for your determinants, you should use key search terms related to your problem (e.g., for an injury prevention initiative, these terms may be "environmental causes of injury" and "behavioral causes of workplace injury or trauma").

Needs Assessment
You may use your needs assessment to help identify the determinants of your problem. By gathering data on the members of your community and their needs, you can uncover some of the broad underlying causes of the problem you are trying to solve. For example, if you think that injury is an issue in your community, you may look at existing data to find the company or battalion that has the highest incidence of unintentional injury (e.g., 123rd BDE). You may also conduct a survey to collect new data about injury to find out what are the community members' behaviors related to injury (e.g., 30% of 123rd BDE Soldiers reported not following injury prevention protocol).

How do you identify the factors contributing to your problem (your determinants)?

1. BRAINSTORM
Think of the reasons your problem exists or factors that you think affect your problem.
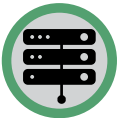
2. CATEGORIZE
Place the responses into one of the following three categories:
1. Social.
2. Environment.
3. Individual characteristics and behaviors.

GOT QUESTIONS?

Where can I find additional information on how to find determinants?

Additional resources on root causes are available at:

CDC: Social Determinants of Health (SODH)
https://www.cdc.gov/socialdeterminants/
CDC's social determinants of health website provides resources for SDOH data, tools for action, programs, and policy. People in public health, community organizations, and health care systems can assess SDOH to identify determinants improve community well-being.

RAND: Social Determinants
https://www.rand.org/topics/social-determinants-of-health.html
RAND research on the social determinants of health includes the effects of parks and green space on neighborhood physical activity and health outcomes, "food deserts," school meals, and more.

Below is an example of a Determinants Chart that includes factors identified through other components and tools of the IEP. Label the connection between the determinant and other components to facilitate ease of reading and understanding.

Example

Social	Environment	Behaviors
Predominately Male Workforce (IG) High risk job environment (IG)	Transportation Challenges (BS) Limited Healthy Food Options (BS)	Soldiers' do not follow injury prevention protocol (NA) Soldiers' Poor Eating Habits (BS) (IG) (NA)

Notes:
*IG= factor comes from Intelligence Gathering
*NA= factor comes from the Needs Assessment
*BS= factor comes from Brainstorming

Factors Contributing to the Problem: Determinants Template

List the items that fit into the columns below to write a Root Cause/Social Determinants Analysis.

Social	Environment	Behaviors

Notes:
*NA = factor comes from the Needs Assessment
*IG = factor comes from Intelligence Gathering
*BS = factor comes from Brainstorming

Determinants

The last step to creating the determinants of the problem is to write a short summary of your findings.

NOTE: Consider differences in population, environment, resources, etc, if you expand this initiative to another installation or across another command.

EXAMPLE: DETERMINANTS SUMMARY

Ft. Fleetwood Determinants Summary

There are likely several underlying causes for the higher levels of injury and obesity at Ft. Fleetwood and what we are seeing within 123rd Stryker BDE Soldiers. The 123rd Stryker BDE Commander instructed the BDE Behavioral Health Officer to conduct a determinants analysis that was supported by the intelligence gathering and needs assessment on high injury rates and obesity rates.

There are two social determinants for injuries in the Army: male-dominated workforce and high-risk jobs. According to the intelligence, male-dominated workforce environments, like the Army, usually have higher risk for injury (Roberts, Lewis, & Clark, 2015). The intelligence further associated higher injury rates in the Army with Soldiers working in high-risk jobs (Davis, 2017).

There are two environmental determinants that community members brainstormed: transportation challenges and limited healthy food options. Transportation challenges are the lack of transportation among Junior Enlisted Soldiers that limits their ability to reach healthier food options since they are located further away from the installation (e.g., such as the local farmers market or full-service supermarket). Limited healthy food options on or near the installation may cause Soldiers to choose to eat unhealthier food because of convenience and could contribute to higher obesity rates.

There are two behavioral determinants: lack of adherence to injury prevention protocol and poor eating habits for injury and obesity rates at Ft. Fleetwood. The needs assessment indicated that some Soldiers do not follow injury prevention protocol, which may contribute to the unintentional injury rate. The second behavioral determinant identified in the needs assessment and brainstorming indicated that poor eating habits might lead to higher obesity rates among Soldiers. This finding is further supported by intelligence that suggests an association between poor eating habits and obesity (Smith, 2013).

Your Summary

Component 3: Root Causes

If you understand all or most of the reasons a problem exists in your community, then you are better able to create an initiative that will effectively solve that problem. Problems typically have many factors influencing them, but only some are true root causes. For example, earlier we identified poor eating habits as a determinant of Soldier obesity on your installation; however, the root causes of poor eating habits may be lack of knowledge of how to select healthy food, lack of time to prepare healthy food, or no access to healthy food. This information will help you identify specific opportunities to make changes that are likely to have an influence on your problem. This section will help you determine and write the root cause analysis.

How can you approach root causes analysis?

Intelligence Gathering
One way to complete your root cause analysis is to look at the intelligence. By reading articles on your topics, you will learn what experts in the field believe are contributors or causes to the problem you are trying to solve. (e.g., if you were doing a search for root causes for an obesity problem, you may use search terms such as "root causes of obesity" or "obesity in the military/Army"). Additionally, review articles and systematic reviews summarize most of the current information about a particular subject. Include the words "systematic review" or "review" to your key word search to find these articles (e.g. "systematic review of obesity in military" or "systematic review of injury in military").

CONNECTIONS

Why is identifying root causes of a problem important?

Root causes influence the problem and its determinants. Oftentimes, root causes are the underlying cause of the problem and may be not immediately visible. By creating an initiative that focuses on the superficial issue, instead of the underlying cause of the problem, you can waste time, effort, and resources. Understanding the root causes will help you set-up some of the short-term outcomes (i.e., things that you wish to see change as a direct result of your initiative), that will help you reach your desired end state. You should identify these intended short-term changes in the outcomes section of your logic model.

Needs Assessment
A needs assessment is a critical tool used to identify and understand the root causes of problems within your target audience because they help to uncover why problems exist and what members of the target audience need. By gathering data on the members of your community, you can uncover some of the causes of the problem you are trying to solve. For example, you may determine that lack of transportation is a determinant, so you may create a survey to learn how many people on the installation do not have cars. Alternatively, you may request existing data from company-level commanders about 4-day weekend car inspections to find out the percentage of Soldiers that have cars. Another source of existing data that may help you understand the lack of transportation is to map bus routes using online mapping tools (GPS). Then, you can count the number of transfers and the time it would take for a Soldier to go to local grocery stores, farmers markets, and other healthy food options on and off the installation.

How do you determine the root causes of a problem?

1. GATHER
Bring a group of people affected by the problem together and tell them you are trying to understand the cause of the problem within the community.

2. PRESENT
Start the session by giving the problem statement to your audience. By presenting the problem statement, you will orient your participants to the problem that you are trying to address with your initiative.

3. ASK
To get to the root cause (and the determinants), you will ask the participants to explain the reasons they think the problem exists.

4. RECORD
Write each participant's response. Followup with the question "why" until you think that you cannot further explain the problem.

FACILITATOR: Today we are going to discuss unintentional injuries among Soldiers. In 2016, 123rd BDE had the highest annual unintentional injury rate on the installation. According to the 2016 Health of the Force report, the overall injury rate for Ft. Fleetwood is 1,514 (per 1,000) compared to the average Army injury rate which is 1,399 (per 1,000). Why do you think Soldiers are experiencing higher rates of injury in the 123rd BDE?

PARTICIPANT: I think Soldiers in the 123rd injure themselves more **because they don't follow injury protocol.**

OK! Why do you believe that?

Because when I've seen them exercise, **they aren't using the correct form.**

Hmmm. Why don't they use proper exercise form?

Really, I think that it stems from them not knowing it. **I don't think they know the proper protocol.**

Why didn't they learn the proper injury prevention protocol?

Because **they said the training was boring.**

Example of Root Causes Write-up

Note: For the benefit of space, we only provide a brief example here. In completing your root cause write-up, you will want to provide a more extensive list.

Determinant: Do not follow injury prevention protocol
Root Cause
Lack of knowledge of injury prevention protocol

Root Causes Write-up Template

Determinant:	
Root Cause	
1	
Determinant:	
Root Cause	
2	
Determinant:	
Root Cause	
3	
Determinant:	
Root Cause	
4	
Determinant:	
Root Cause	
5	

You can use a fishbone diagram as a tool to help you organize the potential root causes recorded in your root cause analysis session.

When creating a fishbone diagram it will be easier to "work backwards" as demonstrated in the instructions below.

1. To start creating your fishbone diagram, write the identified problem (i.e., your problem statement) at the "mouth" of the fishbone diagram located on the right of the page in our example..
2. Next, identify key determinants of the problem specified above as branches coming from the "body" of your "fish" in the fishbone diagram. Remember that these can be social, environmental, or behavioral.
3. Now, explore the root causes of these contributing factors. As you brainstorm what is ultimately leading to the social, environmental, and behavioral determinants of your problem, you may find the following frameworks to be helpful:
   a. DOTmLPF-P (i.e., Doctrine, Organization, Training, materiel, Leadership, Personnel, Facilities, and Policy). A root cause can fall into one or more of these categories. For example, Soldiers may not have access to the Dining Facilities Administration Center (DFAC) after 2000 hours; therefore, they may choose to eat unhealthier foods from the vending machines. The lack of access to healthier foods after DFAC closing hours may be a facility issue (lack of places to buy healthier foods) and a policy issue (policy that sets the DFAC hours of operation).
   b. PMESII (i.e., political, military, economic, social, infrastructure, and information). For example, lack of access to public transportation might be an infrastructure-related root cause of transportation challenges.
4. As you ask why the problem exists, write each potential root cause as a causal factor branching from the appropriate category in the fishbone diagram. You do not have to write out the complete reason. A simple phrase will suffice because this is a tool to help you categorize reasons. If the cause applies to more than one category, you can write it in multiple places on the fishbone diagram.
5. As you continue to ask why the problem and its determinants occur, you may identify potential sub-causes. Write these sub-causes on the fishbone diagram as branches of the larger cause to which they are related.

PLEASE NOTE: You will likely be unable to address every identified root cause of your problem and its determinants; but, this is an important exercise to help identify potential courses of action to solve the problem. See the example of a fishbone diagram provided.

Fishbone Diagram

Social

Predominately-Male Workforce
- Recruitment
- Gender Roles

High-Risk Job Environment
- Gender Roles

Environment

Transportation Challenges
- Lack of Access to Public Transportation
- Lack of Access to Privately Owned Vehicle

Limited Healthy Food Options
- Healthy Food Costs
- DFAC Hours

Lack of Knowledge

Do not follow injury prevention protocol

Behavioral

Poor Eating Habits
- Gender Roles
- Lack of Knowledge

Injury and Obesity of Soldiers in 123rd BDE

GOT QUESTIONS?

Where can I find additional information on how to find root causes?

Additional resources on root causes are available at:

Washington State Department Root Cause Analysis
https://des.wa.gov/services/risk-management/about-risk-management/enterprise-risk-management/root-cause-analysis
Provides in-depth coverage of how to conduct root causes analyses as well as additional resources on the topic.

KU Community Tool Box Analyzing Root Causes of Problems
https://ctb.ku.edu/en/table-of-contents/analyze/analyze-community-problems-and-solutions/root-causes/main
This website provides instructions on how to conduct a root cause analysis as well as the uses of them.

Minnesota Department of Health Fishbone Diagram
http://www.health.state.mn.us/divs/opi/qi/toolbox/fishbone.html
This website provides additional information on how to conduct a fishbone analysis, including a step-by-step diagram of the process and links to examples of fishbone diagrams.

Root Causes

The last step to creating a root cause analysis is to write a short summary of your findings.

EXAMPLE: ROOT CAUSES SUMMARY

Ft. Fleetwood Root Causes Summary

The initiative cadre (i.e., 123rd Stryker BDE Commander, BDE Sergeant Major, 1st Division Commander, Brigade Surgeon, Executive Officer, BDE Chaplain, BDE Behavioral Health Officer, BDE S-3, and BDE S-1) conducted a root cause analysis by brainstorming with five key community members. These members include two Soldiers from 123rd Stryker BDE, the Fort Fleetwood CR2I, a dietitian, and a physical therapist from the Military Treatment Facility (MTF). In addition to brainstorming, the initiative team used the needs assessment and intelligence gathering as their approach tools for the root cause analysis. The determinant analysis uncovered two social, two environmental, and two behavioral causes of injury and obesity among Soldiers in 123rd Stryker BDE at Ft. Fleetwood.

The social determinants were a predominately-male workforce and high-risk job environment. During the root cause analysis, community members stated that recruitment strategies were a contributing factor for the unequal sex ratio in the Army. Additionally, community members stated that traditional gender roles encourage more males to join the Army than females. The members also stated that "Big Army" had been attempting to affect these two factors, and changes were happening slowly. The second determinant was a high-risk job environment. During the root cause analysis, community members stated that traditional gender roles, which reward males for taking risk, are a root cause for the high-risk job environment.

"I think that a part of being a Soldier is being placed in a male-dominated environment. And male-dominated groups reward you for bravery. So many Soldiers will be more likely to take risk. It's not cool to ride with a bicycle helmet; I mean it is required though."

Therefore, an environment with more males may be conducive to promote and reward risk-taking, which increases injury occurrence. The intelligence further suggests that men are more likely than women to engage in high-risk behaviors and men are willing to take larger risks when engaging in risk-taking behaviors (Miller, 2008).

The environmental determinants were lack of transportation and limited healthy food options. The initiative team conducted a root cause analysis using the "5 whys" to ask community members why these environmental determinants may be contributors to higher injury and obesity rates. The community members stated that reasons for problems with transportation were due to the lack of public transportation on the installation taking Soldiers to off-installation restaurants having healthier food options. Some Soldiers (particularly Junior Enlisted) did not own cars that they could use to drive off base to restaurants and grocery stores selling healthier food options. Soldiers from 123rd Stryker BDE pointed out that, even though there is a commissary on the installation, its hours of operation did not fit their schedule. Due to the location of the Junior Enlisted housing, they also stated that it is too far to walk to the commissary and carry groceries back.

"They say you can walk to the commissary, but there aren't any sidewalks, so are we supposed to walk in the street? It's a 45 minute walk from my place to the commissary, would you want to carry groceries 45 minutes just to eat, would you eat eggs, milk, or chicken that you carried in 80-90 degree weather for 45 minutes?"

"I could call for an Uber or a Lyft to get to the commissary but that's just another expense which leads to less money for food. People feel good when they buy a Winter Fest ticket for us, but nobody is trying or willing to create a carpool for young Soldiers without cars."

In addition, community members stated, during the root cause analysis, that potential causes of limited food options include: dining facility policies that limit eating hours and limited disposable income available to buy healthier foods off the installation. Moreover, Junior Enlisted

Soldiers felt that others who referred them to the commissary, the Dining Facilities Administration Center (DFAC), or told them "to hitch a ride with someone" often dismissed their concerns about transportation and food options.

"Man, when we get done with training and everything else, policy is that we can't wear PT gear in the DFAC, so we have to go back, shower, and change clothes. By the time we get done, the DFAC is closed. Sometimes it's just easier to get something out of the vending machine."

Because of their low salaries, Junior Enlisted Soldiers were overrepresented in this category. All community members agreed that Junior Enlisted Soldiers are often younger and from lower income backgrounds than other Soldiers.

"I don't know why people think it is so easy to buy a new car; they keep saying we have all this money. I send half of my check home to help my mother and younger brother. I think that people just don't understand or want to hear about the issues of Junior Enlisted."

"The closest car dealership is on the Commander's Blacklist. So it would be a drive to even get to another car dealership. Plus, I am only 20, my friends told me how dealerships like to take advantage of younger Soldiers because of credit scores and shorter credit history."

The two behavioral determinants were lack of adherence to injury prevention protocol and poor eating habits. During the brainstorming activity, the team identified the Soldiers' lack of knowledge of injury prevention while exercising as the root cause of them not following injury prevention protocol.

"Is there a protocol? All I know is that I need to get 75 sit-ups done in a minute to beat [name withheld]. [LAUGHTER]"

"What is meant by a proper sit-up? Drill Sarge just told me to do as many as I can."

The intelligence indicated that people who do not know how to properly engage in physical fitness activities, relative to people who do know how to properly exercise (e.g., good running form, good weight lifting form, and proper stretching techniques), are more likely to injure themselves (Williams, Foster, Sharp, & Thomson, 2009).

The second behavioral determinant was poor eating habits. Community members stated during the brainstorming analysis that gender may be a root cause to poor eating habits. The intelligence suggests that males consume fewer fresh fruit and vegetables and more sodas, than females (Smith, 2013). The combination of the ratio of male to female Soldiers in the Army and male-eating patterns may be reasons why we observe higher obesity rates in 123rd Stryker BDE Soldiers. In addition, community members stated during the root cause analysis that 123rd Stryker BDE Soldiers with poor eating habits may have less knowledge of healthy eating habits and are unaware of healthier food options.

"We go to the DFAC and they have labeled things, but I don't get why some things are green and some things are red. Why is the Cajun rice [labeled] 'red' but the Chinese fried rice [labeled] 'yellow'? Aren't they both fried rice? Wouldn't the Chinese fried rice be worse, I mean it says 'fried' in the label and I know that fried foods are worse for you. I don't get the labels so I don't follow them. I just eat what I know is healthier."

Lastly, community members stated that many Soldiers might purchase and consume caloric dense foods (e.g., candy, potato chips, and sodas) because they are easier to access and cost less money than healthier food options.

"There are healthy options on the installation, but they cost more money than the unhealthy one. A raw sweet potato is a dollar, an extra-large fry [sic] is a dollar. If I was a Soldier and I had the choice, I would buy the French fries too. They are cooked already, ready to eat, and cost the same amount of money."

Your Summary

Component 4: Environmental Scan

Once you have successfully framed the problem or issue in your community, the next major step is to frame the operational environment. When planning your initiative it is important to understand the history, culture, current state, and relationships of relevant actors and resources in the environment where your initiative will occur. Framing the operational environment involves defining, analyzing, and synthesizing the characteristics of the environment where your initiative will occur. This section details the components and tools used to help frame the operational environment.

An environmental scan collects information on community resources and challenges to help determine COAs that the community may take to solve a problem they are experiencing. An environmental scan is similar to initial intelligence preparation on the battlefield. The goal is to understand the operational environment. **This section describes how to complete an environmental scan for your initiative. How do you approach Environmental Scans?**

Intelligence Gathering
By gathering intelligence, you may learn about strengths, weaknesses, opportunities, and threats (SWOT) that experts in the field have identified about your population; this may help you create a better initiative. Key words that you may use in your intelligence gathering include SWOT Analysis, strategic management, and environmental scan.

CONNECTIONS

Why is an environmental scan important?

Environmental scans are important because changes in and around your community can affect your initiative and the problem your initiative is trying to solve. This review is similar to reframing the operational environment or running estimates in the ADM. Environmental scans can identify—

• Resources that exist in the community that could affect the problem.
• Unmet needs or resource gaps that contribute to the problem.

The resources identified in the environmental scan may serve as Inputs in your logic model. Conduct an environmental scan at least once every 3 years.

Needs Assessment
The data gathered in needs assessments can provide a strong background of the resources and challenges that are internal or external to your community, based on the perspective of members in your population. During the needs assessments you may ask, "What resources are available?", "What resources do you need?", "What barriers exist on the installation?", and "What barriers exist outside of the installation?"

How do you collect information for an environmental scan?
You can collect information for an environmental scan in many ways, such as reviewing scientific articles, holding focus groups with community leaders, and reviewing survey data for your community through the Community Strengths and Themes Assessment (CSTA) that is conducted every 2 years by the CR2I or CR2C. If you are a member of the installation, you can contact your CR2I to coordinate the results.

Other examples of information sources include:
• Installation Safety Manager.
• Commands.
• CR2C.
• Installation Community Resource Guides (you can use these for a comprehensive list of existing programs and services by subject and category for each installation).

Please remember, factors outside of the Army may affect your initiative when collecting information for the environmental scan. For example, if your initiative aims to affect physical training among Active Duty Soldiers, your environmental scan may include information about off-post gyms and parks that Soldiers may use. Environmental scans also let you know which programs, initiatives, or events already exist to address the problem within your population. This will allow you to reduce redundancy and inefficiency and identify potential partners.

SWOT Analysis
One common type of environmental scan is SWOT Analysis.

What is a SWOT analysis?

A SWOT analysis is an activity that examines the resources and risks that are inside and outside of your community or organization (e.g., your unit). These resources and risks affect the way you implement and the possible outcomes of your initiative. The four parts of a SWOT analysis are:

(S) Strengths. Strengths are resources within your community that can help you reach the desired end state. This step is similar to "reviewing available assets" in the Military Decisionmaking Process (MDMP). Use the strengths you find to increase the success of your initiative.

(W) Weaknesses. Weaknesses are risks within your community that limit your ability to reach the desired end state. You must address the weaknesses found to increase the success of your initiative. This step is similar to "identifying resource shortfalls" in the MDMP.

(O) Opportunities. Opportunities are resources outside of your community that can help you reach the desired end state. Take advantage of opportunities as they become available.

(T) Threats. Threats are risks outside of your community that could hinder your initiative's success. Try to address or be aware of threats when possible. This is similar to "determining constraints" in the MDMP.

How do you complete an SWOT analysis?

A person can complete an SWOT analysis on their own, but it is better to do an SWOT analysis with a group. Similar to the ADM, the group should include people who have knowledge about the—

- Problem you are trying to solve,
- People that the problem affects, and
- Environment that affects the problem.

? GOT QUESTIONS?

Where can I find additional information on how to do a SWOT analysis?

CDC Public Health Professional Gateway: Do a SWOT Analysis
https://www.cdc.gov/phcommunities/resourcekit/evaluate/swot_analysis.html
This page describes the application of a SWOT Analysis for evaluating the environment in which a Community of Practice (CoP) functions, as well as resources and needs, that add to the picture creating the goals that members of the CoP would like to achieve.

The SWOT analysis can occur in one or multiple sessions. The SWOT Analysis Activity Guide below provides the steps required to complete the analysis using a group process. When conducting your SWOT analysis, it can be helpful to consider how the domains of DOTmLPF-P can influence your initiative. The following are examples to consider:

- What installation-level, Command-level, or Army-level doctrine may be a strength, weakness, opportunity, or threat as it relates to the success of your initiative?
- Are there any facility resources on the installation that can support your initiative?
- Are there any facility issues on the installation that may serve as a barrier to your initiative?
- Are there any facility resources and barriers off the installation?

Using these DOTmLPF-P domains can be useful in understanding your initiative's operational environment.

LET US HELP ⓘ

Needs some help in finding useful data? Here are some data sources that may help you:

Community Resource Guides
https://crg.amedd.army.mil/Pages/default.aspx
These Community Resource Guides list programs and services available to members of U.S. military communities including military Service members, their Families, DOD Civilian personnel, and retirees.

Community Strengths and Themes Assessment (CSTA)
http://archived.naccho.org/topics/infrastructure/mapp/framework/phase3ctsa.cfm
This page provides information about and resources for the third phases of Mobilizing for Action through Planning and Partnerships (MAPP) to include: The Four MAPP Assessments and the issues they address, with general resources for data collection and analysis.

01

Choose a leader

Someone who has good listening skills and who can keep discussions moving and on track by promoting collaboration and dialogue.

02

Make Introductions

Introduce the SWOT method and its purpose. Let members of your group introduce themselves.

03

Break into groups

Some people may not participate in larger groups. So, if you have a large group, divide into smaller breakout groups that range from 3 to 10 people.

Each group chooses someone to record the discussion.

Provide each person with an SWOT Chart, paper, and pens or markers.

04

Brainstorm

Give the groups 20-30 minutes to brainstorm and fill out their own SWOT Chart about your initiative.

Encourage them to include all ideas at this stage. Remind the breakout groups that in the beginning, it is good to have lots of ideas.

Once each person has a list of ideas for each part of the SWOT analysis, select the best ideas from the group. It is okay to combine ideas.

05

Gather

Bring everyone together into the larger group.

Use a flip chart or a large white board to record the ideas brought up during the larger group discussion.

06

Present/Discuss

Have each breakout group present their ideas for the SWOT analysis in the S-W-O-T order, presenting strengths first, weaknesses second, etc.

Discuss the results.

Relate the analysis to your vision, mission, and goals.

Translate the analysis to action plans and strategies.

Write a narrative summary of your SWOT analysis to use in planning and implementation.

EXAMPLE: SWOT Analysis Questions, Data Sources, and Reponses

The table below provides example questions, data sources, and responses to an SWOT analysis. You can complete this table on your own or using the group process described in the SWOT Analysis Activity Guide. You should answer the questions below to complete your SWOT analysis. You may need to ask additional questions in each section to fit your initiative.

Questions	Example Data Sources	Example Responses
1. What resources do you have in your community to support your initiative?	• Working groups with co-workers • CR2C	• Strong installation support for injury prevention • Holland MTF at Ft. Fleetwood • On-post fitness centers/AWC • 123rd Stryker BDE Staff and Leadership • Strength and Conditioning trainers
2. What is happening in your community that may prevent your initiative from being successful?	• Working groups with co-workers • Medical record reviews • Installation Strategic Plan • PM Department Budget Review • Division Commander's Campaign Plan • Focus groups with Soldiers	• DFAC hours • Medication • Fast food restaurants on installation • No budget for initiative • Personnel shortage • Junior Soldiers (E-4 and below) have transportation challenges
3. What resources are outside of your community that could support your initiative?	• Memorandum of Agreement (MOA) • Memorandum of Understanding (MOU) • Local health coalition • Newspapers and magazines • Television • Social media apps	• New technology (fitness trackers and nutrition apps) • More partnerships such as military discounts with gyms and meal preparation services • Increased popularity and availability of Invictus Games, Tough Mudder, and Spartan Games locally
4. What is happening outside your community that will prevent your initiative from being successful?	• Focus groups with 123rd Stryker BDE Soldiers • DOD Policy Review • Review of Fleetwood County Chamber of Commerce meeting notes	• Policies reduce 123rd Stryker BDE Soldiers motivation to participate in PT once they receive their Veterans Affairs ratings • More fast food choices surrounding installation • Food deserts, more corner stores than grocery stores

Please Note: Sources of information used to complete the environmental scan may vary for your installation and/or initiative.

Environmental Scan: SWOT Analysis Template

You can complete this table on your own or use the group process described in the SWOT Analysis Activity Guide. You should answer the questions below to complete your SWOT Analysis. You may need to ask additional questions in each section to fit your initiative.

Questions	Data Sources	Responses
1. What resources do you have in your community to support your initiative?		
2. What is happening in your community that may prevent your initiative from being successful?		
3. What resources are outside of your community that could support your initiative?		
4. What is happening outside your community that will prevent your initiative from being successful?		

Please Note: Sources of information used to complete the environmental scan may vary for your initiative.

Internal Characteristics		External Elements	
Strengths	Weaknesses	Opportunities	Threats
Strong Installation support (L) Holland MTF at Ft. Fleetwood (F) Post fitness centers Army Wellness Center(F) 123rd Stryker BDE and 1st Division Medical staff and Leadership	DFAC Hours (Po) No budget Personnel shortage (P) Junior Soldiers (E-4 and below) have transportation challenges Medications	New technology (fitness trackers and nutrition apps) (m) Increase partnerships Increased popularity and availability of Invictus Games, Tough Mudder, and Spartan Games	Policies reduce 123rd Stryker BDE Soldiers motivation to report injury (Po) Lack of healthy food choices on and off installation outside of DFAC hours Food deserts, more corner stores than grocery stores (F)

Please note: Not all factors will fall into DOTmLPF-P. However, it can be a useful tool to help you understand the resources and barriers in your environment. You are not required to categorize your factors into DOTmLPF-P. This is just an example to help you understand the link in the process.

Environmental Scan: SWOT Chart Template

Strengths	Weaknesses	Opportunities	Threats

Environmental Scan: SWOT Analysis Chart
The last step is to complete a SWOT Analysis Chart.

NOTE: You can provide this summary in either table form, or if easier, written in narrative (paragraph) form. Examples of each are provided to demonstrate how to organize your information. Remember to provide data, when it is available, and to state how recent the data were collected. Also, consider differences in population, environment, resources, etc., if you expand this initiative to another installation or across another command.

Your Summary

EXAMPLE: ENVIRONMENTAL SCAN SUMMARY

Ft. Fleetwood Environmental Scan

The initiative team conducted an analysis to identify the initiative's strengths, weakness, opportunities, and threats (SWOT). Strengths that will help this initiative are strong installation support, the Holland MTF at Ft. Fleetwood, the on-post fitness centers and Army Wellness Center, and 123rd Stryker BDE and 1st Division Medical Staff and Leadership. Weaknesses that may hinder the success of this initiative are DFAC hours, lack of budget, and personnel shortage. Additionally, Soldiers may be taking medications that cause weight gain, decrease their energy level, or diminish their motivation to exercise (Jones & Stevens, 2010). Opportunities outside the organization that may positively support the initiative include new technology (e.g., fitness trackers and nutrition apps), increased partnerships, and increased popularity and availability of Invictus Games, Tough Mudder, and Spartan Games that foster fitness competition (Roberts, Lewis, & Clark, 2015). Lastly, threats outside the community that may negatively affect the initiative include policies that reduce Soldiers' motivation to report injury, lack of healthy food choices on and off the installation, food deserts (having more corner stores than grocery stores in the community surrounding the installation), and Junior Enlisted Soldiers with transportation challenges that prevent them from accessing healthier food options.

SECTION 4. DEVELOP OPERATIONAL APPROACH

An operational approach is a broad general solution to address the identified problem. Think through which activities may result in the desired end state. Consider what you learned through the process of framing the operational environment, such as key aspects and constraints, when brainstorming potential activities. In the end, your operational approach must include clearly described potential actions (courses of action). Each course of action describes the links between tasks, objectives, conditions, and the desired end state. This section details the components and tools used to help develop the operational approach.

Component 5: Courses of Action, Selection Criteria, and Selection

A COA is a broad potential solution to the problem you are trying to solve. Courses of action describe the options you have considered to solve your initiative's focus problem(s). Document the alternative COAs and your recommended COA (or your initiative) as you develop your operational approach. Additionally, you must provide the rationale for not selecting the alternative COAs as solutions to your identified problem.

This section describes how to brainstorm different COAs and how to prioritize them based on specific criteria. Additionally, this section helps you determine how to select a potential initiative from your list of prioritized COAs.

How do you approach Courses of Action?

Intelligence Gathering
By reading the intelligence, you will find out what has been successful and failed in similar situations. Knowing this information will help you develop and choose the best course of action. Intelligence gathering will be particularly important as you consider courses of action and could give you some ideas you have not thought of

before. You are rarely the first person to try to solving a particular problem and you can learn a lot from what others have done. Sources of evidence-based strategies, such as CDC and RAND, can help uncover what works and what does not work. Use search terms such as "evidence-based interventions" and "evidence-based programs" while intelligence gathering for courses of action.

Needs Assessment
Needs assessments help you learn about a community's resources as well as the target population's needs. Certain COAs may have more potential for success because of resource availability. Conversely, certain COAs will have more barriers because of the lack of resources. Understanding your needs assessment helps you decide the best COA. A needs assessment might help you identify your target population's preferences, which will help you develop a course of action that meets their needs. For example, a needs assessment could show that the preferences of your target population are to participate in trainings for no more than 1 hour at a time and in the morning; as you think about reasonable and feasible courses of action, this information may help you develop an initiative that is set up for success.

How do you develop Courses of Action?

1. BRAINSTORM
Prioritize the root causes you have identified based on the changeability and impact. Brainstorm with others in your community to help you develop or identify COAs.

2. IDENTIFY POTENTIAL COAs
Use information from sources such as the needs assessment, intelligence gathering, and environmental scan to help you develop COAs. These sources will ensure that your COAs are evidence-informed.

CONNECTIONS

Why are courses of action important?

By identifying and systematically comparing several COAs to solve the problem, you increase the chances that your initiative is the best possible COA to solve the problem. Each COA should connect to the root causes and determinants of the problem that you have found and should be informed by your environmental scan. You will develop many different ideas during your determinant and root cause analysis; however, some factors are unchangeable. You need to prioritize the determinants or root causes that are changeable and that refers to social, environmental, and behavioral factors thhat impact the problem. Have an open mind when you evaluate your COAs. The best COA may not be the initiative you started with when you identified the issue in your problem statement.

3. ANSWER THE QUESTIONS
What have other people done that did/did not work? What is available/lacking in your community that can help/hinder solving the problem?

4. PRIORITIZE YOUR COAs
(See below for help on COA prioritization.) Select the COAs with high level of impact and high level of feasibility to lead to short-term quick wins. Multiple short-term wins will lead to achievement of long-term outcomes.

Note: These steps are still beneficial even if you have an initiative that's underway, as they will help to ensure your initiative has taken the best course of action.

How do you select which root causes or determinants you will address?
To identify which determinants and root causes you wish to address with your initiative, you need to prioritize which factors are changeable and which factors have the most impact. You can determine the impact of each factor by examining the frequency that it appears in your fishbone diagram. Items that appear more often in your fishbone diagram may potentially have a greater impact on the problem.

Additionally, you will want to choose root causes and determinants that you can change to improve your ability to address the identified problem. Below you will find a table that helps you think through and document the level of changeability and impact of your determinants and root causes.

Prioritization
Changeable: Can you affect the identified determinants or root causes with the available resources?
High: You can change the determinant or root cause with relative ease. E.g., You can change the knowledge level of injury through an education initiative.
Low: You cannot change the determinant or root cause with relative ease. E.g., Individuals in male-dominated fields are more likely to experience injury; however, it will be relatively difficult to change the overall gender ratio of the Army in a short amount of time.
Impact (Frequency): How often does a factor show up as a root cause or determinant affecting your problem?

High: You observe the underlining cause of a determinant or root cause in multiple places.
E.g., Lack of knowledge of nutrition affects people's eating habits, which leads to obesity. In addition, people's lack of knowledge of injury prevention protocol during exercise affects people's exercise habits, which leads to injury.

Low: You observe the underlining cause of a determinant or root cause in only one place.
E.g., Transportation appears to affect issues of obesity, such as access to gyms, parks, and grocery stores, but transportation does not affect injury.

When considered together, changeability and impact inform your prioritization of the determinants and root causes you pick to solve the problem in your community. The chart below helps you to visualize the intersection of changeability and impact for your root causes and determinants.

LC = Low Changeability
HC = High Changeability
LI = Low Impact
HI = High Impact
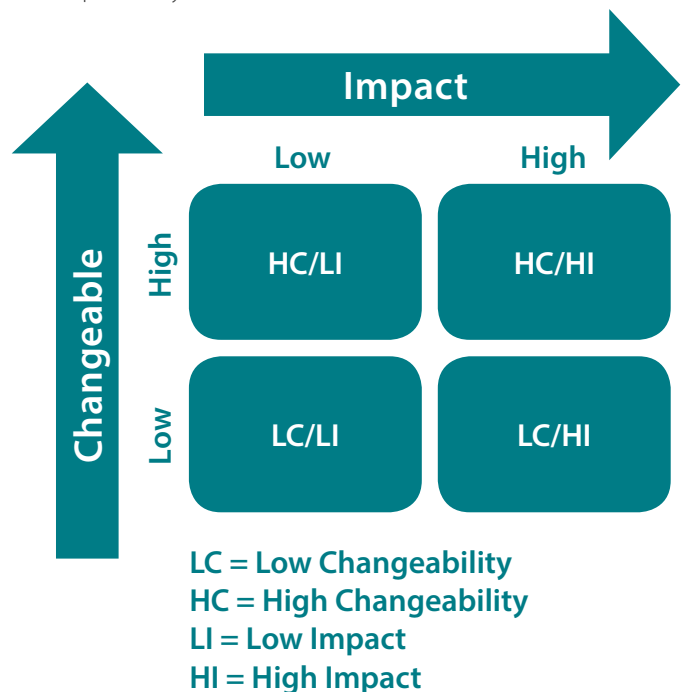
It is best to pick determinants or root causes that have high changeability and high impact to achieve your quick wins. However, you may have COAs prioritized as low changeability/high impact because the change may take time to achieve. These COAs will be considered your long-term goals and should be included in your final initiative.

How do you select your COA, after you prioritize the factors that your initiative will address?
After you have identified determinants and root causes that meet changeability and impact prioritization, you need to create COAs that pass the selection criteria. Once you have developed or identified possible COAs, you must evaluate and select the best possible COA, which will eventually be your initiative.

Factors that can affect the selection of your COA include, but are not limited to the time required, the resources required, the number of people who may benefit, and the likelihood of the COA to favorably affect the problem you are trying to address. When evaluating and prioritizing your COAs, you must describe how your initiative would influence the DOTmLPF-P domains. At least one of the DOTmLPF-P domains will be the direct target of your initiative, while the other domains will have indirect impacts. Below is a list of six selection criteria (C1-C6) adapted from MDMP for you to use when evaluating the COAs:

C1-Cost-What resources are required to reach the desired end state? How much does it cost to implement the COA versus an alternative COA? Sometimes the COA will cost too much to implement.

C2-Acceptability-How does the COA balance cost and risk with the advantage gained? Does the cost associated with the COA outweigh the benefits associated with the COA? Sometimes you have the money and other resources to implement a COA, but it does not make sense to throw a million-dollar solution at a ten-dollar problem.

C3-Suitable-Can the COA accomplish the desired end state? Can the COA cause the desired change? Sometimes people are so excited about implementing a COA, they never check if that initiative will full.y address the problem. Though a shovel works well in the garden, you cannot use it to fix the kitchen sink.

C4-Distinguishable-How do the COAs substantially differ from each other? Is this COA different from the other COAs? "Building a wooden bridge" is not an alternative COA to "constructing a lumber overpass."

C5-Feasibility-Can the COA be accomplished within the established time, space, and resource limitations? Can you implement the COA? Even if you have the money and the water, you cannot build a 5-acre pond on 2 acres of land.

C6-Impact-What level of impact does the COA have on the desired end state? Will the COA cause the magnitude of change that you desire to see? A cup of water will put out a candle fire, but it will not put out a forest fire.
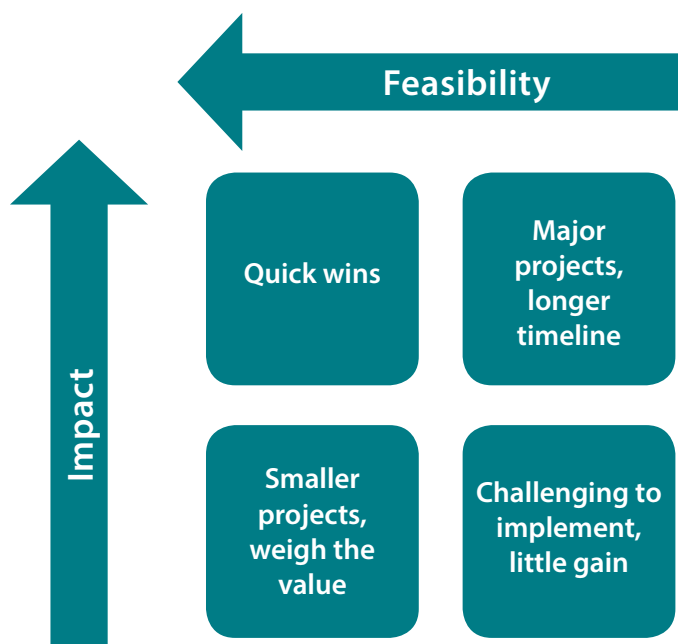
Prioritize according to level of evidence identified for your COA, feasibility, and resources. See the example in the diagram on the next page.

COA Selection Criteria Example

Note: For the benefit of space, we only provide a brief example here. In your IEP Documentation and Summary, you will want to provide a more extensive list. For each COA, different aspects of the potential initiative may have pros and cons for a specific criterion. For example, certain aspects for COA 1 maybe a pro for Criterion 5, but other aspects of COA 1 may be a con for Criterion 5 as well.

Determinant	Root Cause	COA	Pros	Cons
Lack of adherence to injury prevention protocol	Lack of knowledge of injury prevention protocol	Education initiative/ health promotion training	C1- An educational initiative is not costly to implement in comparison to the other COAs. C2-Although some money is required to complete an educational initiative, the risk for adverse events is minimal. C3-Intelligence gathering supports implementation of the educational initiative to reduce injury among Soldiers and will address injury and obesity. C4-An educational initiative is different from other COAs. C5-Some resources are available to conduct the initiative. The initiative will use spaces that exist on the installation that are not in current use and will not require additional staff hires. C6-The initiative can affect several Soldiers. Intelligence Gathering shows that educational initiatives can have an effect on injury prevention and obesity when implemented effectively.	C5-One-time purchase of equipment (high dollar amount). C6-An educational initiative can be an effective population intervention, but observed effects are often small; and it takes time to observe long-term behavior impacts. Educational initiative must focus on skill building, in addition to knowledge attainment, to successfully change behavior; It must also be interactive.
Transportation Problems	Junior enlisted members without cars. Lack of public transportation on the installation	Implement a new busing and transportation program	C4-Transportation initiatives are distinguishable from educational initiatives C6-High impact. Transportation will increase access to healthier foods. Intelligence gathered shows that at a population level, every 1% increase in public transit use is associated with 0.2% decrease in obesity rates. Public transportation may affect other issues on the installation. People who are not injured or obese will benefit having additional transportation options available on base.	C1-Creating a transportation initiative would be costly, even if the costs are shared with local government. C2-The cost of a transportation initiative exceeds the cost of the educational initiative and only address the issue of obesity and not injury. C3-A transportation initiative addresses the issues of obesity but not injury. C5-Feasibility is low because of costs and the amount of time it would take to implement.

COA Selection Criteria Template				
Determinant	Root Cause	COA	Pros	Cons

Courses of Action

The final step of the process is to write a narrative summary of the courses of action that you reviewed.

NOTE: Consider differences in population, environment, resources etc., if you were to expand this initiative to another installation or across another command.

EXAMPLE: COURSES OF ACTION AND SELECTION DESCRIPTION

Ft. Fleetwood Courses of Action and Selection Description

The initiative team reviewed three possible courses of action (COAs): maintain the status quo, implement a new busing and transportation program, and implement a behavioral-based education initiative.

The first COA was to maintain the status quo and do nothing. This is not a feasible option because Ft. Fleetwood has higher than Army average obesity and injury rates; 123rd Stryker BDE Soldiers' reported injuries, and APFT failure rates were slowly increasing. Moreover, based on the needs assessment, 123rd Stryker BDE was identified as having the highest rate of injury on the installation. Maintaining the status quo would affect the Brigade's and Division's readiness.

The second COA was to implement a new busing and transportation program that would address the issues of limited food options surrounding the installation and lack of transportation among Junior Enlisted Soldiers. This COA would directly target the policy component of DOTmLPF-P. We found that this policy change is cost prohibitive, as it would require the installation to buy additional buses and hire drivers. Additionally, we explored increasing transportation by communicating with neighboring local governments and found that making this change would not be possible during the current fiscal year. Moreover, these transportation options would address the root causes for the issue of obesity on the installation, but not the issue of preventable injuries (Davis, 2017).

Based on the review of these options, the third, recommended COA is a behavioral-based education initiative that has high feasibility and potential for high impact on injury and obesity. This COA would directly target the training component of DOTmLPF-P. Although this COA has cons, such as the one-time cost of equipment and the time it takes to achieve long-term effects, it is the overall better choice; it meets all other criteria, such as being cost effective when compared to other COAs and is supported by the intelligence to effectively reduce injury and obesity (Davis, 2017; Smith, 2013). Therefore, we recommend the creation of the Reducing Injury and Obesity Together (RIOT) Initiative to address the problem of higher rates of injury and obesity at Ft. Fleetwood.

Your Summary

Component 6a: Goals and SMART Objectives

Goals describe the focus and the desired long-term effects of the initiative. Goals are similar to the Commander's intent. Objectives outline what must be accomplished in order to achieve your goals. Objectives are similar to the broad concept in the MDMP.

This section describes how to write goals and SMART objectives for your initiative.

CONNECTIONS

Why are goals and objectives important?

Goals and objectives describe the direction you expect your initiative to go and how you intend to get it there. Goals and objectives are important to planning, executing, and evaluating an initiative. Your long-term goals should address the desired end state that you identify in your problem statement; your intermediate goals should address issues that you identified in your determinants; and short-term goals should address issues identified in your root causes. All of your goals and objectives should meet the SMART criteria.

How do goals and objectives relate to your initiative logic model?

Some people find it easier to lay out the goals and objectives of what they are trying to achieve prior to developing a logic model. Others find it easier to visualize their initiative using a logic model, then develop and refine their goals and objectives. Either approach is acceptable, as long as they connect. You may find it helpful to read this section and the logic models section to decide which approach you would prefer. Note that objectives related to the short-, intermediate-, and long-term outcomes listed in your logic model are outcome objectives. Objectives related to the activities and outputs of your initiative are process objectives.

Why are goals and objectives important to evaluation and considered a key evaluation component?

If you do not know where you are going, you will never know if you got there. It is critical that any initiative should communicate what it is trying to achieve, so that all parties have a shared understanding of what success looks like. In many cases, initiative planners do not specify their objectives; therefore, when data are collected, no one can agree on whether results are positive or negative. By setting SMART goals and objectives, and using data collected through evaluation (described later in this guide) to see if those goals and objectives are achieved, everyone can use the same benchmarks and criteria to determine if an initiative was successful.

How do I approach SMART GOALS?

Intelligence Gathering
Reading the results from others will help you set realistic goals for your initiative that meet the SMART criteria. The results of your intelligence will show you what has worked in the past and what may work with your community. How did previous researchers measure change within participants (MEASURABLE)? How much change (ACHIEVEABLE)? How much time did it take for the change to occur (TIME-BOUND)? This level of change is the "effect size." When you read intelligence on your topic, look for the reported "effect size" or "impact." If you have multiple articles, you can better predict the range of change that may occur and set realistic goals for your initiative.

Needs Assessment
You may use your needs assessment to help identify the determinants of your problem. By gathering data on the members of your community and their needs, you can uncover some of the broad underlying causes of the problem you are trying to solve. For example, if you think that injury is an issue in your community, you may look at existing data to find the company, battalion, or brigade that has the highest incidence of unintentional injury (e.g., 123rd BDE). You may also conduct a survey to collect new data about injury to find out what are the community members' behaviors are around injury (e.g., 30% of 123rd BDE Soldiers report not following injury prevention protocol).

How do you write goals and objectives?
Your goals are the desired end state of your initiative. The objectives are how you plan to achieve your goals. Using the SMART criteria is a common way to determine if your goals and objectives are achievable. The SMART criteria checks if your objectives are S̲pecific, M̲easurable, A̲chievable, R̲ealistic/relevant, and T̲ime-bound/timely. An explanation of each component of SMART is below:

S̲pecific:
Does your objective define what activities will be completed and who will complete them?

M̲easurable:
Is your objective measurable to have proof that you have met the objective? Does the objective say how much change is expected?

A **Achievable:**
Is your objective achievable within a certain time with the resources that are available?

R **Realistic/relevant:**
Will your objective lead to the desired end state of the initiative? Does your objective have steps that can measure outcomes, not just activities?

T **Time-bound:**
Does your objective have a set deadline or completion date?

? **GOT QUESTIONS?**

Where can I find additional information on how to complete SMART objectives?

CDC Develop SMART objectives
https://www.cdc.gov/phcommunities/resourcekit/evaluate/smart_objectives.html
This page introduces SMART (Specific, Measurable, Achievable, Realistic, Time-Bound) criteria for thinking about activities and objectives needed to accomplish the established goals of a Community of Practice (CoP).

Healthy People Target Setting Methods
https://www.healthypeople.gov/sites/default/files/TargetSettingReport-8-6-18%20FINAL.pdf
The Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030 is a report that describes steps to set targets.

NOTE: For the benefit of space, we only provide a brief example here on obesity and not injury. In your IEP Summary, you will want to provide a more extensive list.

Objective	Specific	Measureable	Achievable	Realistic	Time bound	Revision
Ex. Long-Term Outcome Increase % of 123rd Stryker BDE Soldiers who have met desired Army body fat composition by 50% over baseline within 2 years after starting the program.	Yes, objective identifies 123rd Stryker BDE Soldiers as responsible for meeting body fat goals.	Yes, you can see changes in the number of 123rd Stryker BDE Soldiers who meet the goal by looking at medical records.	Yes, the resources needed to teach classes and follow-up with 123rd Stryker BDE Soldiers are available.	No, the increase in number of Soldiers who meet the body fat goal is an unrealistic goal in this short amount of time.*	Yes, the objective says that we should see changes within 2 years after starting the program.	*Final objective:* Increase % of 123rd Stryker BDE Soldiers who have met desired Army body fat composition by 20% within 2 years after starting the program*

BASED ON ISSUES IDENTIFIED IN PROBLEM STATEMENT: SOLDIER OBESITY RATES
*The 50% increase in 123rd Stryker BDE Soldiers who have met desired Army body fat composition was not realistic given the timeline for follow-up. After a discussion between primary care physicians and initiative leaders, we changed the objective to a 20% change. This level of change is more realistic as it allows Soldiers to transition from Obese to Overweight to Normal Weight at a healthy weight-loss rate.

Objective	Specific	Measureable	Achievable	Realistic	Time bound	Revision
Ex. Intermediate Outcome Increase by 15% over baseline the number of fruit and vegetables that 123rd Stryker BDE Soldiers consume in a 2-week period after 1 year of starting the program, as measured by the Soldier's self-reported eating habits.	Yes, objective identifies that 123rd Stryker BDE Soldiers as responsible for increase in health behaviors.	Yes, you can find out if changes happened by reviewing self-reported dietary records in the GAT 2.0.	Yes, the resources needed to complete dietary records are available for 123rd Stryker BDE Soldiers.	Yes, a 15% increase in consumption of fruit and vegetables is achievable by 123rd Stryker BDE Soldiers. Increase in vegetable consumption will lead to the desired end state..	Yes, the objective says that we should see changes in 1 year.	Not necessary.

BASED ON FACTORS CONTRIBUTING TO THE PROBLEM: DETERMINANTS: POOR EATING HABITS

Objective	Specific	Measureable	Achievable	Realistic	Time bound	Revision
Ex. Short-Term Outcome Increase dietary and wellness knowledge by 25% over baseline for 123rd Stryker BDE Soldiers in a 10-week program using the Unit Nutrition Survey.	Yes, the objective identifies 123rd Stryker BDE Soldiers as responsible for completing a 10-week initiative.	Yes, you find out change by comparing the knowledge of health and wellness of 123rd Stryker BDE Soldiers before and after the initiative.	Yes, the resources needed to complete the initiative are available.	Yes, 123rd Stryker BDE Soldiers will be able to complete the initiative. Increase in dietary and wellness knowledge will lead to the desired end state.	Yes, the objective says that we should see changes in 10 weeks.	Not necessary.

BASED ON ROOT CAUSES: LACK OF KNOWLEDGE

Objective	Specific	Measureable	Achievable	Realistic	Time bound	Revision
Ex. Output (Process Objective) Conduct 123rd Stryker BDE staff training with at least 10 staff members (80%) by week 4 of the initiative.	Yes, the objective identifies staff members as the intended population.	Yes, you can create an attendance sheet to determine how many staff members have completed the training.	Yes, we have the resources to complete the training.	Yes, the objective allows for staff members who may be sick or have planned leave.	Yes, the staff should complete initiative training by week 4 of the initiative.	Not necessary.

BASED ON SELECTED COA TO ADDRESS ROOT CAUSES.

SMART Criteria Template

Objective	Specific	Measureable	Achievable	Realistic	Time bound	Revision

SMART Objectives

The last step is to write out your goals and SMART objectives in narrative form.

NOTE: Consider differences in population, environment, resources etc., if you were to expand this initiative to another installation or across another command.

GOALS AND SMART OBJECTIVES

Ft. Fleetwood Goals and SMART Objectives

NOTE: For the benefit of space, we only provide a brief example here on injury and not obesity. You will want to provide and explain all of your initiative goals and objectives.

One goal of this initiative is to increase the overall health and fitness of Soldiers in 123rd Stryker BDE and make sure they are ready and resilient by decreasing the BDE's increasing injury rates. Currently, 123rd Stryker BDE's injury rates are higher than other brigades' and the Army's average. The initiative plans to meet the goal of reducing injury rates by teaching Soldiers injury prevention techniques.

Intelligence Gathering has shown that education initiatives are effective in increasing injury prevention knowledge by 35% to 80% within 6 months (Williams et al., 2009). Therefore, we estimate that our education initiative will change injury prevention knowledge by 50% based upon the additional components that we are including in the training (Cooper & Johnson, 2016). As a result, we believe that an increase in 123rd Stryker BDE Soldiers' injury prevention knowledge should be a short-term outcome of this initiative.

Soldiers should be able to use the injury prevention methods they learned in the initiative to avoid injuring themselves during physical training. Information gained during Intelligence Gathering shows that, over 12 months, about 15%-35% of the people who were taught injury prevention protocols actually used the techniques they learned to not injure themselves while exercising (Cooper & Johnson, 2016). We estimate that 25% of 123rd Stryker BDE Soldiers will use their newly acquired injury prevention skills. Thus, increasing the percent of 123rd Stryker BDE Soldiers who follow their injury prevention protocols by 25% is one of our intermediate objectives.

Soldiers will be able to use the knowledge and skills gained through this initiative to change their behavior. Intelligence Gathering indicates that, after 2 years, at least half of the participants still used the injury prevention protocols they learned through the injury prevention education. Because of continued use of injury prevention techniques, unintentional injuries decreased between 7%-15% in this group (Cooper & Johnson, 2016). We anticipate that 123rd Stryker BDE Soldiers will experience at least a 10% decrease in injury rates from physical training, if they continue to use the injury prevention techniques taught by this education initiative.

Component 6b: Logic Model

A logic model is a visual picture of the logical links between the elements of your initiative and the sequence that follows "if" (this occurs) "then" (this can occur). A logic model shows how an initiative should work to reach your desired end state by demonstrating the relationships between intended activities and anticipated outputs and outcomes. This is similar to "visual modeling" in ADM. Now that you know how to develop goals and SMART objectives, you are ready to create your logic model. As mentioned in the previous section, some people find it easier to develop their goals and objectives first and then their logic model. Others find it easier to develop their logic model and then their goals and objectives. Either way is acceptable, as long as they connect. While it is best to create your logic model before you start your initiative, you can create a logic model for an existing initiative. This section provides information to help you develop a logic model.

CONNECTIONS

Why is a logic model important?

Logic models help you visualize and think through the connections between your initiative's inputs, activities, outputs, and outcomes. They help you to determine if the activities you are doing will help you to achieve your desired end state (i.e., outcomes).

Additionally, every initiative requires resources; however, these are limited and are in high demand. A logic model helps you show why you need certain resources. Each part of a logic model answers an important question about the "logic" of the initiative. We identify the steps in the logic model to explain the "why" of each.

Why do we need these Resources?
To achieve these Activities

Why do we need to do these Activities?
To achieve these Outputs (i.e., MOPs)

Why do we need to achieve these Outputs?
To achieve these Outcomes (i.e., MOEs)

Why do we need to address these Outcomes?
To achieve these Goals

How do you approach Logic Models?

Needs Assessment
Reviewing the data gathered in your needs assessment will help you determine the baseline of the changes you wish to make with your initiative. Understanding the status of your community will help you determine how much change you want to achieve and where you expect to be successful. This information will influence the content of your short-, intermediate-, and long-term objectives listed in your logic model. Measurements used in the needs assessments may serve as measures of performance or effectiveness depicted in your logic model. For example, in our needs assessment we used the information found within the unit nutrition survey to determine the intermediate outcomes and measure change expected through our initiative. Then, we entered that information into our logic model.

What is a common type of logic model?
A common type of logic model is an outcomes-based logic model. The outcomes-based logic model has seven parts. Similar to the Belt method in MDMP, each part of the logic model directly leads to the next. All outcomes (i.e., outcome objectives) in the logic model must meet the SMART criteria. The following elements in an outcomes-based logic model are:

1. **Inputs** are the resources needed to perform the activities. These resources would include materials, personnel, and facilities.
2. **Activities** are the processes that the staff will do for the initiative. These processes would include the organization, training, leadership, and education of personnel.
3. **Outputs** are direct products that come from the activities. These products are similar to MOPs. They are tangible products that serve as evidence of an activity.
4. **Short-term Outcomes** are desired effects that happen within a few weeks of completing the initiative. These effects are similar to short-term MOEs. Your short-term outcomes connect to the factors identified in your root cause analysis.
5. **Intermediate Outcomes** are desired effects that happen over months to years. These effects are similar to intermediate MOEs. Your intermediate outcomes connect to the factors identified in the broad buckets of your determinants.

6. **Long-term Outcomes** are desired effects that happen over years to decades. These effects are similar to long-term MOEs. Your long-term outcomes connect directly to the issues you proposed to address in the problem statement.

7. **Assumptions and External Factors** are things that you assume will happen and that can affect the initiative.

How are logic models different from theories of change?
Logic models are often confused with theory of change. Logic models describe the ideas and actions that happen at the program level, while the theory of change describes the ideas that happen at the Army level.

How do you complete a logic model?
Answer the questions in the table below to complete your logic model.

<div align="center">

Questions

</div>

Inputs
1. What resources are available and needed to complete the initiative? This information is likely to come from intelligence gathering, your environmental scan, and planning. Examples of inputs include labor, supplies, equipment, facilities, transportation, etc.

Activities
2. What does the initiative staff/initiative executors need to do to reach the desired end state or effect? This information helps to describe succinctly what your initiative does. Examples of activities include holding workshops or meeting with key stakeholders.

Outputs
3. What evidence (e.g., measures of performance) do you have that the activities occurred? Outputs tie directly to process objectives. Example outputs include number/% of Soldiers trained, % of Soldiers satisfied with training, % of DFACs with modified hours, etc.

Short-term Outcomes
4. What changes in learning, knowledge, and attitudes (e.g., measures of effectiveness) need to happen for the changes in behavior to occur? This information relates to your root causes. Examples of short-term outcomes include changes in knowledge, skills, attitudes, behaviors, or beliefs.

Intermediate Outcomes
5. What changes in behaviors and practices (e.g., measures of effectiveness) need to happen for the intended changes to occur? This information relates to the work you did in understanding the factors contributing to the problem (or determinants). Examples of intermediate outcomes include more consistent changes in beliefs, attitudes, skills, abilities, and behaviors. They can also include factors such as personnel, facilities, technology, subject matter expertise, partners, etc.

Long-term Outcomes
6. What is the desired end state that your initiative wants to make? This information relates to your problem statement (or determinants). Examples of long-term outcomes include sustained changes in beliefs, attitudes, skills, abilities, and behaviors.

Assumptions
7. What assumptions (or opinions considered to be true that are not supported by evidence) do you make about your program? You may have identified assumptions about your initiative when you brainstormed to define the problem, identified determinants and root causes, and conducted your SWOT analysis. Examples of assumptions could include items such as barriers to and factors supporting implementation, people's motivation to participate in your initiative, and their use of the initiative.

External Factors
8. What things might affect your program? This information relates to the opportunities and threats of the SWOT you may have conducted as part of your environmental scan. Examples of external factors include social, legal, economical, and technological changes as well as the political and economic environment.

Logic Model

The last step is to complete the Logic Model. Use the answers provided in the table on the previous page to fill out your Logic Model.

NOTE: Consider differences in population, environment, resources etc., if you were to expand this initiative to another installation or across another command.

GOT QUESTIONS?

Where can I find additional information on how to complete a logic model?

Additional resources on logic models are available at:

CDC Logic Models
https://www.cdc.gov/eval/tools/logicmodels/index.html
This page provides logic model resources by different divisions of the CDC, including sample logic models, overviews, guides for developing and using logic models, and additional resources.

University of Wisconsin-Extension: Program Development and Evaluation Logic Models
https://fyi.uwex.edu/programdevelopment/logic-models/
This website provides templates to help create logic models, published resources about logic models, and training materials to understand how to use and apply logic models.

Office of Justice Programs: Center for Research Partnerships and Program Evaluation Logic Models
https://www.bja.gov/programs/crppe/logic-models.html
This website explains the purpose for a logic model, defines the different sections within a logic model, and provides resources and examples to develop logic models.

Process (Operational Approach)			Outcomes (Desired State)		
Inputs/ Resources	Activities	Outputs (MOPs)	Short-term Outcomes (MOEs)	Intermediate Outcomes (MOEs)	Long-term Outcomes (MOEs)
Labor Time Army Dietician 123rd Stryker BDE Staff 123rd Stryker BDE Soldiers Public Affairs Officer Initiative Cadre including the Initiative Coordinator **Contract** Two Behavioral Health Staff Two Strength and Conditioning Trainers Two Dieticians **Supplies** Educational Materials Assessment Materials Food for demonstrations **Equipment** Computers Injury Prevention Equipment Portable Cooking Units **Facilities** Army Wellness Center Morale, Welfare, and Recreation Commissary Fitness Center **Printing** Completion Certificates	Create partnerships with Army Wellness Center (AWC), Morale, Welfare, and Recreation (MWR), & Dieticians Train 123rd Stryker BDE staff Recruit Participants Conduct Initial and Final Assessments Conduct Mind/Body/Nutrition Class Celebrate Completion of Mind/Body/Nutrition Classes	Meeting Minutes/Notes Memoranda of Agreement Completed Soldier Dietary Records/Diary Completed Medical Records Attendance at Mind/Body/Nutrition Class and Survey	**Obesity** Increase awareness of dietary and wellness requirements by 25% Increase in physical fitness awareness for 123rd Stryker BDE Soldiers by 25% Increase motivation of Soldiers to attend physical fitness training by 25% Increase 123rd Stryker BDE Soldiers, satisfaction with physical training by 25% **Injury** Increase knowledge of injury prevention methods by 50%	**Obesity** Increase daily water intake of 123rd Stryker BDE Soldiers by 15% Increase daily fruit intake of 123rd Stryker BDE Soldiers by 15% Increase daily fresh vegetable intake of 123rd Stryker BDE Soldiers by 15% Increase 123rd Stryker BDE Soldiers' participation in physical fitness by 15% **Injury** Increase the percent of 123rd Stryker BDE Soldiers who adhere to injury prevention protocol by 25%	**Obesity** Increase 123rd Stryker BDE Soldiers who have met desired Army body fat composition by 20% Increase the percent of 123rd Stryker BDE Soldiers who met APFT fitness standards by 12% Decrease chronic conditions related to obesity of 123rd Stryker BDE Soldiers by 15% **Injury** Decrease unintentional injury of 123rd Stryker BDE Soldiers by 10% Decrease chronic conditions related to lack of fitness of 123rd Stryker BDE Soldiers by 10% Increase 123rd Stryker BDE Soldiers' satisfaction with physical fitness program by 10% (due to injury reduction)

Assumptions and External Factors

Soldiers will want to participate in the initiative. Space will be available for PT and not be scheduled/booked by someone else. Senior Commanders will support and approve the project. The initiative will be able to secure funding and needed resources for initiative. 123rd Stryker BDE will not be deployed or go on field training exercise during this period. The AWC will be staffed and operational and have capacity to support this initiative.

Process (Operational Approach)			Outcomes (Desired State)		
Inputs/ Resources	Activities	Outputs (MOPs)	Short-term Outcomes (MOEs)	Intermediate Outcomes (MOEs)	Long-term Outcomes (MOEs)

Assumptions and External Factors

SECTION 5. DEVELOP YOUR PLANS

An operational approach is a broad, general solution to addressing the identified problem. Think through which activities may result in the desired end state. Consider what you learned through the process of framing the operational environment, such as key aspects and constraints, when brainstorming potential activities. At the end, your operational approach must include clearly described potential actions (courses of action). Each course of action describes the links between tasks, objectives, conditions, and the desired end state. This section details the components and tools used to help develop the operational approach.

Component 7a: Resources

Once you have developed an operational approach for your initiative, the next major step you will complete is developing your initiative plan. Your plan will describe what resources you need and how you intend to execute, monitor, and evaluate your initiative. This section details the components and tools used to help develop your initiative plan.

Resources describe the sources of supplies and support needed to ensure the success of an initiative. People often think of resources in terms of money and people; however, resources include so much more. In addition to money and people, resources can include space, equipment, materials, supplies, as well as a host of other things needed to make your initiative function as intended. **This section describes how to prepare a list of resources needed for your initiative.**

CONNECTIONS

Why is a list of resources important?

It costs to implement any initiative, whether it is the amount of time spent doing an activity or the supplies needed to fill out a questionnaire. These resources contribute to making your initiative run successfully. Understanding the resources needed for your initiative is important for two reasons: 1) it shows what is needed for the initiative to operate as intended and 2) it helps to understand what may be needed if the initiative is implemented on a wider scale.

Resources correspond to the "Inputs" section of your logic model. Look at all the "Activities" you have listed in the logic model. Make sure you have the resources to do all the things necessary to make your initiative a success. Revise your logic model "Inputs" if you find that you have overlooked something.

How do you develop a list of resources?

1. MAKE A LIST
List the most obvious things you need to make your initiative work. You can brainstorm with others to ensure you capture all the resources.

2. THINK BROADLY
Include things such as people who deliver the initiative, the place your initiative happens, what supplies are needed, what equipment is used, and anything else that is used in your initiative.

3. DECIDE
Some things will have a one-time cost, while others may have an ongoing or recurring cost. It is important to identify both one-time and recurring costs in your resource requirements and budget.

Budget

The last step is to complete the budget. Use the table below to start to identify resources you may need in your budget. You may identify additional needed resources.

NOTE: Consider differences in population, environment, resources, and so forth, if you were to expand this initiative to another installation or across another Command.

EXAMPLE: BUDGET

Ft. Fleetwood Budget

Resource Requirements	Year 1	Year 2+
Labor including Civilian and Military	$75,000	$75,750
Workload (is this something new/what is the time or frequency needed)	$0	$0
Travel: (People) Operational, training	$0	$0
Contracts: Operational, training (Contract costs or number)	$372,000	$375,000
Supplies: One-time, recurring	$15,000	$15,000
Equipment: One-time, recurring, maintenance	$12,376	$0
Transportation: (Things) Shipping	$0	$0
Facility used	$0	$0
Printing	$1500	$1500
Other?	$0	$0
Total	$475,876	$467,970

Resource Requirements	Year 1	Year 2+
Labor including Civilian and Military		
Workload (Is this something new?/What is the time or frequency needed?)		
Travel: (People) Operational, training		
Contracts: Operational, training (Contract costs or number)		
Supplies: One-time, recurring		
Equipment: One-time, recurring, maintenance		
Transportation: (Things) Shipping		
Facility used		
Printing		
Other?		
Total		

Component 7b: Implementation Plan

A description of the Initiative Implementation Plan is a brief summary of actions you intend to take to implement the initiative. As you describe how you plan to execute the initiative, you will incorporate information collected during other components in the IEP process. For instance, the initiative's Implementation Plan must include the location of the initiative, who is responsible, activities (as described in your logic model), the population the initiative aims to serve (as identified in your problem statement), and available resources (as identified in your needs assessment and environmental scan).

You will be able to develop your initiative Implementation Plan easily by using the information from the earlier components. The table below describes how various components of the IEP help you to develop your initiative implementation plan.

CONNECTIONS

Why is having a description of the implementation plan important?

The description of the implementation plan is a written summary that helps others to understand how you intend to execute the initiative. You can use it as a record of how you intended to execute the initiative as compared to how you actually executed the initiative, which you will document in the Summary of Initiative Implementation. The difference could suggest areas for process improvement if you repeat the initiative. You can update your initiative implementation plan with any proposed improvements prior to executing the initiative again. **At this stage, you may consider contacting your CR2I to have your initiative entered into the CR2C Impact Tracker. If you have completed all of the components of the IEP Summary, you have collected the information needed for the impact tracker.**

IEP Components	It helps you:
Problem Statement	Focus on the issue that you are trying to address and the population that you intend to serve
Social Determinants and Root Causes	Understand what plausible changes can be made in the short and intermediate term
Needs Assessment and Environmental Scan	Identify the resources for, potential barriers to, and factors that could support the success of your initiative
Intelligence Gathering and Theoretical Foundation	Understand what has been successfully done in the past that you may want to incorporate into your initiative and what has not worked in the past that you want to avoid
Logic Model and Resources	Plan what to do, who will do it, and what resources you need to accomplish your plan

This section provides information to help you describe how you will implement your initiative.

How do you complete a description of the implementation plan?
If you answer the questions on the right to describe the implementation plan, you will complete your implementation description.

1. When will you implement the initiative?
2. How will you implement the initiative?
3. What groups of people (i.e., population) will you target to participate in the initiative?
4. Where will you implement the initiative?
5. Who will be responsible for implementing the initiative?

The table below is an example Description of an Implementation Plan. You should use the same table format to answer the questions on the previous page and outline the details for your initiative implementation plan.

Projected Start Date of Initiative	Activities	Populations	Physical Location	Who Will Be Responsible for Coordinating
19 July 2017	Create partnerships with AWC, MWR & Dieticians Train 123rd BDE staff Recruit Participants Conduct Initial and Final Assessments Conduct Mind/Body/Nutrition Class Celebrate Mind/Body/Nutrition Completion	2,000 123rd BDE Soldiers	Ft. Fleetwood AWC	Initiative Cadre

Projected Start Date of Initiative	Activities	Populations	Physical Location	Who Will Be Responsible for Coordinating

Description of Implementation Plan

The last step of this section is to write the information that you have provided in the chart as a short written summary. An example is below.

NOTE: Consider differences in population, environment, resources, and so forth, if you were to expand this initiative to another installation or across another Command.

EXAMPLE: DESCRIPTION OF IMPLEMENTATION PLAN

Ft. Fleetwood Description of Implementation Plan

From 19 June 2017 to 16 April 2018, the Initiative Cadre will complete six activities with the 123rd Stryker BDE Soldiers (n=2,000, 100% Enlisted) at the Ft. Fleetwood Army Wellness Center (AWC). These activities consist of recruiting participants; conducting initial anthropometric, nutrition, and previous injury assessments of individual Soldiers to serve as baseline data and confirm information of data collected in the 123rd BDE needs assessment; creating a partnership with AWC, MWR, & Dieticians; training platoon leaders by AWC and Dieticians; conducting 10 Mind/Body/Nutrition Classes; and celebrating initiative completion.

The aim is for 100% participation of 123rd Stryker BDE Junior Enlisted Soldiers; the course serves as an intervention for Soldiers who are overweight/obese and/or injured; it also serves as a preventive program to help Soldiers maintain a healthy weight and prevent new injuries among 123rd Stryker BDE Soldiers who are currently uninjured or recovering from injury.

Soldiers will be divided into four groups, with the groups having staggered start dates for their initiative participation. Each group will consist of 20 teams. Each team will be comprised of 25 Soldiers. Four teams will complete one session per day. Each team will attend 10 interactive Mind/Body/Nutrition Classes, completing one topic per week. The teams will rotate through the classes. As such, 500 Soldiers will complete each topic each week. The total number of participants will be 2,000 Soldiers over 40 weeks. The topics of focus for each of the Mind/Body/Nutrition Classes will include:

Mind (60 minutes each)
Conducted in the classroom by Initiative Cadre
Class 1: Motivation to Exercise and Eat Healthier
Class 2: Conquering Fear of Injury
Class 3: Help-Seeking Behaviors

Body (60 minutes each)
Conducted in the fitness center by Initiative Cadre
Class 4: Correct Form for Physical Activity
Class 5: Injury Prevention Techniques
Class 6: Adapting Exercises for Post-injury Workouts

Nutrition (60 minutes each)
Conducted in the DFAC kitchen by Initiative Cadre
Class 7: Balanced Nutrition
Class 8: Nutrition for Strength Training and Muscle Building
Class 9: Nutrition for Weight Loss
Class 10: Adjusting Nutrition to Account for Reduction of Physical Activity Due to Injury

GOT QUESTIONS?

Where can I find additional information on how to complete the Description of Implementation?

Description of Implementation Plan: Agency for Healthcare Resources and Quality
https://www.ahrq.gov/research/findings/final-reports/ptflow/appendix-c.html
This appendix provides an example of an Implementation Plan, with specified sections, for a hospital planning to improve patient flow and reduce emergency department crowding.

University of North Carolina /North Carolina Institute for Public Health/Community Health Assessment and Improvement Toolkit
https://sph.unc.edu/nciph/cha-chip-toolkit/
This toolkit outlines the different phases for Community Health Assessments (CHA), and provides the tools and resources needed to complete a CHA and Community Health Improvement Plan (CHIP) for improving the health of local communities.

CDC Public Health Communities Resource Kit
https://www.cdc.gov/phcommunities/resourcekit/
This resource kit explains the CDC's Communities of Practice (CoPs) Program, and provides templates and guides for all stages of CoP development, ranging from planning to evaluation.

Reducing Injury and Obesity Together (RIOT) Initiative 10-Week Group Schedule Cycle at Ft. Fleetwood
"Time to RIOT"

Monday	Tuesday	Wednesday	Thursday	Friday
Morning Sessions Teams 1 & 2 Afternoon Sessions Teams 3 & 4	Morning Sessions Teams 5 & 6 Afternoon Sessions Teams 7 & 8	Morning Sessions Teams 9 & 10 Afternoon Sessions Teams 11 & 12	Morning Sessions Teams 13 & 14 Afternoon Sessions Teams 15 & 16	Morning Sessions Teams 17 & 18 Afternoon Sessions Teams 19 & 20

Week 1: Orientation and Participant Data Collection Begins
Week 2 – 11: Group 1
Week 12 – 21: Group 2
Week 22 – 31: Group 3
Week 32 – 41: Group 4
Week 42: Participant Data Collection End
Week 43: Celebration

Note: The schedule showing all data collection points is located in a table in the Summary of Implementation Section.

Your Summary

Component 7c: Monitoring and Evaluation Plan

Your data collection plan describes how you plan to collect information to monitor your initiative, assess whether or not your initiative was implemented as intended (process evaluation), determine if your initiative works (outcome and impact evaluation), and identify any improvements that can be made. This description includes details about the initiative's outcomes, indicators, data collection sources, and data collection frequency. This section is similar to the Assessment Process of MDMP. The Monitoring and Evaluation Data Collection plan links to the Implementation Plan. Think of it as two sides of the same coin. On one side, you describe what activities you will implement, how you will implement them, and what their intended outcomes are; on the other side you describe how you will assess what you implemented, how you implemented it, and if you achieved your intended outcomes. This section provides information to help you develop a Monitoring and Evaluation Data Collection Plan.

The Monitoring and Evaluation Data Collection Plan should include descriptions for three types of systematic activities: monitoring, process evaluation, and outcome evaluation.

Monitoring is a continuous activity conducted to ensure compliance with initiative requirements, policies, and regulations. It helps to answer questions like "did the activities occur?" At minimum, initiative monitoring tracks the number of implemented activities or tasks and the number of participants who attended. Generally, you maintain and track this information in a spreadsheet or similar document.

Process evaluation looks more closely at execution than monitoring to assess implementation quality and is it a periodic activity instead of a continuous activity. The intent is to describe, assess, and document how well you implement a program's activities by determining how things are being done and why they are being done that way. You use the col-

lected information to determine the extent to which an initiative is being implemented as intended. A process evaluation should at minimum collect feedback from: 1) participants of each initiative activity on the quality of and their satisfaction with what they received and 2) those who implemented the activities to gather information on whether the activities were executed as intended and why this was possible or not. Process evaluation can help you identify which initiative changes or improvements your initiative needs to meet the needs of participants, be executed as planned, and achieve intended outcomes. Excluding process evaluation from your plan can limit or eliminate your understanding of how initiative implementation affects outcomes.

Outcome Evaluation aims to determine and document if initiatives are achieving their stated goals, objectives, and outcomes. It also can help identify linkages between intervention activities and measured effects. You conduct an outcome evaluation after program implementation. If the information that you collect indicates that part or all of your initiative is not successful, it is helpful to look at the results of the process evaluation to see whether the initiative was implemented as intended. The initiative may not work because you did not execute the initiative to standard. Conversely, you may have executed the initiative to standard; however, the initiative was not effective within your intended population.

Optional Evaluation for mature initiatives only

Impact evaluation can be conducted once the program has moved from initial implementation to the maintenance stage. This type of evaluation is a process for collecting information to determine and document whether or not an initiative is or continues to be effective in achieving its ultimate goal(s).

How do you write a data collection plan/ monitoring and evaluation plan?
The following evaluation development and implementation steps are adapted from the Centers for Disease Control and Prevention Framework for Evaluation.

1. **Engage Stakeholders—** You should include participants and other individuals who will be affected by the initiative. Their perspectives can be essential to the brainstorming process. For instance, stakeholders could provide you with useful information about existing data sources or whom could collect the data.
2. **Describe the initiative—**You should use the information that you have provided in your description of implementation summary and logic model.
3. **Determine the purpose and focus of your evaluation—** The amount of information that you could collect on your initiative is endless. However, it is only reasonable to collect information to answer a limited number of questions. First, review each activity and its associated outputs and outcomes in the initiative's logic model to think through what you would want to know. Then, determine what information is most important to initiative staff and stakeholders and will be most useful for making program improvements and other decisions.

    The purpose and focus of your evaluation should be based upon priorities and feasibility. Consider how much money, time, and effort can be expended on the evaluation. Sometimes the highest-priority questions cannot be addressed because they are not feasible due to constraints within the operational environment such as access to information or data or feasibility of collecting data of interest.
4. **Identify explicit evaluation questions** that will help you learn what you want to know about your initiative's execution and outcomes. The initiative's logic model can assist you during this step as well. As you review your initiative's activities, outputs, and outcomes, think through what monitoring, process, and outcome evaluation questions you want to answer that are aligned with the purpose and focus of your evaluation. It is also important to consider which development phase your initiative is in when developing questions. Questions for an initiative that have never been implemented would likely differ from an initiative that has been implemented for the past year or more.
5. **Determine what information will be collected—**In this step, it is important to think through what type of data will best help you answer the questions you have identified. Quantitative data (data in the form of numbers) can tell you what happened, while qualitative data (data in the form of words) can help you understand why it happened.

It is also essential to consider if someone else is already collecting relevant data. For example, if you are interested in changes in unintentional injury incidence, this information is already collected and maintained through the Defense Medical Surveillance System (DMSS).

6. **Document monitoring/evaluation steps and activities** clearly and transparently to support stakeholder acceptance. Additionally, documentation is essential for future assessment of the monitoring/evaluation conducted and replicability. You should provide a short summary of the purpose of the evaluation, primary activities, and who will do the work. The specific information can be outlined in a data collection table or matrix. This should include which type of activity (monitoring/evaluation type), the corresponding monitoring/evaluation guiding question, the indicator/metric being collected, the data collection source(s), and collection frequency.

A Note about Human Protections

Prior to initiating any activity that involves humans or their data (identified, coded, unidentified), you must obtain a "legal determination of the activity" (human subject research or not) made by a Human Protections Administrator or a Determination Official. If you are not sure whom to contact, the Army Human Research Protections Office (AHRPO) can assist. AHRPO Phone: 703-681-6565 / AHRPO Email: usarmy.ncr.hqda-otsg.mbx.otsg-ahrpo@mail.mil. Proposed information collections from Army personnel, including surveys, generally must meet three separate requirements: Army sponsorship, approval or exemption from a licensing authority, and approval or exemption from an Army Institutional Review Board (IRB) or the AHRPO.

To ensure the activity is committed to protecting the rights and welfare of all humans involved, refer to the ethical principles established by the Belmont Report and all legal requirements established by Title 32 Code of Federal Regulations (CFR) Part 219.102, the Department of Defense (DoD) Instruction 3216.02, Army Regulation (AR) 70-25, and other state and local laws.

Additional references on information collection within the DoD:

DoD Instruction 8910.01, Information Collection and Reporting, May 2014.

DoD Instruction 1100.13, DoD Surveys, January 2015.

DoD Manual 8910.01, Volume 1, DoD Information Collections Manual: Procedures for DoD Internal Information Collections, June 2014, Incorporating Change 1, May 2016.

DoD Manual 8910.01, Volume 2, DoD Information Collections Manual: Procedures for DoD Public Information Collections, June 2014, Incorporating Change 2, April 2017.

U.S. Army Research Institute for the Behavioral and Social Sciences: https://ari.altess.army.mil/pdf/InstructionsforArmySurveyReviewandApprovalforWeb.pdf

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GOT QUESTIONS?

Where can I find additional information on how to complete a Data Collection Plan?

University of North Carolina /North Carolina Institute for Public Health/Community Health Assessment and Improvement Toolkit
https://sph.unc.edu/nciph/cha-chip-toolkit/
The Community Health Assessment and Improvement Toolkit provides basic tools and resources for agencies completing Community Health Assessments (CHA) and Community Health Improvement Plans (CHIP) for improving the health of local communities.

CDC: A Framework for Program Evaluation
https://www.cdc.gov/eval/framework/index.htm
This resource provides information on the CDC Framework for Program Evaluation in Public Health including practical steps, standards, and strategies for program evaluation development and implementation.

CDC Developing an Effective Evaluation Report
https://www.cdc.gov/eval/materials/developing-an-effective-evaluation-report_tag508.pdf
This workbook further explains how to apply the CDC Framework for Program Evaluation in Public Health.

NACCHO Community Health Assessment and Improvement Planning
https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment
This website provides a step-by-step guide on how to conduct a Health Assessment and how to create an improvement plan.

Where can I find measures/tools to use in my data collection?

RAND: Surveys
https://www.rand.org/health/surveys_tools.html
This website contains survey tools that RAND Health Care has used or produced and that are public documents that may be used by other organizations. The survey tools found here cover a variety of health-related topics including, but not limited to, aging and health; maternal, child, adolescent health; mental health; and military health.

ETS: Test Collection
http://www.ets.org/test_link/find_tests/
The Test Collection is a database of more than 25,000 tests and other measurement devices for use by researchers, graduate students, and teachers. It is the largest compilation of such materials in the world. This link allows you to search the database for a test or measurement tool based on keyword, author, subject, and more.

University of Kansas Community Tool Box – CH 38 Some Methods for Evaluating Comprehensive Community Initiatives
https://ctb.ku.edu/en/table-of-contents/evaluate/evaluate-community-initiatives
This site provides a broad range of information including guidance on monitoring, rating participant satisfaction, surveys, interviews, and indicators.

University of Vermont Libraries: Research Guides
http://researchguides.uvm.edu/researchinstruments
This site provides an overview of and access to certain databases or indexes of research instruments such as surveys, questionnaires, and other tests.

The example description of data collection shown below explains what steps you plan to take to collect your data. You must include which of your initiative's desired outcomes the indicator will measure (rationale), how you plan to measure change (indicators), where you plan to find this evidence (data collection sources), and how often you plan to collect this evidence (data collection frequency).

Monitoring/ Evaluation Type	Guiding Question	Indicator/metric	Data Collection Source(s)	Data Collection Frequency
Monitoring				
	Are initiative activities being implemented to standard?	Each of the 10 sessions are held for each group	Implementation Tracker (Completed by Initiative Coordinator)	Ongoing, Documented after each scheduled session date and reviewed after completion of each group (set of 10 sessions)
		Number of Soldiers participating in each session	Implementation Tracker (Completed by Initiative Coordinator)	Ongoing, Documented after each scheduled session date and reviewed after completion of each subset of sessions (Mind, Body, Nutrition)
Process				
	Are the initiative activities implemented as intended?	Length of each of the 10 sessions	Session Checklist (completed by observer)	Each session
		All sessions topics were discussed	Session Checklist (completed by observer)	Each session
	Are there implementation differences based upon who the instructor is?	(1) Length of each of the 10 sessions; (2) All session topics discussed during each session	Session Checklist (completed by observer)	Each session
Outcomes				
	Do the nutrition training sessions result in increased nutrition knowledge among attendees?	Nutrition quiz scores from before and after the initiative	Dietary and Physical Fitness Awareness Survey (DPF)	Twice (pre- and post- educational program/ initial and final assessments)
	Do physical training sessions result in improved fitness test scores?	Physical fitness test scores from before and after the initiative	APFT scores from 123rd Stryker BDE	Twice (pre- and post- educational program/ initial and final assessments)
	Do the training sessions result in increased motivation of Soldiers to attend physical fitness training?	Reported motivation of Soldiers	(1) 123rd Stryker BDE Satisfaction Survey; (2) PT Satisfaction focus groups	Twice (pre- and post- educational program/ initial and final assessments)

Monitoring/ Evaluation Type	Guiding Question	Indicator/metric	Data Collection Source(s)	Data Collection Frequency
	Do the mind and body training sessions result in increased physical training satisfaction?	Satisfaction score on physical training satisfaction survey	123rd Stryker BDE Satisfaction Survey (satisfaction with PT questions)	Before classes start (baseline) and then quarterly
	Do the body training sessions result in increase of injury prevention protocol?	Number of Soldiers reporting adherence to injury prevention protocol	(1) 123rd Stryker BDE Satisfaction Survey (injury prevention protocol questions); (2) PT Satisfaction focus groups	(1) Before classes start (baseline) and then quarterly; (2) Twice (pre- and post- educational program)
	Are there outcome differences based upon who the instructor is?	All outcomes metrics compared across each of the groups	(1) 123rd Stryker BDE Satisfaction Survey; (2) PT Satisfaction focus groups	(1) Before classes start (baseline) and then quarterly; (2) Twice (pre- and post- educational program);
Impact (optional)				
	Do the training sessions lead to improved readiness?	Body fat percentage	Medical Operational Data System (MODS)	Three times (Pre- and post-educational program, and one year follow-up)
	Do the training session lead to improved readiness?	Unintentional injury incidence	Defense Medical Surveillance System (DMSS)	Twice (Pre-educational program and one year follow-up)

Monitoring/ Evaluation Type	Guiding Question	Indicator/metric	Data Collection Source(s)	Data Collection Frequency
Monitoring				
Process				
Outcomes				
Impact (Optional for mature initiatives only)				

Data Collection Plan

The last step of this section is to write the information that you have provided in the chart into a short written summary.

NOTE: Consider differences in population, environment, resources, and so forth. If you were to expand this initiative to another installation or across another Command.

EXAMPLE: DATA COLLECTION PLAN

Ft. Fleetwood Data Collection Plan

This initiative has a three-prong approach to the monitoring and evaluation plan.

First, as part of the monitoring plan, the initiative team plans to assess whether we implemented the initiative as planned. To ensure this, the initiative team will examine attendance sheets for each class session, specifically monitoring the date to ensure that the classes were conducted as scheduled. The initiative team will also examine the attendance sheets to determine whether Soldiers were present for the sessions.

Second, as part of the process evaluation plan, the initiative team will use a session checklist to examine the length of each class session, adherence to session topics, and differences between class time and topics covered by the instructor. The initiative team will collect the data for the monitoring and the process evaluation concurrently after each session.

Third, as part of the outcome evaluation plan, the initiative team will examine six guiding questions:

1. Do the nutrition training sessions result in increased nutrition knowledge among attendees?
2. Do physical training sessions result in improved fitness test scores?
3. Do the training sessions result in increased motivation of Soldiers to attend physical fitness training?
4. Does the mind and body training sessions result in increased satisfaction with the physical training program?
5. Do the body training sessions result in increased adherence to injury prevention protocol?
6. Are there outcome differences based upon instructor?

From June 2017 to April 2018, the initiative team will collect the data for the outcome evaluation from 123rd Stryker BDE using a pre-/post-test design. Soldiers will complete a nutrition quiz created specifically for the initiative to gauge Soldiers' nutritional knowledge. Soldiers from 123rd Stryker BDE will also participate in PT Satisfaction Focus Groups before and after the education program. The initiative team will collect a Dietary and Physical Fitness Awareness Survey and 123rd Stryker BDE Satisfaction Survey quarterly, in order to obtain pre/post-test data for each group. Last, to gauge impact, the initiative team will examine if the initiative leads to improved readiness by assessing changes in body fat percentage and unintentional injury within 123rd Stryker BDE at the beginning of the program, at the conclusion of the program, and finally, at a 5-year follow-up. Although an impact evaluation will only occur if the initiative achieves short, intermediate, and long-term outcomes, we will collect the baseline information now to ensure that we have the necessary data to determine impact in the future.

Your Summary

SECTION 6. DOCUMENT RESULTS

An operational approach is a broad general solution to addressing the identified problem. Think through which activities may result in the desired end state. Consider what you learned through the process of framing the operational environment such as key aspects and constraints when brainstorming potential activities. At the end, your operational approach must include clearly described potential actions (courses of action). Each course of action describes the links between tasks, objectives, conditions, and the desired end state. This section details the components and tools used to help develop the operational approach.

Component 8: Summary of Implementation

Once you have developed a plan for executing your initiative, the final step is to write down what you did and what you learned. ***This will help you determine if you executed the initiative as you intended and if you got the expected results.*** Documenting your results provides a detailed description of how you executed, monitored, and evaluated your initiative. It also provides information related to your monitoring and process evaluation data collection plan. You can use the information in your documented results to improve the execution and effectiveness of your initiative based upon what worked and what did not work. This section details the components and tools used to help develop the documentation of the initiative's results.

A summary of initiative implementation summarizes the actions taken to start and run the initiative and includes the im-

plementation's successes and failures. This summary is similar to a debrief on the status of Course of Actions in MDMP. You may need to complete a summary of initiative implementation only if you have already begun or fully completed initiative implementation. **This section provides information to help you describe how you implemented your initiative.**

How do you complete a summary of initiative implementation?
Follow the steps listed below to describe the implementation.

1. Summarize how you implemented the initiative.
2. Describe what groups of people (e.g., population) you included.
3. Explain where you have implemented the initiative.
4. List who was responsible for implementing the initiative.

CONNECTIONS

Why is having a summary of initiative implementation important?

The summary serves as a record of how you executed the initiative. **You can compare your description of initiative Implementation Plan with your summary of initiative implementation to determine whether you implemented your initiative as intended and met delivery standards. Your monitoring and process evaluation data will be extremely helpful here.** This information can be used later to guide program improvement and/or future implementation.

EXAMPLE: Description of Implementation.

Date Initiative Started	Activities Completed	Who was Responsible for Executing the Activity	Physical Location	Intended Population	Date Initiative Completed
19 June 2017	Created Partnership with AWC, MWR, & Dieticians	Initiative Coordinator	Meeting at AWC conference room	Health Promotion Trainers: Strength and Training Coordinator Dietician/Nutritionist Behavior Health Specialist	14 January 2019
	Recruited Participants in 123rd Stryker BDE	Initiative Coordinator	Stryker Battalion Orderly room	123rd Stryker BDE Soldiers (100% Enlisted)	
	Conducted Initial Assessments	Strength and Training Coordinator Dietician/Nutritionist	Ft. Fleetwood Army Wellness Center Initiative Cadre	123rd Stryker BDE Soldiers (100% Enlisted)	
	Conducted 10 Mind/ Body/Nutrition Classes	Health Promotion Trainers: Behavior Health Specialist Strength and Training Coordinator Dietician/Nutritionist	Varies by class Mind-Classroom Body-Gym Nutrition-DFAC Kitchen	123rd Stryker BDE Soldiers (100% Enlisted)	
	Celebrated Mind/Body/ Nutrition Completion	Initiative Coordinator in conjunction with 123rd Stryker BDE Command	Ft. Fleetwood Auditorium	123rd Stryker BDE Soldiers (100% Enlisted)	

Please note: You may find this information in the CR2C Impact Tracker in the *Date Initiative Started, Description Of Initiative, Activities Completed,* and *Data Initiative Was Completed Fields*. Your CR2I will have access to the CR2C Impact Tracker and may be able to pull this information for you.

Description of Implementation Template					
Date Initiative Started	Activities Completed	Who was Responsible for Executing the Activity	Physical Location	Intended Population	Date Initiative Completed

Please note: You may find this information in the CR2C Impact Tracker in the *Date Initiative Started, Description Of Initiative, Activities Completed,* and *Data Initiative Was Completed Fields*. Your CR2I will have access to the CR2C Impact Tracker and may be able to pull this information for you.

Description of Initiative Implementation

The last step is to complete the Description of Initiative Implementation. Use the answers provided in the table on the previous page to fill out your Description of Initiative Implementation.

NOTE: Consider differences in population, environment, resources, and so forth if you were to expand this initiative to another installation or across another Command.

EXAMPLE: SUMMARY OF INITIATIVE

Ft. Fleetwood Summary of Initiative Implementation

The initiative cadre completed five activities to deliver the injury and obesity prevention initiative with 123rd Stryker BDE Soldiers at Ft. Fleetwood titled "Reducing Injury and Obesity Together (RIOT)". These activities consisted of creating a partnership with AWC, MWR, & Installation Dieticians; recruiting participants, conducting initial and final assessments; conducting 10 Mind/Body/Nutrition Classes; and providing a Mind, Body, and Nutrition Completion Celebration.

The initiative coordinator met with the representatives of the AWC, the MWR, and the Installation's Dietician on 19 June 2017. Originally, the initiative coordinator planned to receive training from the AWC, MWR, and Installation Dietician and implement the Mind/Body/Nutrition Classes in a "Train the Trainer" model using platoon leaders. However, representatives of the AWC and the Installation's Dietician showed interest in teaching the classes themselves to ensure that Soldiers received the correct information and ensure fidelity to implementation. Therefore, in conjunction with the approval of the department chiefs, a behavioral health educator, a strength and conditioning trainer, and a nutritionist agreed to teach the initiative's courses. Additionally, the initiative cadre decided to reduce the size of the groups from 25 to 10 members; a systematic review of the literature on military physical performance education reports that groups of 10 or less are more effective than larger groups (Cooper & Johnson, 2016). Therefore, the initiative cadre hired an additional behavioral health educator, strength and conditioning trainer, and a nutritionist through contract positions, to conduct initiative sessions to complete the initiative with 2,000 participants within 1 year. These implementation plan changes resulted in the initiative cadre not completing the "train 123rd Stryker BDE staff" activity as planned in the original logic model.

Then, the 123rd Stryker BDE Commander, with the support and advocacy of the CR2I, met with the installation Senior Commander to present the RIOT initiative and request funding. The Senior Commander approved a Memorandum of Agreement (MOA) between the installation command and the APHC AWC; this MOA detailed the role of the local Wellness Center in the initiative and a Military Interdepartmental Purchase Request (MIPR) to release funds to the Wellness Center on 14 August 2017. The development of the MOA and MIPR delayed the planned start date of the initiative. The MOA states that the Senior Commander would provide funds for the initiative for year 1, with a contingency of continued funding only if the initiative reported positive results.

Next, the 123rd Stryker BDE Commander and Sergeant Major worked with platoon leaders to begin participant selection. From 2 October 2017 to 4 December 2017, 123rd Stryker BDE Soldiers completed Initial Assessments (e.g., nutrition quiz) to collect baseline data for information not found in the needs assessment (e.g., Soldier's nutritional knowledge from the Dietary and Physical Fitness Awareness Survey (DPF)). The initiative consisted of four groups with 500 Soldiers. To account for the smaller teams, each staff member taught five classes per day instead of four classes from the initial implementation plan (see table below). Soldiers were assigned randomly to teams within a given time block. The Mind, Body, and Nutrition Courses began the week of 23 October 2017. The schedule was set to allow for breaks because of Federal holidays. Each group attended 10 Mind/Body/Nutrition Classes: one class per week (85% completion of all 10 sessions, 90% completion of 8 or more sessions, and 100% completion of 7 or more sessions) for 10 weeks. The topics for the Mind/Body/Nutrition Classes were the following:

Mind (60 minutes each)	Body (60 minutes each)	Nutrition (60 minutes each)
Conducted in the classroom by behavioral health educator	Conducted in the gym by strength and conditioning trainer	Conducted in the DFAC kitchen by nutritionist/dietician
Week of Class 1: Motivation to Exercise and Eat Healthier (average 60 minutes)	Week of Class 4: Correct Forms for Physical Activity (average 60 minutes)	Week of Class 7: Balance Nutrition (average 60 minutes)
Week of Class 2: Conquering Fear of Injury (average 45 minutes)	Week of Class 5: Injury Prevention Techniques (average 60 minutes)	Week of Class 8: Nutrition for Strength Training and Muscle Building (average 60 minutes)
Week of Class 3: Help Seeking Behaviors (average 50 minutes)	Week of Class 6: Adapting Exercises for Post-injury Workouts (average 80 minutes)	Week of Class 9: Nutrition for Weight Loss (average 50 minutes)
		Week of Class 10: Adjusting Nutrition to Account for Reduction of Physical Activity because of Injury (average 75 minutes)

The initiative cadre changed from a fixed-group class schedule to a rolling-group class schedule to account for the administrative delays and the new staff hires (see table below). Soldiers from the 123rd Stryker BDE completed the Final Assessments from 5 February 2018 to 3 June 2018. Initiative cadre decided to have a Mind, Body, and Nutrition Completion Celebration for each group as they finished the initiative. The 123rd Stryker BDE Commander handed out completion certificates to the participants, and the 1st Division Commander spoke about the importance of readiness and injury prevention.

Reducing Injury and Obesity Together (RIOT) Initiative 10-Week Group Schedule Cycle Example at Ft. Fleetwood
"Time to RIOT"

Time	Monday	Tuesday	Wednesday	Thursday	Friday
0800-0900	Team 1 (n=10)	Team 11 (n=10)	Team 21 (n=10)	Team 31 (n=10)	Team 41 (n=10)
	Team 2 (n=10)	Team 12 (n=10)	Team 22 (n=10)	Team 32 (n=10)	Team 42 (n=10)
0930-1030	Team 3 (n=10)	Team 13 (n=10)	Team 23 (n=10)	Team 33 (n=10)	Team 43 (n=10)
	Team 4 (n=10)	Team 14 (n=10)	Team 24 (n=10)	Team 34 (n=10)	Team 44 (n=10)
1100-1200	Team 5 (n=10)	Team 15 (n=10)	Team 25 (n=10)	Team 35 (n=10)	Team 45 (n=10)
	Team 6 (n=10)	Team 16 (n=10)	Team 26 (n=10)	Team 36 (n=10)	Team 46 (n=10)
1300-1400	Team 7 (n=10)	Team 17 (n=10)	Team 27 (n=10)	Team 37 (n=10)	Team 47 (n=10)
	Team 8 (n=10)	Team 18 (n=10)	Team 28 (n=10)	Team 38 (n=10)	Team 48 (n=10)
1430-1530	Team 9 (n=10)	Team 19 (n=10)	Team 29 (n=10)	Team 39 (n=10)	Team 49 (n=10)
	Team 10 (n=10)	Team 20 (n=10)	Team 30 (n=10)	Team 40 (n=10)	Team 50 (n=10)

Ft. Fleetwood RIOT Initiative Timeline

Week	Start Date	Administrative	Pre-Test	Mind	Body	Nutrition	Post-Test	Celebration
1	19-Jun	Meeting w/ AWC						
9	14-Aug	MIPR funds released						
15	25-Sep	Additional Staff Hired						
16	2-Oct	Initiative Starts	G1					
17	9-Oct							
18	16-Oct							
19	23-Oct			G1				
20	30-Oct		G2	G1				
21	6-Nov	Holiday Break						
22	13-Nov			G1				
23	20-Nov	Holiday Break						
24	27-Nov		G3	G2	G1			
25	4-Dec			G2	G1			
26	11-Dec			G2	G1			
27	18-Dec			G3	G2	G1		
28	25-Dec	Holiday Break						
29	1-Jan	Holiday Break						
30	8-Jan		G4	G3	G2	G1		
31	15-Jan			G3	G2	G1		
32	22-Jan	Holiday Break						
33	29-Jan			G4	G3	G1		
34	5-Feb			G4	G3	G2	G1	
35	12-Feb			G4	G3	G2		G1
36	19-Feb	Holiday Break						
37	26-Feb				G4	G2		

38	4-Mar				G4	G2		
39	11-Mar				G4	G3	G2	
40	18-Mar					G3		G2
41	25-Mar					G3		
42	1-Apr					G3		
43	8-Apr					G4	G3	
44	15-Apr					G4		G3
45	22-Apr					G4		
46	29-Apr					G4		
47	6-May	Initiative Ends					G4	
48	3-June							G4

Your Summary

Component 9: Summary of Results

A description of data collection and results summarizes your data collection findings and conclusions. A description of data collection describes how you collected the evidence and the description of results presenting that evidence. This description includes details about the initiative's outcomes, indicators, data collection sources, and data collection frequency. This description can be from an evaluation of the completed initiative or preliminary findings from one of the initiative's activities. This section is similar to the Assessment Process of MDMP. You need to complete a description of results only if you have already started to see results from your initiative. **This section provides information to help you develop a description of results.**

A description of results or preliminary findings provides evidence of the following:

• Whether the initiative was implemented as planned,
• If the initiative was successful or made progress towards achieving the desired end state,
• Whether the Army should consider the initiative for implementation at other installations, and/or
• Recommend actions for initiative improvement.

CONNECTIONS

Why is a description of data collection and results important?

A description of data collection and results is important because it allows evaluators to review the thoroughness of the data collection. The description of data collection also helps the Army repeat the data collection process used in this initiative in other settings (e.g., installations). The data you present here should reflect the short-, intermediate-, and/or long-term goals stated in your logic model.

An example of a data collection description explains the steps you took to collect that data. It is similar to the methods section of a paper. An example of a description of results would be the bottom line up front (BLUF) statement or the conclusion section of a research paper.

How do you write a description of data collection and results?
The table on the next page is an example of how to summarize your data collection findings and conclusions. You should use the same table format to answer the questions above and outline the details for your data collection and results.

Desired Outcomes	Indicator(s)/ Metric(s)	Data Collection Source(s)	Data Collection Frequency	Description of Results/Preliminary Findings	Results Current as of
Increase awareness of dietary and wellness requirements by 25%	Nutrition quiz scores from before and after the initiative	Dietary and Physical Fitness Awareness (DPF) Survey	Twice: pre- and post-educational program	Nutritional test scores among 123rd Stryker BDE Soldiers increased by an average of 12 points (out of 100) over baseline; changed from an average of 68 to 80	5 June 2018
Increase awareness of physical fitness by 25%	Physical fitness test scores from before and after the initiative	DPF Survey	Twice: pre- and post-educational program	Fitness test scores among 123rd Stryker BDE Soldiers increased by 5 points (out of 300) over baseline; changed from an average of 261 to 266	5 June 2018
Increase motivation of Soldiers to attend physical fitness training by 25%	Soldiers' self-reported motivation	(1) 123rd Stryker BDE Satisfaction Survey (2) PT Satisfaction Focus groups	Twice: pre- and post-educational program	123rd Stryker BDE Soldiers reported a 25% increase in motivation to attend physical fitness training	5 June 2018
Increase 123rd Stryker BDE Soldiers' satisfaction with physical training by 25%	Physical Training Satisfaction Score	(1) 123rd Stryker BDE Satisfaction Survey (2) PT Satisfaction Focus groups	Twice: pre- and post-educational program	123rd Stryker BDE Soldiers reported a 25% increase in satisfaction with physical training	5 June 2018
Increase knowledge of injury prevention methods by 50%	Injury Prevention Knowledge Score	(1) 123rd Stryker BDE Satisfaction Survey (2) PT Satisfaction Focus groups	Twice: pre- and post-educational program	123rd Stryker BDE Soldiers' knowledge of injury prevention methods increased by 57%	5 June 2018

Please note: This information may be in the *Desired Outcomes, Indicators/Metrics, Data Collection Sources, Data Collection Frequency, and Results/Preliminary Findings Fields* in the CR2C Impact Tracker. Your CR2I will have access to the CR2C Impact Tracker and may be able to pull this information for you.

Description of Data Collection Template

Desired Outcomes	Indicator(s)/ Metric(s)	Data Collection Source(s)	Data Collection Frequency	Description of Results/Preliminary Findings	Results Current as of

Description of Results

The last step is to complete the Description of Results. Use the answers provided in the table above to fill out your Description of Results.

NOTE: Consider differences in population, environment, resources, and so forth if you were to expand this initiative to another installation or across another Command.

EXAMPLE: SUMMARY OF DESCRIPTION OF DATA COLLECTION AND RESULTS

This initiative creates a physical fitness and resilience program to address problems of injury and obesity for the 123rd Stryker BDE Soldiers at Ft. Fleetwood. Initiative implementers collected pre- and post-test data from 123rd Stryker BDE through PT Satisfaction focus groups and 123rd Stryker BDE Dietary and Physical Fitness Awareness surveys. The initiative had high participation due to Command support; 2,000 Soldiers completed the assessments at the beginning and end of the initiative. However, because of course attendance, only 1,700 surveys were included in the data analysis. A total of 32 Soldiers participated in the focus groups prior to initiative implementation, and 28 participated at the end of the 10 sessions. Analysts checked transcripts to ensure that changes in major theme were not due to absence of participants from pre- to post-initiative.

Monitoring Results

The monitoring data indicated that all planned initiative sessions were held. However, Federal holidays caused breaks in the class schedule that were not originally included in the planning stage. The Initiative Coordinator decided that since many of the Soldiers would take leave for the holidays, it was better to cancel the full week of classes instead of having teams within the same cohort on different lessons within a given week.

"I think there was just the right amount of classes; I'm glad that they had the break from classes during the holidays because I know I wouldn't be able after Christmas and people would have been mad if they ordered us back to just take these classes."

"I was glad to take the classes, they were fun. I was always hyped when it was 'time to RIOT'. That Thanksgiving break was hard though. I mean because [name removed] had just talked about nutrition for weight loss, so I was sitting at the dinner table remembering, 'I can have all of my favorites, I just have to have them in moderation' since I am trying to cut weight. Yo, I was glad that [name removed] asked how we are supposed to tell our families 'no', cause my abuela is always trying to fill my plate. I heard that we were supposed to start the classes earlier but in a way I am happy that fell right before Thanksgiving."

Process Evaluation Results

The process evaluation results indicated that classes/sessions on injury prevention were longer than classes on nutrition. However, there was no difference in time or topic based on instructor.

"I think that we had more questions about injury than about food. My group was mainly female, and I was glad because we could get real about some of the things that the guys don't have to worry about. Like I'm heavy up top, so having a physical trainer that felt comfortable talking about injury prevention for women was really good"

"I talked to some of the people in other groups and it seemed like we were all getting the same information. I didn't notice that [name withheld] group had more women, we only had a few women in my group, but they went over the same information. I noticed that the injury course took longer. I think they should split the class up somehow."

Preliminary Outcome Evaluation Results

The educational initiative has demonstrated several preliminary benefits for 123rd Stryker BDE. The post-initiative results indicated that

nutritional test scores among 123rd Stryker BDE Soldiers increased by 12 points, and physical fitness test scores increased by 5 points. The 123rd Stryker BDE Soldiers reported a 25% increase in motivation to attend physical training and a 25% increase in satisfaction with physical training.

"I don't know if I would change anything. They did a really good job at talking about adjusting how much you eat and what you eat when you get hurt. I remember how they showed that 12 oz. of grape juice has as much sugar as 12 oz. of soda. I thought that I was being healthy by switching to 100% juice. Now I just try to drink more plain water. I'm glad that I learned how to read and understand nutrition labels."

"I feel like a lot of people are now excited to put into practice what we learned. Also, it [the initiative] increased the feeling of teamwork. Like, I didn't know that [name withheld] had knee problems. But, he shared that during the class. So now, instead of thinking that he is being lazy, I know that he is actually hustling and that make me want to cheer him on and I think that is motivating [him] to want to go out there and do what he has to do."

Additionally, 123rd Stryker BDE Soldiers' knowledge of injury prevention methods increased by 57%.

"The craziest thing was learning that I have been running wrong all these years. After a long run, I used to suffer from these bad shin splints. I hated running. And you know how the Army is, they stress running. But after taking this course, I can see what I was doing wrong and I have tried to change my running style, which has helped me a lot. I mean I have to be mindful of it. So now when I run, I am thinking about how my foot is hitting the ground, how I'm holding my head,…my breathing. [Name withheld] was right, at first I noticed that my running time wasn't as good as it was but I could run farther and I didn't feel so beat up the next day. After about 3 weeks, my speed got back to where it used to be and I feel good running. Like I enjoy it now. Which is awesome."

Overall, the Ft. Fleetwood injury and obesity initiative is successful.

- The initiative has met two short-term outcomes (a. increase motivation of Soldiers to attend physical fitness training and b. increase Soldiers satisfaction with physical training); intended change +25% in a. and b./ actual change +25% in a. and b.
- The initiative has exceeded one short-term outcomes (c. increase knowledge of injury prevention methods); intended change +50% in c./ actual change +57% in c.
- The initiative has not met two short-term outcomes (d. increase dietary awareness and e. physical fitness awareness). Although Soldiers did not meet the intended change, they are seeing an improvement in those outcomes; intended change +25% in d. and e./ actual change +12% in d. and +.02%

These results aligned with similar findings of systematic review of military physical training initiatives (Cooper & Johnson, 2016) and other studies of obesity prevention (Smith, 2013).

Positive results related to short-term outcomes imply that the initiative is showing progress towards achieving the desired end state of continuous implementation; further evaluation may continue to support the value of the initiative at Ft. Fleetwood.

Your Summary

Component 10: Communication Plan

Now that you have created a summary of your initiative and the data you have collected, what's next? It is time to reflect and make your recommendations regarding: (1) whether or not to continue implementing your initiative, and (2) whether or not the Army should consider your initiative for expansion or replication beyond your current target audience. You also have to decide who should know about your initiative and the lessons you have learned –such as your leadership, members of the target audience affected by your initiative, leadership outside your chain of command, or other people trying to tackle similar problems. **This section provides information to help you develop a communication plan.**

How do you create a communication plan?
You need to conduct an After Action Review (AAR) to:

- Summarize your lessons learned
- Develop and summarize your recommendations

Then, you will use this information to develop a communication plan.

When summarizing your lessons learned, it is helpful to gather feedback from a variety of people, including those who assisted with implementation, those who participated in the initiative, and those who collaborated with you. Together, you should complete the following steps:

Summarize your lessons learned
Examine your evaluation data and briefly summarize the lessons you learned from planning and implementing your initiative. Consider conducting an AAR of your experience.

The Army has formal and informal processes for conducting AARs (see "Army Leader's Guide to After Action Reviews" for guidance); however, a general guide is to answer the following questions:

- What was supposed to occur?
- What actually occurred?
- What was right or wrong with what happened? What were the strengths and weaknesses?
- How should things be done differently next time?

CONNECTIONS

It is just as helpful to share information and lessons learned from initiatives that did not go well or did not show evidence of achieving outcomes as it is to share lessons learned from those initiatives that were successful. This type of information can help others avoid going down the same path.

Develop and summarize recommendations
Now that you have collected evaluation data on your initiative and conducted an AAR to gather lessons learned, you should think about your recommendations regarding whether:

- You should continue implementing your initiative, and
- The Army should consider your initiative for expansion or replication beyond your current target audience.

If your evaluation data suggest that your initiative WAS NOT initially successful in achieving intended outcomes and objectives, you should synthesize your lessons learned and then make one of the following recommendations:
- Stop implementation
- Revise initiative based on lessons learned and continue implementing for a set period of time

If your evaluation data suggest that your initiative WAS successful at achieving your intended outcomes and objectives, you should synthesize your lessons learned and make one or more of the following recommendations:
- Continue implementation as is
- Continue implementation with minor revisions
- Replicate or expand to other target audiences

What questions should you ask before recommending initiative replication or expansion?
You should ask yourself several questions before recommending the expansion or replication of your initiative:
- Do we have evidence that our initiative produces positive results?
- Do we know which elements of our initiative are required to be effective?
- Is the infrastructure (resources, leadership) supporting our initiative strong?

Answering "yes" to each of these questions is the minimum to justify expansion or replication of your initiative.

If you are recommending your initiative for replication or expansion, you or your leadership should submit your initiative to the IEP Submission Process, described later in this guide.

Additionally, if you are recommending your initiative for replication or expansion, we highly recommend completing the planning phases of this guide (all the components of for the activities completed in Parts III and IV of this guide, including the IEP Abstract again but for a wider audience).

For example, if your initial initiative targeted junior enlisted Soldiers at one FORSCOM installation, but you are hoping to widen the reach of your initiative to junior enlisted Soldiers across all FORSCOM installations, but adjust your components to account for differences in expectations by leadership. Other questions you should consider are:

- Is the information you collected previously still relevant?
- Do you need to conduct a broader environmental scan or needs assessment?
- Are the root causes of the problem you identified within your target audience still applicable within a larger audience? They could be, but you may need to adjust slightly.

Your implementation plan, monitoring and evaluation plan, and resourcing will certainly look different as you potentially expand your initiative.

Putting it all together
After completing all the steps above, you can summarize your finding in an AAR A template for completing an AAR for Parts III and IV is below:

<div align="center">

After Action Review Template

</div>

Initiative title:

Dates of Implementation:

Location of Implementation:

Observation (Description of Initiative):

Lessons Learned:

Conclusions:

Recommendations (indicate how the initiative could have executed the task(s) better or describe what needs to improve future performances):
NOTE: Initiators may modify this format to meet their specific needs.

EXAMPLE: AFTER ACTION REVIEW

Initiative title: The Reducing Injury and Obesity Together (RIOT) Initiative at Ft. Fleetwood
Dates of Implementation: 17 September 2017 to 14 January 2018
Location of Implementation: Ft. Fleetwood

Observation (Description of Initiative): The initiative cadre at Ft. Fleetwood completed five activities. These activities consisted of conducting initial assessments; creating a partnership with AWC, MWR, & dieticians; conducting 10 Mind/Body/Nutrition Classes, completing post initiative assessments and organization of four Mind/Body/Nutrition Completion Celebrations. Soldiers spilt into teams of 10 (n=2,000, 100% Enlisted). Then, the Soldiers individually met with dieticians and physical trainers prior to beginning their classes to assess their dietary and physical activity habits. Next, each team attended 10 Mind/Body/Nutrition Classes, one class per week. Last, Soldiers completed follow-up exams with dieticians and physical trainers.

Lessons Learned: The class time varied, however, classes that focused on injury-adjusted nutrition, and injury-adjusted physical activity took more time than others did. Post-intervention data showed that Soldiers expressed greater interest in those topics and requested more information.

Support from the Senior Commander was essential to the success of the program. Presenting the initiative plan to the Senior Commander delayed the implementation; however, Command support ensured participation and financial support.

The approval for the MOA and MIPR caused a delay in the initiative implementation. To adjust for the delay the initiative schedule changed from a fixed consecutive schedule to a rolling schedule.

Group size changed from 25 to 10 members based on findings in the literature about optimal group size. The smaller group sizes required an additional scheduled class each day.

Conclusions: The educational initiative has demonstrated several preliminary benefits for 123rd Stryker BDE Post-initiative results include nutritional test scores among 123rd Stryker BDE Soldiers increased by 12 points and physical fitness test scores increased by 5 points. The 123rd Stryker BDE Soldiers reported a 25% increase in motivation to attend physical training, 25% increase in satisfaction with physical training, and knowledge of injury prevention methods by 57%. Positive results related to short-term goals imply that the initiative is showing progress towards achieving the desired end state.

Recommendations (3):
1. Based on the positive outcome results of the RIOT initiative, we recommend that the Ft. Fleetwood Senior Commander provide resources for the initiative team to complete a 1-year follow-up to evaluation with Soldiers in the123rd Stryker BDE to assess intermediate outcomes.
2. We recommend that Ft. Fleetwood Command provide the resources to implement the initiative in the Brigades across the installation.
3. Based on the process evaluation results, we recommend that Ft. Fleetwood Senior Commander provide the resources needed to create a revised initiative. The revised initiative should expand the program from 10 classes to 11 classes. Class 6a will be Adapting Exercise for Post-Injury Workout-Upper Body and Class 6b will be Adapting Exercise for Post Injury Workout-Lower Body. This modification should be included in the initiative when it is implemented across the installation.

After Action Review With Recommendations

The last step to your AAR is to put it in a narrative form.

> **EXAMPLE: SUMMARY OF AFTER ACTION REVIEW WITH RECOMMENDATIONS**
>
> **The RIOT Initiative at Ft. Fleetwood After Action Review, Lessons Learned and Recommendations**
>
> The initiative team collected and analyzed preliminary data that show promising results for this initiative at Ft Fleetwood. Soldiers from the 123rd Stryker BDE, who participated in the initiative, have demonstrated an increase in nutritional test scores and physical fitness test scores. They also reported an increase in motivation and satisfaction with physical training, as well as an increase in knowledge of injury protocol during physical activity.
>
> There were several lessons learned from the implementation of this initiative. Classes that focused on injury-adjusted nutrition and injury-adjusted physical activity took more time than others did. Post-intervention data showed that Soldiers expressed greater interest in those topics and requested more information.
>
> Support from the Senior Commander was essential to the success of the program. Presenting the initiative plan to the Senior Commander delayed the implementation; however, Command support ensured participation and financial support.
>
> The approval for the MOA and MIPR caused a delay in the initiative implementation. To adjust for the delay the initiative schedule changed from a fixed consecutive schedule to a rolling schedule.
>
> Group size changed from 25 to 10 members based on findings in the literature about optimal group size. The smaller group sizes required an additional schedule class each day.
>
> Based on the positive outcome results of the initiative, the initiative team recommends a 1-year follow-up evaluation with Soldiers in 123rd Stryker BDE to assess intermediate outcomes and the Command's continued financial support of the initiative. Additionally, the initiative team recommends expanding the implementation of the initiative across all Brigades at Ft. Fleetwood. Finally, based on the process evaluation results, the initiative team recommends expanding the program from 10 classes to 11 classes. Class 6a will be Adapting Exercise for Post Injury Workout- Upper Body and Class 6b will be Adapting Exercise for Post Injury Workout-Lower Body.

Develop a Communication Plan

Once you have collected information from your AAR and thought through the recommendations you want to make regarding continued implementation and/or replication, you should develop your plan on what to communicate, to whom, and how. In short, you should develop a communication plan.

Some initial questions to ask are:

- Who is a priority and why are they a priority?
- What do they already know about the topic?
- What is crucial for them to know? Where do they prefer to receive their information?
- What is their preferred format?
- What language level is appropriate?
- When should the information be provided?

The following tool helps you organize your thoughts so you can determine what your strategy will be.

Your Summary

Communication Plan Example

Target Audience of Information *(Who needs to know?)*	Goals of Communication *(Why are we communicating?)*	Information to Share *(What information are we sharing?)*	Tools and Strategies *(How will information be communicated?)*	Timeline *(When will information be shared?)*	Considerations *(Is there anything to keep in mind when communicating?)*
My leadership	To obtain decision regarding leader support for continued implementation and expansion	Our lessons learned and recommendations 1. Continue implementing 2. Consider for expansion and replication	Decision brief	12 months following initial implementation	Quickly summarize data in main body of brief with more thorough analyses in the back-up slides; include completed IEP Abstract within the brief
Local Commander's Ready and Resilient Council	To keep key partners informed of initiative progress; to problem solve as problems arise	Initiative progress and lessons learned, recommendations for improvement	Briefing	Quarterly at CR2C meetings	Ensure to get on CR2C agenda via the local CR2I
Army leadership	To inform them about initiative success and offer for consideration as an initiative at the ACOM level	Evidence of success or failure of initiative's implementation and outcomes. Potential Impact for Army-Wide Implementation	Via the Initiative Evaluation Process and Standard IEP templates found in the IEP Guide	3 months after briefing my leadership chain on initiative effectiveness/ data	Army Leadership wants to make the best use of resources. Promote successes and acknowledge failures. Ensure an one page summary and BLUF
Unit commanders and leaders	Initiative progress	Expected Level of Participation. Potential outcomes and rewards.	Information papers (IP)	Every six months	IPs should summarize initiative 5 W's and any available evaluation data
Installation community	To inform them of what we are doing and the success we have experienced	A summary of our initiative, testimonials from participants, and the potential way ahead	Article in the installation newspaper with link shared on social media	3 months after briefing my leadership chain on initiative effectiveness/ data	Must be written at an 8th grade level

Communication Plan Template

Target Audience of Information (Who needs to know?)	Goals of Communication (Why are we communicating?)	Information to Share (What information are we sharing?)	Tools and Strategies (How will information be communicated?)	Timeline (When will information be shared?)	Considerations (Is there anything to keep in mind when communicating?)

? GOT QUESTIONS?

A Leader's Guide to After-Action Reviews
http://pagebaldwin.com/fa57/docs/Leader_Guide_to_After_Action_Reviews_SEP2011.pdf
This guide provides instructions regarding how to execute an After-Action Review (both formal and informal processes).

The Center for Army Lessons Learned (CALL)
https://usacac.army.mil/organizations/mccoe/call/
The CALL vision is to be the Army's daily focal point for adaptive learning based on lessons and best practices from the total force; it provides timely and relevant knowledge to the Warfighter and our unified action partners utilizing integrated systems and interactive technology in order to simplify winning in a complex world. At this site, you can search for others who have documented their lessons learned and who have tried to implement strategies to improve the health and readiness of various target populations.

Developing an Effective Evaluation Report: Setting the Course for Effective Program Evaluation
https://www.cdc.gov/eval/materials/developing-an-effective-evaluation-report_tag508.pdf
This guide, developed by the Centers for Disease Control and Prevention, provides excellent resources related to how to conduct and communicate evaluation findings. Pages 30-38 specifically focus on how to communicate evaluation findings and ensure use of lessons learned. Pages 54-60 provide tools for developing and documenting a communication strategy.

Communication Plan

The last step in creating the communication plan is to put your answers from the table into a paragraph form of a narrative summary.

EXAMPLE: COMMUNICATION PLAN

Ft. Fleetwood Communication Plan

The RIOT initiative team developed a tiered communication plan to disseminate information about the initiative and key findings from the initiative team's monitoring and evaluation efforts. This communication plan includes a briefing to the Ft Fleetwood Commander's Ready and Resilient Council (CR2C), a tailored briefing to the Ft. Fleetwood Senior Commander, and announcements to the Ft. Fleetwood community via different installation media outlets.

The RIOT initiative team provided a quarterly briefing to the Ft. Fleetwood CR2C to update the council on the number of participants enrolled in classes, the number of class sessions completed, whether the initiative was on target for meeting the enrollment goals, and providing notification that no changes to the initiative were planned at the time of the brief.

The RIOT initiative team will provide a decision brief to the Ft. Fleetwood Senior Commander to inform him of the initiative's most recent results. During the brief to the Senior Commander, the team will summarize data outlining Soldier's increases in: nutritional test scores and physical fitness test scores, satisfaction with their Brigade, and motivation to attend PT. The team will recommend continuation of the initiative beginning with conducting additional follow-up evaluations with 123rd Stryker BDE Soldiers to assess sustained effectiveness. Additionally, the team will recommend expanding the number of classes from 10 to 11 based on the process evaluation results. Lastly, the team will recommend implementing the initiative throughout Ft. Fleetwood. If the Senior Commander approves the continuation of the initiative, the team will provide an IP to the other BDE Commanders at Ft. Fleetwood and the OPSCOM Commander informing them of the initiative's progress, as well as potential outcomes and rewards of participation.

Upon approval from the Senior Commander, the initiative team also plans to communicate the initiative's findings and next steps to the Ft. Fleetwood community by placing an article in the installation newspaper, with links to the article shared on the installation's social media accounts.

Your Summary

Pulling it all Together:
Completed Initiative Example

Congratulations! You have completed all the components of the Initiative Summary. When assembled, your Initiative Summary will look similar to what follows in this section. You will have three types of summaries to use and share as needed with people who need to know about your initiative. These include:

Identify the Problem

1. Problem Statement
(Clarify the Problem)
- Ft. Fleetwood injury incidence 1,514 (per 1,000) vs Army 1,399 (per 1,000)
- Ft. Fleetwood obesity rates 23.3% vs Army 17.3%
- 123rd BDE reported high rates of overweight (25%), fear of injury during PT (30%), and dissatisfaction with physical fitness program (75%)
- Trends toward an increase in Soldiers being medically classified as "Not Fit for Duty"
- Increases in injury and obesity negatively impact workforce readiness.

Frame the Problem

2. Factors Contributing to the Problem
(Break Down the Problem)
- Initiative team conducted needs assessment, intelligence gathering, and brainstorming to determine contributing factors.

Social determinants included:
1) Army as male-dominant workforce,
2) Soldiers have higher risk jobs

Behavioral determinants included:
1) Fear of injury during PT,
2) Poor eating habits

Environmental determinants included:
1) Transportation challenges,
2) Limited healthy food options

3. Root Causes
(Determine Root Cause)
- Root cause analysis conducted using brainstorming with community members, intelligence gathering, and needs assessment.
- Root Cause Analysis Summary included:

Social determinants
a) Recruitment strategies targeted toward males
b) Males rewarded for taking risks

Behavioral determinants
c) Lack of knowledge of injury prevention techniques
d) Gender differences in food choices
e) Lack of knowledge of healthy eating habits

Environmental determinants
f) Lack of public transportation on the installation
g) Dining facility policies that limit eating hours
h) Limited disposable income to buy healthier foods off the installation

Frame the Operational Environment

4. Environmental Scale (Determine the Current State and Potential Partners)
- An environmental scan using a Strengths, Weaknesses, Opportunities, Threats (SWOT) analysis found the following:

Strengths
- Strong installation support
- Holland Military Treatment Facility
- Post fitness centers
- Army Wellness Center
- BDE Leadership

Weaknesses
- DFAC hours
- Limited budget
- Personnel shortage

Opportunities
- New fitness technologies
- Increased partnerships
- Increased fitness competitions

Threats
- Policies reduce Soldiers' reporting of injuries
- Food deserts
- Junior Soldiers' limited transportation options

Develop Operational Approach

5. Courses of Action
(Develop Countermeasures)
- Selected COA is an educational program that addresses physical activity training and healthy eating habits.
- COA was evaluated on the criterion of Acceptability, Suitability, Cost, Distinguishability, Feasibility, and Impact.
- Additional COA considerations include impact on Doctrine, Organization, Training, materiels, Leadership, Personnel, Facilities, Policy (DOTmLFP- P).

6. Goals and SMART Objectives
(Set Improvement Target)
- Train 10 BDE staff members to deliver the initiative.
- Increase dietary and wellness knowledge by 25% for Soldiers following a 10-week program.
- 90 days following program enrollment, increase by 15% the number of fruits participants consume in a 2-week period.
- Decrease new physical injuries by 10% within six months of program completion.

Develop Plan

7. Implementation, Monitoring, and Evaluation Plan
- Initiative will recruit 2,000 Enlisted Soldiers to participate in 10 weekly sessions.
- Health promotion trainers will conduct sessions at Ft. Fleetwood between 19 Jun 17 and 16 Apr 18.
- Initiative monitoring will include collecting session attendance, collecting participant satisfaction, and completing session activity checklists.
- Outcome evaluation will collect pre- and post-session data, to include: nutritional knowledge, PT satisfaction, dietary and physical fitness awareness, body fat percentage, and unintentional injury.

Document Results

8. Summary of Implementation
(Implement Countermeasures)
- Initiative activities were completed between 19 Jun 17 and 3 Jun 18.
- Created MOAs with AWC, Moral, Welfare and Recreation and Ft. Fleetwood Dieticians.
- Completed baseline assessment with 2000 Soldiers.
- Conducted 10 weekly educational sessions with 2000 Soldiers.

9. Summary of Results
(Monitor Process and Confirm Results)
- 2000 soldiers completed pre- and post-initiative questionnaires.
- Initiative implementers also collected data from focus groups before (32 attendees) and after (28 attendees) the sessions.
- Nutritional test scores increased by 12 points.
- Physical fitness test scores increased by 5 points.
- Participants reported a 25% increase in satisfaction with physical training and 25% increase in motivation to attend physical training.
- Participants reported a 15% decrease in fear of injuring themselves while working out.
- Knowledge of injury prevention methods increased by 57%.

10. Communication Plan
(Standardize and Share)
- Provided quarterly briefings to Commander's Ready and Resilient Council (CR2C) on initiative progress.
- Will provide Ft. Fleetwood Senior Commander (SC) an initiative results brief.
- Will recommend SC approve continuation of the initiative to include conducting additional follow-up assessments, implementing the initiative throughout the Ft. Fleetwood Installation, and adding another initiative session.
- Upon approval by SC, will send an Information Paper (IP) to all Brigade Commanders and the OPSCOM Commander.
- Upon approval by SC, will place an article about the initiative in the installation newspaper, with links to the article shared on installation social media accounts.

Brainstorming

Initiative Idea

The Army Wellness Center at Ft. Fleetwood could help Soldiers in the 123rd Stryker BDE lose weight and prevent injuries when training physically. As the 123rd Stryker BDE Commander, my Sergeant Major and I have noticed that many of our Soldiers are overweight, injured, and we have seen a higher percentage failing their Army Physical Fitness Test (APFT) over the last few years and they could benefit from this initiative. Because of the weight gain and injuries, they cannot pass their Physical Training (PT) test. If more Soldiers in the BDE pass their PT test, they would be fully fit to fight. Our BDE readiness would improve for war, which would be a success for our Division and the Army.

Identify the Problem: Current State and Desired End State

Initiative Problem Statement

This initiative creates a Ready and Resilient program to address problems of injury and obesity for the 123rd Stryker BDE/1st Division at Ft. Fleetwood. In 2017, within the 123rd Stryker BDE, a quarter of male Soldiers and almost one-fifth of female Solders reported being injured. Almost 10% of the 123rd Stryker BDE Soldiers did not pass the height and weight requirements; this has been slowly increasing over the last 3 years. According to the 2016 Health of the Force report, the overall injury incidence rate for Ft. Fleetwood is 1,514 (per 1,000), and the rate of obesity is 23.3%. The average Army injury rate is 1,399 (per 1,000), and the average rate of obesity is 17.3%. If this problem continues at Ft. Fleetwood, and within the 123rd Stryker BDE, and perhaps for the brigade and Division as a whole, the number of Soldiers determined Not Fit for Duty by the Medical Evaluation Board will increase. The inability to get Soldiers back to the Brigade decreases overall readiness of the brigade and affects day-to-day mission and operations. Additionally, if an increasing percentage of 123rd Stryker BDE Soldiers do not meet weight standards, readiness is further negatively affected. Not meeting weight standards would prevent Soldiers from receiving medical clearance for deployment.

Ft. Fleetwood Intelligence Gathering

Physical fitness can be described as a general state of well-being, as well as the ability to perform certain aspects of sports and occupations (Williams, Foster, Sharp, & Thomson, 2009). In the Army, physical fitness is associated with Soldier resiliency (i.e., to adjust to adversity) and Soldier readiness (i.e., to be prepared for any assigned mission). A review of training programs in the military suggested that increased injury rates and obesity in the Army negatively affect Soldiers' physical fitness

and overall resiliency and readiness (Cooper & Johnson, 2016). Thus, published intelligence supports the implementation of a health promotion program focused on enhancing the physical fitness and resiliency of the 123rd Stryker BDE at Ft. Fleetwood.

According to Roberts, Lewis, and Clark (2015), male-dominated workforce environments, like the Army, have a higher risk for injury. These environments have been shown to be associated with a greater willingness of men to engage in risk-taking behaviors (Miller, 2008). Injury prevention in the Army is especially important because Soldiers work in high-risk, competitive jobs with an increased likelihood of injury (Davis, 2017). Furthermore, the lack of adherence to physical training protocols increases the likelihood of Soldier injury. A study conducted by Williams et al. (2009) indicated that people who do not know how to engage properly in physical fitness activities, relative to people who do know how to exercise properly, are more likely to injure themselves. This finding supports the need to provide a tailored health promotion program to 123rd Stryker BDE Soldiers to support injury prevention efforts.

The intelligence identifies several factors that contribute to obesity. For example, Smith (2013) suggests an association between poor eating habits and obesity. This research indicates that males are less likely than females to consume fresh fruit and vegetables, and more likely than females to drink soda (Smith, 2013). Collectively, this intelligence is applicable to the Army, where Soldiers may not have direct access to healthier food options. Additional research by Jones and Stevens (2010) further suggests that prescribed medications may cause greater weight gain, decrease energy levels, or diminish motivation to exercise. These factors may also be evident in the Army. The health promotion program for the 123rd Stryker BDE Soldiers may provide the necessary tools to reduce obesity rates at Ft. Fleetwood.

A systematic review by Cooper and Johnson (2016) showed how targeted education initiatives were associated with lower injury rates and healthier eating habits rather than general informational materials. Currently, there are no promising practices to reduce work related physical injury or obesity for military populations in the Clearinghouse for Military Family Readiness. However, programs such as the LE[3]AN Program demonstrate that behavioral modification is the strongest predictor of lasting change.

Collectively, these studies support the implementation of a new health promotion program that focuses on enhancing the physical fitness and resilience of the 123rd Stryker BDE. Physical fitness and training is important for the Army. The benefits associated with physical training (e.g., reduced injury

risk) would be extraordinarily valuable for 123rd Stryker BDE Soldiers and their Families.

Reference List

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Roberts, L., Lewis, B. A., & Clark, S. (2015). Work environments and new technology foster increases in competition among men. *Occupational and Environmental Medicine, 75*(3), 76-85.

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Ft. Fleetwood Needs Assessment Summary (Narrative Form)

Injury and increasing rates of obesity are problems found among 123rd Stryker BDE Soldiers. Four areas that contribute to these problems are diet, physical fitness, PT satisfaction, and injury. Comparing the U.S. Department of Agriculture (USDA) recommended daily intake to the data collected in the last 30 days from the Global Assessment Tool (GAT 2.0), resulted in the following for the 123rd Stryker BDE Soldiers:

- 47% did not eat the recommended amount of fruit;
- 33% did not eat the recommended amount of vegetables; and
- 33% did not drink the daily recommended amounts of water.

According to unit nutrition surveys collected within the last year, 37% of 123rd Stryker BDE Soldiers reported not knowing where to get additional information about healthy food options, and 85% of 123rd Stryker BDE Soldiers wished for additional nutrition education that would support "strength training and/or weight loss". A review of APFT scores and electronic medical health records (i.e., Armed Forces Health Longitudinal Technology Applications (AHLTA)) from 2018 shows 7% of 123rd Stryker BDE Soldiers did not meet physical fitness standards, and 9% did not pass weight requirements; therefore, a steady increase in the percentage not meeting these standards has been seen since 2015. Results of the 123rd Stryker BDE satisfaction survey show that:

- 75% of 123rd Stryker BDE Soldiers were dissatisfied with the physical fitness program;
- 30% reported non-adherence to injury prevention protocol during physical training;
- 40% lacked motivation to do physical training;
- and 65% reported inadequate knowledge about injury prevention.

In 2018, information from the APHC Injury Prevention Division shows that 25% of 123rd Stryker BDE male Soldiers and 19% of female Soldiers reported being injured. These findings show that several factors likely affect the rates of injury and obesity experienced by 123rd Stryker BDE Soldiers at Ft. Fleetwood. These Soldiers need an initiative that addresses nutrition, physical fitness, injury prevention tactics, and motivation to exercise.

Frame the Problem: Summary of Facts Bearing on the Problem

Factor Contributing to the Problem: Ft. Fleetwood Determinants Summary

There are likely several underlying causes for the higher levels of injury and obesity at Ft. Fleetwood and what we are seeing within 123rd Stryker BDE Soldiers. The 123rd Stryker BDE Commander instructed the BDE Behavioral Health Officer to conduct a determinants analysis that was supported by the intelligence gathering and needs assessment on high injury and obesity rates.

There are two social determinants for injuries in the Army: male-dominated workforce and high-risk jobs. According to the intelligence, male-dominated workforce environments, like the Army, usually have higher risk for injury (Roberts, Lewis, & Clark, 2015). The intelligence further associated higher injury rates in the Army with Soldiers working in high-risk jobs (Davis, 2017).

There are two environmental determinants that community members brainstormed: transportation challenges and limited healthy food options. Transportation challenges are the lack of transportation among Junior Enlisted Soldiers that limits their ability to reach healthier food options since they are located further away from the installation (e.g., local farmers market or full-service supermarket). Limited healthy food options on or near the installation may cause Soldiers to choose to eat unhealthier food because of convenience and could contribute to higher obesity rates.

There are two behavioral determinants: lack of adherence to injury prevention protocol and poor eating habits for injury and obesity rates at Ft. Fleetwood. The needs assessment indicated that some Soldiers do not follow injury prevention protocol, which may contribute to the unintentional injury

rate. The second behavioral determinant identified in the needs assessment and brainstorming indicated that poor eating habits might lead to higher obesity rates among Soldiers. This finding is further supported by intelligence that suggests an association between poor eating habits and obesity (Smith, 2013).

Ft. Fleetwood Root Causes Summary
The initiative team (123rd Stryker BDE Commander, BDE Sergeant Major, 1st Division Commander, the Brigade Surgeon, Executive Officer, BDE Chaplain, BDE Behavioral Health Officer, BDE S-3, and BDE S-1) conducted a root cause analysis by brainstorming with five key community members. These members include two Soldiers from 123rd Stryker BDE , the Ft. Fleetwood CR2I, a dietitian, and a physical therapist from the Military Treatment Facility (MTF). In addition to brainstorming, the initiative team used the needs assessment and intelligence gathering as their approach tools for the root cause analysis. The determinant analysis uncovered two social, two environmental, and two behavioral causes of injury and obesity among Soldiers in 123rd Stryker BDE at Ft. Fleetwood.

The social determinants were a predominately male workforce and high-risk job environment. During the root cause analysis, community members stated that recruitment strategies were a contributing factor for the unequal sex ratio in the Army. Additionally, community members stated that traditional gender roles encourage more males to join the Army than females. The members also stated that "Big Army" had been attempting to affect these two factors, and changes were happening slowly. The second determinant was a high-risk job environment. During the root cause analysis, community members stated that traditional gender roles, which reward males for taking risk, are a root cause for the high-risk job environment.

"I think that a part of being a Soldier is being placed in a male-dominated environment. And male-dominated groups reward you for bravery. So many Soldiers will be more likely to take risk. It's not cool to ride with a bicycle helmet; I mean it is required though."

Therefore, an environment with more males may be conducive to promote and reward risk-taking, which increases injury occurrence. The intelligence further suggests that men are more likely than women to engage in high-risk behaviors and men are willing to take larger risks when engaging in risk-taking behaviors (Miller, 2008).

The environmental determinants were lack of transportation and limited healthy food options. The initiative team conducted a root cause analysis using the "5 whys" to ask community

members why these environmental determinants may be contributors to higher injury and obesity rates. The community members stated that reasons for problems with transportation were due to the lack of public transportation on the installation taking Soldiers to off-installation restaurants having healthier food options. Some Soldiers (particularly Junior Enlisted) did not own cars that they could use to drive off the installation to restaurants and grocery stores selling healthier food options. Soldiers from 123rd Stryker BDE pointed out that, even though there is a commissary on the installation, its hours of operations did not fit their schedule. Due to the location of the Junior Enlisted housing, they also stated that it is too far to walk to the commissary and carry groceries back.

"They say you can walk to the commissary, but there aren't any sidewalks, so are we supposed to walk in the street? It's a 45 minute walk from my place to the commissary, would you want to carry groceries 45 minutes just to eat, would you eat eggs, milk, or chicken that you carried in 80-90 degree weather for 45 minutes?"

"I could call for an Uber or a Lyft to get to the commissary but that's just another expense which leads to less money for food. People feel good when they buy a Winter Fest ticket for us, but nobody is trying or willing to create a carpool for young Soldiers without cars."

In addition, community members stated, during the root cause analysis, that potential causes of limited food options include: dining facility policies that limit eating hours and limited disposable income available to buy healthier foods off the installation. Moreover, Junior Enlisted Soldiers felt that others who referred them to the Commissary, the Dining Facilities Administration Center (DFAC), or told them "to hitch a ride with someone" often dismissed their concerns about transportation and food options.

"Man, when we get done with training and everything else, policy is that we can't wear PT gear in the DFAC, so we have to go back shower, and change clothes. By the time we get done, the DFAC is closed. Sometimes it's just easier to get something out of the vending machine."

Because of their low salaries, Junior Enlisted Soldiers were overrepresented in this category. All community members agreed that Junior Enlisted Soldiers are often younger and from lower income backgrounds than other Soldiers.

"I don't know why people think it is so easy to buy a new car; they keep saying we have all this money. I send half of my check home to help my mother and younger brother. I think that people just don't understand or want to hear about the issues of Junior Enlisted."
"The closest car dealership is on the Commander's Blacklist. So it

would be a drive to even get to another car dealership. Plus, I am only 20, my friends told me how dealerships like to take advantage of younger Soldiers because of credit scores and shorter credit history."

The two behavioral determinants were lack of adherence to injury prevention protocol and poor eating habits. During the brainstorming activity, the team identified the Soldiers' lack of knowledge of injury prevention while exercising as the root cause of them not following injury prevention protocol.

"Is there a protocol? All I know is that I need to get 75 sit-ups done in a minute to beat [name withheld]. [LAUGHTER]"

"What is meant by a proper sit-up? Drill Sarge just told me to do as many as I can."

The intelligence indicated that people who do not know how to properly engage in physical fitness activities, relative to people who do know how to properly exercise (e.g., good running form, good weight lifting form, and proper stretching techniques), are more likely to injure themselves (Williams, Foster, Sharp, & Thomson, 2009).

The second behavioral determinant was poor eating habits. Community members stated during the brainstorming analysis that gender may be a root cause to poor eating habits. The intelligence suggests that males consume fewer fresh fruit and vegetables, and more sodas, than females (Smith, 2013). The combination of the ratio of male to female of Soldiers in the Army and male-eating patterns may be a reason why we observe higher obesity rates in 123rd Stryker BDE Soldiers. In addition, community members stated during the root cause analysis that 123rd Stryker BDE Soldiers with poor eating habits may have less knowledge of healthy eating habits and are unaware of healthier food options.

"We go to the DFAC and they have labeled things, but I don't get why some things are green and some things are red. Why is the Cajun rice [labeled] 'red' but the Chinese fried rice [labeled] 'yellow'? Aren't they both fried rice? Wouldn't the Chinese fried rice be worse, I mean it says 'fried' in the label and I know that fried foods are worse for you. I don't get the labels so I don't follow them. I just eat what I know is healthier."

Lastly, community members stated that many Soldiers might purchase and consume caloric dense foods (e.g., candy, potato chips, and sodas) because they are easier to access and cost less money than healthier food options.

"There are healthy options on the installation, but they cost more money than the unhealthy one. A raw sweet potato is a dollar, an extra-large fry [sic] is a dollar. If I was a Soldier and I had the

choice, I would buy the French fries too. They are cooked already, ready to eat, and cost the same amount of money."

Frame the Operational Environment: Existing Capabilities, Assumptions, and Constraints

SWOT Analysis Summary

The initiative team conducted an analysis to identify the initiative's strengths, weaknesses, opportunities, and threats (SWOT). Strengths that will help this initiative are strong installation support, the Holland MTF at Ft. Fleetwood, the on-post fitness centers and Army Wellness Center, and 123rd Stryker BDE and 1st Division Medical Staff and Leadership. Weaknesses that may hinder the success of this initiative are DFAC hours, lack of budget, and personnel shortage. Additionally, Soldiers may be taking medications that cause weight gain, decrease their energy level, or diminish their motivation to exercise (Jones & Stevens, 2010). Opportunities outside the organization that may positively support the initiative include new technology (e.g., fitness trackers and nutrition apps), increased partnerships, and increased popularity and availability of Invictus Games, Tough Mudder, and Spartan Games that foster fitness competition (Roberts, Lewis, & Clark, 2015). Lastly, threats outside the community that may negatively affect the initiative include policies that reduce Soldiers' motivation to report injury, lack of healthy food choices on and off the installation, food deserts (having more corner stores than grocery stores in the community surrounding the installation), and Junior Enlisted Soldiers with transportation challenges that prevent them from accessing healthier food options.

Develop Operational Approach

Summary of COA and COA Selection

The initiative team reviewed three possible courses of action (COAs): maintain the status quo, implement a new busing and transportation program, and implement a behavioral-based education initiative.

The first COA was to maintain the status quo and do nothing. This is not a feasible option because Ft. Fleetwood has higher than Army average obesity and injury rates; 123rd Stryker BDE Soldiers' reported injuries, and APFT failure rates were slowly increasing. Moreover, based on the needs assessment, 123rd Stryker BDE was identified as having the highest rate of injury in the installation. Maintaining the status quo would affect the Brigade's and Division's readiness.

The second COA was to implement a new busing and transportation program that would address the issues of limited food options surrounding the installation and lack

of transportation among Junior Enlisted Soldiers. This COA would directly target the policy component of DOTmLPF-P. We found that this policy change is cost prohibitive, as it would require the installation to buy additional buses and hire drivers. Additionally, we explored increasing transportation by communicating with neighboring local governments and found that making this change would not be possible during the current fiscal year. Moreover, these transportation options would address the root causes for the issue of obesity on the installation, but not the issue of preventable injuries (Davis, 2017).

Based on the review of these options, the third, recommended COA is a behavioral-based education initiative that has high feasibility and potential for high impact on injury and obesity. This COA would directly target the training component of DOTmLPF-P. Although this COA has cons, such as the one-time cost of equipment and the time it takes to achieve long-term effects, it is the overall better choice; it meets all other criteria, such as being cost effective when compared to other COAs and is supported by the intelligence to effectively reduce injury and obesity (Davis, 2017; Smith, 2013). Therefore, we recommend the creation of the Reducing Injury and Obesity Together (RIOT) Initiative to address the problem of higher rates of injury and obesity at Ft. Fleetwood.

Name of Initiative: Reducing Injury and Obesity Together (RIOT) with 123rd BDE at Ft. Fleetwood

Goals and SMART Objectives

One of the goals of this initiative is to increase the overall health and fitness of Soldiers in 123rd Stryker BDE and make sure they are ready and resilient by decreasing the BDE's increasing injury rates. Currently, 123rd Stryker BDE's injury rates are higher than other brigades' and the Army's average.

The initiative plans to meet the goal of reducing injury rates by teaching Soldiers injury prevention techniques.

Intelligence Gathering has shown that education initiatives are effective in increasing injury prevention knowledge by 35% to 80% within 6 months (Williams et al., 2009). Therefore, we estimate that our education initiative will change injury prevention knowledge by 50% based upon the additional components that we are including in the training (Cooper & Johnson, 2016). As a result, we believe that an increase in 123rd Stryker BDE Soldiers' injury prevention knowledge should be a short-term outcome of this initiative.

Soldiers should be able to use the injury prevention methods they learned in the initiative to avoid injuring themselves during physical training. Information gained during Intelligence Gathering shows that, over 12 months, about 15%-35% of the people who were taught injury prevention protocols actually used the techniques they learned to not injure themselves while exercising (Cooper & Johnson, 2016). We estimate that 25% of 123rd Stryker BDE Soldiers will use their newly acquired injury prevention skills. Thus, increasing the percent of 123rd Stryker BDE Soldiers who follow their injury prevention protocols by 25% is one of our intermediate objectives.

Soldiers will be able to use the knowledge and skills gained through this initiative to change their behavior. Intelligence Gathering indicates that, after 2 years, at least half of the participants still used the injury prevention protocols they learned through the injury prevention education. Because of continued use of injury prevention techniques, unintentional injuries decreased between 7%-15% in this group (Cooper & Johnson, 2016). We anticipate that 123rd Stryker BDE Soldiers will experience at least a 10% decrease in injury rates from physical training, if they continue to use the injury prevention techniques taught by this education initiative.

Ft. Fleetwood Logic Model

Process (Operational Approach)			Outcomes (Desired State)		
Inputs/ Resources	Activities	Outputs (MOPs)	Short-term Outcomes (MOEs)	Intermediate Outcomes (MOEs)	Long-term Outcomes (MOEs)
Labor Time Army Dietician 123rd Stryker BDE Staff 123rd Stryker BDE Soldiers Public Affairs Officer Initiative Cadre including the Initiative Coordinator **Contract** Two Behavioral Health Staff Two Strength and Conditioning Trainers Two Dieticians **Supplies** Educational Materials Assessment Materials Food for demonstrations **Equipment** Computers Injury Prevention Equipment Portable Cooking Units **Facilities** Army Wellness Center Morale, Welfare, and Recreation Commissary Fitness Center **Printing** Completion Certificates	Create partnerships with Army Wellness Center (AWC), Morale, Welfare, and Recreation (MWR), & Dieticians Train 123rd Stryker BDE staff Recruit Participants Conduct Initial and Final Assessments Conduct Mind/Body/Nutrition Class Celebrate Completion of Mind/ Body/Nutrition Classes	Meeting Minutes/Notes Memoranda of Agreement Completed Soldier Dietary Records/Diary Completed Medical Records Attendance at Mind/Body/ Nutrition Class and Survey	**Obesity** Increase awareness of dietary and wellness requirements by 25% Increase in physical fitness awareness for 123rd Stryker BDE Soldiers by 25% Increase motivation of Soldiers to attend physical fitness training by 25% Increase 123rd Stryker BDE Soldiers' satisfaction with physical training by 25% **Injury** Increase knowledge of injury prevention methods by 50%	**Obesity** Increase daily water intake of 123rd Stryker BDE Soldiers by 15% Increase daily fruit intake of 123rd Stryker BDE Soldiers by 15% Increase daily fresh vegetable intake of 123rd Stryker BDE Soldiers by 15% Increase 123rd Stryker BDE Soldiers' participation in physical fitness by 15% **Injury** Increase the percent of 123rd Stryker BDE Soldiers who adhere to injury prevention protocol by 25%	**Obesity** Increase 123rd Stryker BDE Soldiers who have met desired Army body fat composition by 20% Increase percent of 123rd Stryker BDE Soldiers who met APFT fitness standards by 12% Decrease chronic conditions related to obesity of 123rd Stryker BDE Soldiers by 15% **Injury** Decrease unintentional injury of 123rd Stryker BDE Soldiers by 10% Decrease chronic conditions related to lack of fitness of 123rd Stryker BDE Soldiers by 10% Increase 123rd Stryker BDE Soldiers' satisfaction with physical fitness program by 10% (due to injury reduction)

Assumptions and External Factors

Soldiers will want to participate in the initiative. Space will be available for PT and not be scheduled/booked by someone else. Senior Commander will support and approve the project. The initiative will be able to secure funding and needed resources for initiative. 123rd Stryker BDE will not be deployed or go on field training exercise during this period. The AWC will be staffed and operational and will have capacity to support this initiative.

Develop Plan

Resources

Resource Requirements	Year 1	Year 2+
Labor including Civilian and Military	$75,000	$75,750
Workload (is this something new/what is the time or frequency needed)	$0	$0
Travel: (People) Operational, training	$0	$0
Contracts: Operational, training (Contract costs or number)	$372,000	$375,720
Supplies: One-time, recurring	$15,000	$15,000
Equipment: One-time, recurring, maintenance	$12,376	$0
Transportation: (Things) Shipping	$0	$0
Facility used	$0	$0
Printing	$1500	$1500
Other?	$0	$0
Total	$475,876	$467,970

Ft. Fleetwood Description of Implementation Plan

From 19 June 2017 to 16 April 2018, the Initiative Cadre will complete six activities with the 123rd Stryker BDE Soldiers (n=2,000, 100% Enlisted) at the Ft. Fleetwood AWC. These activities consist of recruiting participants; conducting initial anthropometric, nutrition, and previous injury assessments of individual Soldiers to serve as baseline data and confirm information of data collected in the 123rd BDE needs assessment; creating a partnership with AWC, MWR, & Dieticians; training platoon leaders by AWC and Dieticians; conducting 10 Mind/Body/Nutrition Classes; and celebrating initiative completion.

The aim is for 100% participation of 123rd Stryker BDE Junior Enlisted Soldiers; the course serves as an intervention for Soldiers who are overweight/obese and/or injured, it also serves as a preventive program to help Soldiers maintain a healthy weight and prevent new injuries among 123rd Stryker BDE Soldiers who are currently uninjured or recovering from injury.

Soldiers will be divided into four groups, with the groups having staggered start dates for their initiative participation. Each group will consist of 20 teams. Each team will be comprised of 25 Soldiers. Four teams will complete one session per day. Each team will attend 10 interactive Mind/Body/Nutrition Classes, completing one topic per week. The teams will rotate through the classes. As such, 500 Soldiers will complete each topic each week. The total number of participants will be 2,000 Soldiers over 40 weeks. The topics of focus for each of the Mind/Body/Nutrition Classes will include:

Mind (60 minutes each)
Conducted in the classroom by Initiative Cadre
Class 1: Motivation to Exercise and Eat Healthier
Class 2: Conquering Fear of Injury
Class 3: Help-Seeking Behaviors

Body (60 minutes each)
Conducted in the fitness center by Initiative Cadre
Class 4: Correct Form for Physical Activity
Class 5: Injury Prevention Techniques
Class 6: Adapting Exercises for Post-injury Workouts

Nutrition (60 minutes each)
Conducted in the DFAC kitchen by Initiative Cadre
Class 7: Balanced Nutrition
Class 8: Nutrition for Strength Training and Muscle Building
Class 9: Nutrition for Weight Loss
Class 10: Adjusting Nutrition to Account for Reduction of Physical Activity Due to Injury

Reducing Injury and Obesity Together (RIOT) Initiative 10-Week Group Schedule Cycle at Ft. Fleetwood
"Time to RIOT"

Monday	Tuesday	Wednesday	Thursday	Friday
Morning Sessions Teams 1 & 2	Morning Sessions Teams 5 & 6	Morning Sessions Teams 9 & 10	Morning Sessions Teams 13 & 14	Morning Sessions Teams 17 & 18
Afternoon Sessions Teams 3 & 4	Afternoon Sessions Teams 7 & 8	Afternoon Sessions Teams 11 & 12	Afternoon Sessions Teams 15 & 16	Afternoon Sessions Teams 19 & 20

Week 1: Orientation and Participant Data Collection Begins
Week 2-11: Group 1
Week 12-21: Group 2
Week 22-31: Group 3
Week 32-41: Group 4
Week 42: Participant Data Collection Ends
Week 43: Celebration

Monitoring and Evaluation Data Collection Plan
This initiative has a three-prong approach to the monitoring and evaluation plan.

First, as part of the monitoring plan, the initiative team plans to assess whether we implemented the initiative as planned. To ensure this, the initiative team will examine attendance sheets for each class session, specifically monitoring the date to ensure that the classes were conducted as scheduled. The initiative team will also examine the attendance sheets to determine whether Soldiers were present for the sessions.

Second, as part of the process evaluation plan, the initiative team will use a session checklist to examine the length of each class session, adherence to session topics, and differences between class time and topics covered by the instructor. The initiative team will collect the data for the monitoring and the process evaluation concurrently after each session.

Third, as part of the outcome evaluation plan, the initiative team will examine six guiding questions:

1. Do the nutrition training sessions result in increased nutrition knowledge among attendees?
2. Do physical training sessions result in improved fitness test scores?
3. Do the training sessions result in increased motivation of Soldiers to attend physical fitness training?
4. Does the mind and body training sessions result in increased satisfaction with the physical training program?
5. Do the body training sessions result in increased adherence to injury prevention protocol?
6. Are there outcome differences based upon instructor?

From June 2017 to April 2018, the initiative team will collect the data for the outcome evaluation from 123rd Stryker BDE using a pre-/post-test design. Soldiers will complete a nutrition quiz created specifically for the initiative to gauge Soldiers' nutritional knowledge. Soldiers from 123rd Stryker BDE will also participate in PT Satisfaction Focus Groups before and after the education program. The initiative team will collect a Dietary and Physical Fitness Awareness Survey and 123rd Stryker BDE Satisfaction Survey quarterly, in order to obtain pre/post-test data for each group. Last, to gauge impact, the initiative team will examine if the initiative leads to improved readiness by assessing changes in body fat percentage and unintentional injury within 123rd Stryker BDE at the beginning of the program, at the conclusion of the program, and finally, at a 5-year follow-up. Although an impact evaluation will only occur if the initiative achieves short, intermediate, and long-term outcomes, we will collect the baseline information now to ensure that we have the necessary data to determine impact in the future.

Ft. Fleetwood Summary of Initiative Implementation
The Initiative Cadre completed five activities to deliver the injury and obesity prevention initiative with 123rd Stryker BDE Soldiers at Ft. Fleetwood titled "Reducing Injury and Obesity Together (RIOT)". These activities consisted of creating a partnership with AWC, MWR, & Installation Dieticians; recruiting participants, conducting initial and final assessments; conducting 10 Mind/Body/Nutrition Classes; and providing a Mind, Body, and Nutrition Completion Celebration.

The Initiative Coordinator met with the representatives of the AWC, the MWR, and the Installation's Dietician on 19 June 2017. Originally, the Initiative Coordinator planned to receive training from the AWC, MWR, and Installation Dietician and then implement the Mind/Body/Nutrition Classes in a "Train the Trainer" model using platoon leaders. However, representatives of the AWC and the Installation's Dietician showed interest in teaching the classes themselves to ensure that

Soldiers received the correct information and ensure fidelity to implementation. Therefore, in conjunction with the approval of the department chiefs, a behavioral health educator, a strength and conditioning trainer, and a nutritionist agreed to teach the initiative's courses. Additionally, the Initiative Cadre decided to reduce the size of the groups from 25 to 10 members; a systematic review of the literature on military physical performance education reports that groups of 10 or less are more effective than larger groups (Cooper & Johnson, 2016). Therefore, the Initiative Cadre hired an additional behavioral health educator, strength and conditioning trainer, and nutritionist through contract positions, to conduct initiative sessions to complete the initiative with 2,000 participants within 1 year. These implementation plan changes resulted in the initiative cadre not completing the "train 123rd Stryker BDE staff" activity as planned in the original logic model.

Then, the 123rd Stryker BDE Commander, with the support and advocacy of the CR2I, met with the installation Senior Commander to present the RIOT initiative and request funding. The Senior Commander approved a Memorandum of Agreement (MOA) between the installation command and the APHC AWC; this MOA detailed the role of the local Wellness Center in the initiative and a Military Interdepartmental Purchase Request (MIPR) to release funds to the Wellness Center on 14 August 2017. The development of the MOA and MIPR delayed the planned start date of the initiative. The MOA states that the Senior Commander would provide funds for the initiative for year 1, with a contingency of continued funding only if the initiative reported positive results.

Next, the 123rd Stryker BDE Commander and Sergeant Major worked with platoon leaders to begin participant selection. From 2 October-4 December 2017, 123rd Stryker BDE Soldiers completed Initial Assessments (e.g., nutrition quiz) to collect baseline data for information not found in the needs assessment (e.g., Soldier's nutritional knowledge from the Dietary and Physical Fitness Awareness Survey (DPF)). The initiative consisted of four groups with 500 Soldiers. To account for the smaller teams, each staff member taught five classes per day instead of four classes from the initial implementation plan (see table on the next page). Soldiers were assigned randomly to teams within a given time block. The Mind, Body, and Nutrition Courses began the week of 23 October 2017. The schedule was set to allow for breaks because of Federal holidays. Each group attended 10 Mind/Body/Nutrition Classes: one class per week (85% completion of all 10 sessions, 90% completion of 8 or more sessions, and 100% completion of 7 or more sessions) for 10 weeks. The topics for the Mind/Body/Nutrition Classes were the following:

Mind (60 minutes
Conducted in the classroom by behavioral health educator
Week of Class 1: Motivation to Exercise and Eat Healthier **(average 60 minutes)**
Week of Class 2: Conquering Fear of Injury **(average 45 minutes)**
Week of Class 3: Help Seeking Behaviors **(average 50 minutes)**

Body (60 minutes each)
Conducted in the gym by strength and conditioning trainer
Week of Class 4: Correct Forms for Physical Activity **(average 60 minutes)**
Week of Class 5: Injury Prevention Techniques **(average 60 minutes)**
Week of Class 6: Adapting Exercises for Post-injury Workouts **(average 80 minutes)**

Nutrition (60 minutes each)
Conducted in the DFAC kitchen by nutritionist/dietician
Week of Class 7: Balance Nutrition **(average 60 minutes)**
Week of Class 8: Nutrition for Strength Training and Muscle Building **(average 60 minutes)**
Week of Class 9: Nutrition for Weight Loss **(average 50 minutes)**
Week of Class 10: Adjusting Nutrition to Account for Reduction of Physical Activity because of Injury **(average 75 minutes)**

The Initiative Cadre changed from a fixed-group class schedule to a rolling-group class schedule to account for the administrative delays and the new staff hires (see table on the next page). Soldiers from the 123rd Stryker BDE completed the Final Assessments from 5 February-3 June 2018. Initiative cadre decided to have a Mind, Body, and Nutrition Completion Celebration for each group as they finished the initiative. The 123rd Stryker BDE Commander handed out completion certificates to the participants, and the 1st Division Commander spoke about the importance of readiness and injury prevention.

Ft. Fleetwood Summary of Description of Data Collection and Results
This initiative creates a physical fitness and resilience program to address problems of injury and obesity for the 123rd Stryker BDE Soldiers at Ft. Fleetwood. Initiative implementers collected pre- and post-test data from 123rd Stryker BDE through PT Satisfaction focus groups and 123rd Stryker BDE Dietary and Physical Fitness Awareness surveys. The initiative had high participation due to Command support; 2,000 Soldiers completed the assessments at the beginning and end of the initiative. However, because of course attendance, only 1,700 surveys were included in the data analysis. A total of 32 Soldiers participated in the focus groups prior to initiative implementation, and 28 participated at the end of the 10

sessions. Analysts checked transcripts to ensure that changes in major theme were not due to absence of participants from pre- to post-initiative.

Monitoring Results

The monitoring data indicated that all planned initiative sessions were held. However, Federal holidays caused breaks in the class schedule that were not originally included in the planning stage. The Initiative Coordinator decided that since many of the Soldiers would take leave for the holidays, it was better to cancel the full week of classes instead of having teams within the same cohort on different lessons within a given week.

"I think there was just the right amount of classes; I'm glad that they had the break from classes during the holidays because I know I wouldn't be able after Christmas and people would have been mad if they ordered us back to just take these classes."

"I was glad to take the classes, they were fun. I was always hyped when it was 'time to RIOT'. That Thanksgiving break was hard though. I mean because [name removed] had just talked about nutrition for weight loss, so I was sitting at the dinner table remembering, 'I can have all of my favorites, I just have to have them in moderation' since I am trying to cut weight. Yo, I was glad that [name removed] asked how we are supposed to tell our families 'no', cause my abuela is always trying to fill my plate. I heard that we were supposed to start the classes earlier but in a way I am happy that fell right before Thanksgiving."

Process Evaluation Results

The process evaluation results indicated that classes/sessions on injury prevention were longer than classes on nutrition. However, there was no difference in time or topic based on instructor.

"I think that we had more questions about injury than about food. My group was mainly female, and I was glad because we could get real about some of the things that the guys don't have to worry about. Like I'm heavy up top, so having a physical trainer that felt comfortable talking about injury prevention for women was really good"

"I talked to some of the people in other groups and it seemed like we were all getting the same information. I didn't notice that [name withheld] group had more women, we only had a few women in my group, but they went over the same information. I noticed that the injury course took longer. I think they should split the class up somehow."

Preliminary Outcome Evaluation Results

The educational initiative has demonstrated several preliminary benefits for 123rd Stryker BDE. The post-initiative results indicated that nutritional test scores among 123rd Stryker BDE Soldiers increased by 12 points, and physical fitness test scores

increased by 5 points. The 123rd Stryker BDE Soldiers reported a 25% increase in motivation to attend physical training and 25% increase in satisfaction with physical training.

""I don't know if I would change anything. They did a really good job at talking about adjusting how much you eat and what you eat when you get hurt. I remember how they showed that 12 oz. of grape juice has as much sugar as 12 oz. of soda. I thought that I was being healthy by switching to 100% juice. Now I just try to drink more plain water. I'm glad that I learned how to read and understand nutrition labels."

"I feel like a lot of people are now excited to put into practice what we learned. Also, it [the initiative] increased the feeling of teamwork. Like, I didn't know that [name withheld] had knee problems. But, he shared that during the class. So now, instead of thinking that he is being lazy, I know that he is actually hustling and that make me want to cheer him on and I think that is motivating [him] to want to go out there and do what he has to do."

Additionally, 123rd Stryker BDE Soldiers' knowledge of injury prevention methods increased by 57%.

"The craziest thing was learning that I have been running wrong all these years. After a long run, I used to suffer from these bad shin splints. I hated running. And you know how the Army is, they stress running. But after taking this course, I can see what I was doing wrong and I have tried to change my running style, which has helped me a lot. I mean I have to be mindful of it. So now when I run, I am thinking about how my foot is hitting the ground, how I'm holding my head,…my breathing. [Name withheld] was right, at first I noticed that my running time wasn't as good as it was but I could run farther and I didn't feel so beat up the next day. After about 3 weeks, my speed got back to where it used to be and I feel good running. Like I enjoy it now. Which is awesome."

Overall, the Ft. Fleetwood injury and obesity initiative is successful.

- The initiative has met two short-term outcomes (a. increase motivation of Soldiers to attend physical fitness training and b. increase Soldiers' satisfaction with physical training); intended change +25% in a. and b./ actual change +25% in a. and b.
- The initiative has exceeded one short-term outcomes (c. increase knowledge of injury prevention methods); intended change +50% in c./ actual change +57% in c.
- The initiative has not met two short-term outcomes (d. increase dietary awareness and e. increase physical fitness awareness). Although Soldiers did not meet the intended change, they are seeing an improvement in those outcomes; intended change +25% in d. and e./ actual change +12% in d. and +.02%

Reducing Injury and Obesity Together (RIOT) Initiative 10-Week Group Schedule Cycle Example at Ft. Fleetwood
"Time to RIOT"

Time	Monday	Tuesday	Wednesday	Thursday	Friday
0800-0900	Team 1 (n=10) Team 2 (n=10)	Team 11 (n=10) Team 12 (n=10)	Team 21 (n=10) Team 22 (n=10)	Team 31 (n=10) Team 32 (n=10)	Team 41 (n=10) Team 42 (n=10)
0930-1030	Team 3 (n=10) Team 4 (n=10)	Team 13 (n=10) Team 14 (n=10)	Team 23 (n=10) Team 24 (n=10)	Team 33 (n=10) Team 34 (n=10)	Team 43 (n=10) Team 44 (n=10)
1300-1400	Team 7 (n=10) Team 8 (n=10)	Team 17 (n=10) Team 18 (n=10)	Team 27 (n=10) Team 28 (n=10)	Team 37 (n=10) Team 38 (n=10)	Team 47 (n=10) Team 48 (n=10)
1430-1530	Team 9 (n=10) Team 10 (n=10)	Team 19 (n=10) Team 20 (n=10)	Team 29 (n=10) Team 30 (n=10)	Team 39 (n=10) Team 40 (n=10)	Team 49 (n=10) Team 50 (n=10)

Ft. Fleetwood RIOT Initiative Timeline

Week	Start Date	Administrative	Pre-Test	Mind	Body	Nutrition	Post-Test	Celebration
1	19-Jun	Meeting w/ AWC						
9	14-Aug	MIPR funds released						
15	25-Sep	Additional Staff Hired						
16	2-Oct	Initiative Starts	G1					
17	9-Oct							
18	16-Oct							
19	23-Oct			G1				
20	30-Oct		G2	G1				
21	6-Nov	Holiday Break						
22	13-Nov			G1				
23	20-Nov	Holiday Break						
24	27-Nov		G3	G2	G1			
25	4-Dec			G2	G1			
26	11-Dec			G2	G1			
27	18-Dec			G3	G2	G1		
28	25-Dec	Holiday Break						
29	1-Jan	Holiday Break						
30	8-Jan		G4	G3	G2	G1		
31	15-Jan			G3	G2	G1		
32	22-Jan	Holiday Break						
33	29-Jan			G4	G3	G1		
34	5-Feb			G4	G3	G2	G1	
35	12-Feb			G4	G3	G2		G1
36	19-Feb	Holiday Break						
37	26-Feb				G4	G2		
38	4-Mar				G4	G2		

39	11-Mar				G4	G3	G2	
40	18-Mar					G3		G2
41	25-Mar					G3		
42	1-Apr					G3		
43	8-Apr					G4	G3	
44	15-Apr					G4		G3
45	22-Apr					G4		
46	29-Apr					G4		
47	6-May	Initiative Ends					G4	
48	3-June							G4

These results aligned with similar findings of systematic review of military physical training initiatives (Cooper & Johnson, 2016) and other studies of obesity prevention (Smith, 2013).

Positive results related to short-term outcomes imply that the initiative is showing progress towards achieving the desired end state of continuous implementation; further evaluation may continue to support the value of the initiative at Ft. Fleetwood.

RIOT with 123rd Stryker Brigade at Ft. Fleetwood Initiative After Action Review, Lessons Learned, and Recommendations
The initiative team collected and analyzed preliminary data that show promising results for this initiative at Ft. Fleetwood. Soldiers from the 123rd Stryker BDE, who participated in the initiative, have demonstrated an increase in nutritional test scores and physical fitness test scores. They also reported an increase in motivation and satisfaction with physical training, as well as increase in knowledge of injury protocol during physical activity.

There were several lessons learned from the implementation of this initiative. Classes that focused on injury-adjusted nutrition and injury-adjusted physical activity took more time than others did. Post-intervention data showed that Soldiers expressed greater interest in those topics and requested more information.

Support from the Senior Commander was essential to the success of the program. Presenting the initiative plan to the Senior Commander delayed the implementation; however, Command support ensured participation and financial support.

The approval for the MOA and MIPR caused a delay in the initiative implementation. To adjust for the delay, the initiative schedule changed from a fixed consecutive schedule to a rolling schedule.

Group size changed from 25 to 10 members based on findings in the literature about optimal group size. The smaller group sizes required an additional scheduled class each day.

Based on the positive outcome results of the initiative, the initiative team recommends a 1-year follow-up evaluation with Soldiers in the 123rd Stryker BDE to assess intermediate outcomes and the Command's continued financial support of the initiative. Additionally, the initiative team recommends expanding the implementation of the initiative across all Brigades at Ft. Fleetwood. Finally, based on the process evaluation results, the initiative team recommends expanding the program from 10 classes to 11 classes. Class 6a will be Adapting Exercise for Post-Injury Workout- Upper Body and Class 6b will be Adapting Exercise for Post-Injury Workout-Lower Body.

Ft. Fleetwood Communication Plan
The RIOT initiative team developed a tiered communication plan to disseminate information about the initiative, and key findings from the initiative team's monitoring and evaluation efforts. This communication plan includes a briefing to the Ft. Fleetwood CR2C, a tailored briefing to the Ft. Fleetwood Senior Commander, and announcements to the Ft. Fleetwood community via different installation media outlets.

The RIOT initiative team provided a quarterly briefing to the Ft. Fleetwood CR2C to update the council on the number of participants enrolled in classes, the number of class sessions completed, whether the initiative was on target for meeting the enrollment goals, and providing notification that no changes to the initiative were planned at the time of the brief.

The RIOT initiative team will provide a decision brief to the Ft. Fleetwood Senior Commander to inform him of the initiative's most recent results. During the brief to the Senior Commander, the team will summarize data outlining Soldiers' increases in: nutritional test scores and physical fitness test scores, satisfaction with their Brigade, and motivation to attend

PT. The team will recommend continuation of the initiative beginning with conducting additional follow-up evaluations with 123rd Stryker BDE Soldiers to assess sustained effectiveness. Additionally, the team will recommend expanding the number of classes from 10 to 11 based on the process evaluation results. Lastly, the team will recommend implementing the initiative throughout Ft. Fleetwood. If the Senior Commander approves the continuation of the initiative, the team will provide an IP to the other BDE Commanders at Ft. Fleetwood and the OPSCOM Commander informing them of the initiative's progress, as well as potential outcomes and rewards of participation.

Upon approval from the Senior Commander, the initiative team also plans to communicate the initiative's findings and next steps to the Ft. Fleetwood community by placing an article in the installation newspaper, with links to the article shared on the installation's social media accounts.

IEP Completed Tables

Prerequisite Questions	Example Answers
What is your idea?	The AWC will help Soldiers in Stryker Brigade (BDE) lose weight and prevent injuries when physically training.
What problem does your idea address?	Too many 123rd Stryker BDE Soldiers are obese and too many injure themselves during physical training.
If implemented, whom will your idea help?	Soldiers in 123rd Stryker BDE
If implemented, what impact do you think your idea will have on the affected group?	Soldiers in 123rd Stryker BDE will lose weight and have fewer injuries from physical training.
How will your idea be implemented?	The AWC will have classes to help Soldiers learn new ways to lose weight and prevent injuries.
Why do you think your idea is important enough for execution on your installation?	Our BDE would be more prepared to go to war, which is a big win for our BDE, our Division, and the Army.
Why do you think your idea is important enough for execution across the entire Army?	This could help other Soldiers in our Brigade and, even at other posts, if it works and Command approves.

Answer the questions below to write a problem statement.	
Questions	**Example**
1. What is the problem that your initiative is trying to solve?	1. This initiative creates a Ready and Resilient program to address problems of injury and overweight/obesity for the Stryker BDE at Ft. Fleetwood.
2. What is happening (current state) with the group that your initiative serves? Use statistics when possible.	2. In 2017, 25% of male Soldiers and 19% of female Soldiers reported that they had an injury; this has also been slowly increasing. In 2018, 9% of the Stryker BDE Soldiers did not pass the height and weight requirements; this has slowly been increasing over the last few years. According to the *2016 Health of the Force* report, the overall injury incidence rate for Ft. Fleetwood is 1,514 (per 1,000) and the rate of obesity is 23.3%.
3. What should be happening (desired state) with the group that your initiative serves?	3. For our Brigade, past injury rates have been less than 20% for males and 16% for females; maintaining this or a lower rate of reported injuries should be the minimum. The average Army injury rate is 1,399 (per 1,000), and the average Army rate of obesity is 17.3%.
4. What will happen if this problem continues?	4. If this problem continues, the number of Stryker BDE Soldiers that the Medical Evaluation Board determines Not Fit for Duty will increase. The inability to get Soldiers back to full duty decreases the overall readiness of Stryker BDE and may affect Brigade and Division readiness (especially if other brigades have similar problems).

Please note: Information about your identified problem may be available in the problem statement field of the CR2C Impact Tracker. Your local CR2I will have access to the Impact Tracker and may be able to pull this information for you.

<p style="text-align:center">Factors Contributing to the Problem: Determinants</p>

Social	Environment	Behaviors
Predominately Male Workforce (IG) High Risk Job Environment (IG)	Transportation Challenges (BS) Limited Healthy Food Options (BS)	Lack of adherence to injury prevention protocol (NA) Soldiers' Poor Eating Habits (BS, IG, NA)

*IG= factor comes from Intelligence Gathering
*NA= factor comes from the Need Assessment
*BS= factor comes from Brainstorming

Root Causes Write-up

Determinant: Do not follow injury prevention protocol	
Root Cause	
1	Lack of knowledge of injury protocol

<p style="text-align:center">EXAMPLE: SWOT Analysis Questions, Data Sources, and Reponses</p>

The table below provides example questions, data sources, and responses to a SWOT analysis. You can complete this table alone or using the group process described in the SWOT Analysis Activity Guide. You should answer the questions below to complete your SWOT analysis. You may need to ask additional questions in each section to fit your initiative.

Questions	Example Data Sources	Example Responses
1. What resources do you have in your community to support your initiative?	• Working groups with co-workers • CR2C	• Strong installation support for injury prevention • Holland MTF at Ft. Fleetwood • On-post fitness centers/AWC • 123rd Stryker BDE Staff and Leadership • Strength and Conditioning trainers
2. What is happening in your community that may prevent your initiative from being successful?	• Working groups with co-workers • Medical record reviews • Installation Strategic Plan • PM Department Budget Review • Division Commander's Campaign Plan • Focus groups with Soldiers	• DFAC hours • Medication • Fast food restaurants on installation • No budget for initiative • Personnel shortage • Junior Soldiers (E-4 and below) have transportation challenges
3. What resources are outside of your community that could support your initiative?	• MOA • MOU • Local health coalition • Newspapers and magazines • Television • Social media apps	• New technology (fitness trackers and nutrition apps) • More partnerships such as military discounts with gyms and meal preparation services • Increased popularity and availability of Invictus Games, Tough Mudder, and Spartan Games locally
4. What is happening outside your community that will prevent your initiative from being successful?	• Focus groups with 123rd Stryker BDE Soldiers • DOD Policy Review • Review of Fleetwood County Chamber of Commerce meeting notes	• Policies reduce 123rd Stryker BDE Soldiers' motivation to participate in PT once they receive their Veterans Affairs ratings • More fast food choices surrounding installation • Food deserts, more corner stores than grocery stores

Please Note: Sources of information used to complete the environmental scan may vary for your installation and/or initiative.

COA Selection Criteria

Determinant	Root Cause	COA	Pros	Cons
Lack of adherence to injury prevention protocol	Lack of knowledge of injury prevention protocol	Education initiative/health promotion training	C1-An educational initiative is not costly to implement C2-Although some money is required to complete an educational initiative, the risk for adverse events is minimum C3-The intelligence gathering supports implementation of educational initiative to reduce injury among Soldiers and will address injury and obesity C4-An educational initiative is different from other COAs C5-The resources are available to conduct initiative C6-The initiative can affect several Soldiers. Intelligence Gathering shows that educational initiatives can have an effect on injury prevention when implemented effectively	C6–Educational initiative can be an effective population intervention, but observed effects are often small, and they take time to observe long-term behavior impacts; they must focus on skill building, in addition to knowledge attainment, to successfully change behavior; they must also be interactive
Transportation Problems	Junior Enlisted members without cars. Lack of public transportation on the installation	Implement a new busing and transportation program.	C4-Transportation initiatives are distinguishable from educational initiatives. C6-High impact. May affect other issues on the installation. People who are not injured or obese will benefit	C1-Creating a transportation initiative would be costly even if the costs are shared with local government C2-The cost of a transportation initiative exceeds the cost of the educational initiative and only addresses the issue of obesity and not injury. C3-A transportation initiative address the issue of obesity but not injury C5-Feasibility is low because of cost and the amount of time it would take to implement

Objective	Specific	Measureable	Achievable	Realistic	Time bound	Revision
Ex. Long-Term Outcome Increase the percent of 123rd Stryker BDE Soldiers who have met desired Army body fat composition by 50% over baseline within 2 years after starting the program.	Yes, objective identifies 123rd Stryker BDE Soldiers as responsible for meeting body fat goals.	Yes, you can see changes in the number of 123rd Stryker BDE Soldiers who meet the goal by looking at medical records.	Yes, the resources needed to teach classes and follow-up with 123rd Stryker BDE Soldiers are available.	No, the increase in number of Soldiers who meet the body fat goal is an unrealistic goal in this short amount of time.*	Yes, the objective says that we should see changes within 2 years after starting the program.	Final objective: Increase the percent of 123rd Stryker BDE Soldiers who have met desired Army body fat composition by 20% within 2-years after starting the program*

BASED ON ISSUE IDENTIFIED IN PROBLEM STATEMENT: SOLDIER OBESITY RATES

*The 50% increase in 123rd Stryker BDE Soldiers, who have met desired Army body fat composition, was not realistic given the timeline for follow-up. After a discussion between primary care physicians and initiative leaders, we changed the objective to a 20% change. This level of change is more realistic as it allows Soldiers to transition from Obese to Overweight to Normal Weight at a healthy weight-loss rate.

Objective	Specific	Measureable	Achievable	Realistic	Time bound	Revision
Ex. Intermediate Outcome Increase by 15% over baseline the number of fruit and vegetables 123rd Stryker BDE Soldiers consume in a 2-week period after 1 year of starting the program, as measured by the Soldiers' self-reported eating habits.	Yes, objective identifies that 123rd Stryker BDE Soldiers as responsible for increase in health behaviors.	Yes, you can find out if changes happened by reviewing self-reported dietary records in the GAT 2.0.	Yes, the resources needed to complete dietary records are available for 123rd Stryker BDE Soldiers.	Yes, a 15% increase in consumption of fruit and vegetables is achievable by 123rd Stryker BDE Soldiers. Increase in fruit and vegetable consumption will lead to the desired end state.	Yes, the objective says that we should see changes in 1 year.	Not necessary.

BASED ON FACTORS CONTRIBUTING TO THE PROBLEM: DETERMINANTS: POOR EATING HABITS

Objective	Specific	Measureable	Achievable	Realistic	Time bound	Revision
Ex. Short-Term Outcome Increase dietary and wellness knowledge by 25% over baseline for 123rd Stryker BDE Soldiers in a 10-week program using the Unit Nutrition Survey.	Yes, the objective identifies 123rd Stryker BDE Soldiers as responsible for completing a 10-week initiative.	Yes, you find out change by comparing the knowledge of health and wellness of 123rd Stryker BDE Soldiers before and after the initiative.	Yes, the resources needed to complete the initiative are available.	Yes, 123rd Stryker BDE Soldiers will be able to complete the initiative. Increase in dietary and wellness knowledge will lead to the desired end state.	Yes, the objective says that we should see changes in 10 weeks.	Not necessary.

BASED ON ROOT CAUSES: LACK OF KNOWLEDGE

Objective	Specific	Measureable	Achievable	Realistic	Time bound	Revision
Ex. Output (Process Objective) Conduct 123rd Stryker BDE staff training with at least 10 staff members (80%) by week 4 of the initiative.	Yes, the objective identifies staff members as the intended population.	YYes, you can create an attendance sheet to determine how many staff members have completed the training.	Yes, we have the resources to complete the training.	Yes, the objective allows for staff members who may be sick or have planned leave.	Yes, the staff should complete initiative training by week 4 of the initiative.	Not necessary.

BASED ON SELECTED COA TO ADDRESS ROOT CAUSES.

Projected Start Date of Initiative	Activities	Populations	Physical Location	Who Will Be Responsible
19 July 2017	Create partnerships with AWC, MWR, & Dieticians Train 123rd BDE staff Recruit Participants Conduct Initial and Final Assessments Conduct Mind/Body/Nutrition Class Mind/Body/Nutrition Completion Celebration	2,000 123rd BDE Soldiers	Ft. Fleetwood AWC	Initiative Cadre

Monitoring/ Evaluation Type	Guiding Question	Indicator/metric	Data Collection Source(s)	Data Collection Frequency
Monitoring				
	Are initiative activities being implemented to standard?	Each of the 10 sessions are held for each group	Implementation Tracker (Completed by Initiative Coordinator)	Ongoing, Documented after each scheduled session date and reviewed after completion of each group (set of 10 sessions)
		Number of Soldiers participating in each session	Implementation Tracker (Completed by Initiative Coordinator)	Ongoing, Documented after each scheduled session date and reviewed after completion of each subset of sessions (Mind, Body, Nutrition)
Process				
	Are the initiative activities implemented as intended?	Length of each of the 10 sessions	Session Checklist (completed by observer)	Each session
		All sessions topics were discussed	Session Checklist (completed by observer)	Each session
	Are there implementation differences based upon who the instructor is?	(1) Length of each of the 10 sessions; (2) All session topics discussed during each session	Session Checklist (completed by observer)	Each session
Outcomes				

Monitoring/ Evaluation Type	Guiding Question	Indicator/metric	Data Collection Source(s)	Data Collection Frequency
	Do the nutrition training sessions result in increased nutrition knowledge among attendees?	Nutrition quiz scores from before and after the initiative	Dietary and Physical Fitness Awareness Survey (DPF))	Twice (pre- and post- educational program/ initial and final assessments)
	Do physical training sessions result in improved fitness test scores?	Physical fitness test scores from before and after the initiative	APFT scores from 123rd Stryker BDE	Twice (pre- and post- educational program/ initial and final assessments)
	Do the training sessions result in increased motivation of Soldiers to attend physical fitness training?	Reported motivation of Soldiers	(1) 123rd Stryker BDE Satisfaction Survey; (2) PT Satisfaction focus groups	Twice (pre- and post- educational program/ initial and final assessments)
	Do the mind and body training sessions result in increased physical training satisfaction?	Satisfaction score on physical training satisfaction survey	123rd Stryker BDE Satisfaction Survey (satisfaction with PT questions)	Before classes start (baseline) and then quarterly
	Do the mind training sessions result in increase of injury prevention protocol?	Number of Soldiers reporting adherence to injury prevention protocol	(1) 123rd Stryker BDE Satisfaction Survey (injury prevention protocol questions); (2) PT Satisfaction focus groups	(1) Before classes start (baseline) and then quarterly; (2) Twice (pre- and post- educational program)
	Are there outcome differences based upon who the instructor is?	All outcomes metrics compared across each of the groups	(1) 123rd Stryker BDE Satisfaction Survey; (2) PT Satisfaction focus groups	(1) Before classes start (baseline) and then quarterly; (2) Twice (pre- and post- educational program);

Impact (optional)

	Guiding Question	Indicator/metric	Data Collection Source(s)	Data Collection Frequency
	Do the training sessions lead to improved readiness?	Body fat percentage	Medical Operational Data System (MODS)	Three times (Pre- and post-educational program, and one year follow-up)
	Do the training session lead to improved readiness?	Unintentional injury incidence	Defense Medical Surveillance System (DMSS)	Twice (Pre-educational program and one year follow-up)

Date Initiative Started	Activities Completed	Who was Responsible for Executing the Activity	Physical Location	Intended Population	Date Initiative Completed
19 June 2017	Created Partnership with AWC, MWR, & Dieticians	Initiative Coordinator	Meeting at AWC conference room	Health Promotion Trainers: Strength and Training Coordinator Dietician/ Nutritionist Behavior Health Specialist	13 May 2018
	Recruited Participants in 123rd Stryker BDE	Initiative Coordinator	Stryker BDE Orderly room	123rd Stryker BDE Soldiers (100% Enlisted)	
	Conducted Initial Assessments	Strength and Training Coordinator Dietician/Nutritionist	Ft. Fleetwood Army Wellness Center Initiative Cadre	123rd Stryker BDE Soldiers (100% Enlisted)	
	Conducted 10 Mind/Body/ Nutrition Classes	Health Promotion Trainers: Behavior Health Specialist Strength and Training Coordinator Dietician/Nutritionist	Varies by class Mind-Classroom Body-Gym Nutrition-DFAC Kitchen	123rd Stryker BDE Soldiers (100% Enlisted)	
	Celebrate Mind/ Body/Nutrition Completion	Initiative Coordinator in conjunction with 123rd Stryker BDE Command	Ft. Fleetwood Auditorium	123rd Stryker BDE Soldiers (100% Enlisted)	

Please note: You may find this information in the CR2C Impact Tracker in the *Date Initiative Started, Description Of Initiative, Activities Completed,* and *Data Initiative Was Completed Fields.* Your CR2I will have access to the CR2C Impact Tracker and may be able to pull this information for you.

Desired Outcomes	Indicator(s)/ Metric(s)	Data Collection Source(s)	Data Collection Frequency	Description of results/ preliminary findings	Results current as of
Increase awareness of dietary and wellness requirements by 25%	Nutrition quiz scores from before and after the initiative	Dietary and Physical Fitness (DPF) Awareness Survey	Quarterly	Nutritional test scores among 123rd Stryker BDE Soldiers increased by an average of 12 points (out of 100) over baseline; changed from an average of 68 to 80	5 June 2018
Increase awareness of physical fitness by 25%	Physical fitness test scores from before and after the initiative	DPF Survey	Quarterly	Fitness test scores among 123rd Stryker BDE Soldiers increased by 5 points (out of 300) over baseline; changed from an average of 261 to 266	5 June 2018
Increase motivation of Soldiers to attend physical fitness training by 25%	Soldiers' self-reported motivation	(1) 123rd Stryker BDE Satisfaction Survey (2) PT Satisfaction Focus groups	Twice pre- and post- educational program	123rd Stryker BDE Soldiers reported a 25% increase in motivation to attend physical fitness training	5 June 2018
Increase 123rd Stryker BDE Soldiers' satisfaction with physical training by 25%	Physical Training Satisfaction Score	(1) 123rd Stryker BDE Satisfaction Survey (2) PT Satisfaction Focus groups	Twice pre- and post- educational program	123rd Stryker BDE Soldiers reported a 25% increase in satisfaction with physical training	5 June 2018
Increase knowledge of injury prevention methods by 50%	Injury Prevention Knowledge Score	(1) 123rd Stryker BDE Satisfaction Survey (2) PT Satisfaction Focus groups	Twice pre- and post- educational program	123rd Stryker BDE Soldiers' knowledge of injury prevention methods increased by 57%	5 June 2018

Please note: This information may be in the *Desired Outcomes, Indicators/Metrics, Data Collection Sources, Data Collection Frequency, and Results/Preliminary Findings Fields* in the CR2C Impact Tracker. Your CR2I will have access to the CR2C Impact Tracker and may be able to pull this information for you.

What do I do next?

Now you have finished your Initiative Summary, do you think the Army should implement it enterprise-wide? If so, continue to the IEP-Submission Process to learn how to submit your initiative for Army-wide review!

Initiative Life Cycle Description and Considerations

As you use the IEP Guide to help you with initiative planning and evaluation, you will walk your initiative through its life cycle. The initiative life cycle is the stages it undergoes from its inception as an idea to its termination or growth into a full-fledged program. Initiative life cycles occur in several stages:

Stage 1 – Initiative Development
Stage 2 – Initiative Implementation
Stage 3 – Initiative Continuation
Stage 4 – Initiative Termination or Expansion

Each section of the IEP will help you complete the activities needed for each stage of the initiative life cycle. Descriptions of the stages and the key activities needed for each stage are below.

Stage 1 – Initiative Development
During this stage, you move from identifying the problem occurring in your community to collecting intelligence on factors that could be influencing the problem to identifying a solution. The Defining the Idea section in the IEP Guide will help you think through how to identify the problem in your community. You need to understand the root causes and other factors influencing the problem occurring in your community to change the conditions effectively. The Intelligence Gathering and Needs Assessment tools in the IEP Guide will walk you through useful strategies to gain information; these tools will help you to better understand what could be causing or influencing the problem occurring in your community. Your Intelligence Gathering could include researching what worked or did not work to address the current problem in other communities. Taken together, all of this information can provide some evidence to help you figure out what initiatives might work to solve the problem identified in your community. These options can be presented as Courses of Action (COA). After you select the best COA, the IEP Guide will walk you through implementation planning, development of goals and objectives, identification of needed resources, and writing a description of how you plan to execute your initiative.

It is also important to think through how you would evaluate the success of your initiative when you are in the initiative development stage. During this stage, you identify what

indicators you will measure to determine if you implemented your initiative as intended, how satisfied end-users are with your initiative, and if your initiative achieved your intended outcomes.

The activities associated with Boxes 1-7 of the Initiative Abstract are relevant to you as you develop your initiative.

Stage 2 – Initiative Implementation

You pilot the execution of your initiative during the Initiative Implementation stage. During the pilot phase, things may not always go as you described in your Implementation Plan. This is normal. This phase is where you might make a lot of adjustments to how you execute your initiative as you see what works well and what does not work well in a real-world setting. You could use a process evaluation to provide you with data about whether the initiative was implemented as you intended and why/why not this may have been the case. This evaluation could reveal barriers to implementation and/or factors that supported the successful implementation of your initiative. Customer satisfaction surveys could also be useful sources of data during your process evaluation to help you find out what initiative participants liked (or did not like) about your initiative and why. Taken together, these data sources can give you valuable information to help you decide what process improvement changes you may need to make to your initiative. As you implement these process changes, you can continue to use the evaluation techniques described in this section to provide data on how well these changes are working. Once you refine your process, you are ready to progress to the Initiative Continuation stage.

You will use the implementation and evaluation plans developed in Box 7 of the Initiative Abstract to guide your initiative implementation and will document what you did and what you found in Boxes 8 and 9.

Stage 3 – Initiative Continuation

In the Initiative Continuation stage, you consistently implement your initiative the way it was intended. Now that the execution of your initiative is running smoothly according to your model, you start to formalize and standardize your processes and procedures. This standardization could result in the creation of policy documents (e.g., Standard Operating Procedures, handbooks, etc.). At this stage, you want to collect data to help you determine if measured outcomes have changed compared to baseline. You could do this by evaluating change in the determinants and root causes impacting the problem in your community. You could look to see if these changes manifested through changes in knowledge, skills, or behaviors of your program participants,

all of which could affect your short-, intermediate-, and long-term outcomes. Lastly, you will want to review your logic model during this stage to determine if the changes you found matched your anticipated objectives.

The activities associated with Boxes 8 and 9 are most relevant in this phase of an initiative's life cycle. If you find positive initiative effects, you may decide to recommend continued implementation in Box 10. You may also want to recommend replication/expansion (see stage 4). If you find that your initiative is unsuccessful in changing your outcomes, you may instead decide to recommend termination (see stage 4). Try to remember that learning what doesn't work with your target population is just as important as learning what does work.

Stage 4 – Initiative Termination or Replication/Expansion

In Stage 4, you or your command will decide to replicate it at another location, stop implementing your initiative, or expand it to a larger population in the Army. The initiative's evaluation findings will influence this decision. For example, you or your command may decide to terminate your initiative if it has little or no effect on the desired state.

If your initiative was effective at addressing the problem in your community, you might want to consider implementing this initiative at another location (replication) or at a higher level (expansion) in the Army. Before replicating or expanding your initiative, you will have to consider if the new target population has the same identified problem with the same root causes and factors. For instance, you should consider the influences that differences in geography, population, and resources have on the replicability of your initiative. If you or your leadership decides to replicate or expand the initiative, you will want to complete the process for Stage 1 – Initiative Development.

If your initiative was unsuccessful at achieving its objectives, you will still want to complete the activities related to Box 10 of the Initiative Abstract so that others can learn from your experiences. If your initiative was successful at achieving its objectives and you are recommending replication or expansion, you will want to complete the activities associated with Boxes 1-7 of the Initiative Abstract but with the larger target audience/command in mind. Some of the information you collected may still be relevant, but you will want to widen the scope of your environmental scan, needs assessment, and so forth, to consider the larger target audience. You may also have different standards or expectations for implementation and evaluation and will need to plan for those.

IEP Submission Process and Instructions

What is the IEP Submission Process?

The Ready and Resilient (R2) Initiative Evaluation Process (IEP) provides a procedure for advocates for an initiative, Ready and Resilient Council (CR2C) members, Commanders, and Senior Army Leaders to submit ideas to the R2 Governance Process for review, consideration, and possible development as an Army-wide initiative and eventual inclusion in the R2 Portfolio of Capabilities.

The IEP Submission Process is a new effort by the Army to identify, evaluate, and potentially implement R2-related initiatives that improve the health and resilience of Soldiers, Civilians, retirees, and/or Family members. This process will:

Help the Army identify initiatives that will improve personal readiness and future Army policies and programming;
Save the Army money by ensuring initiatives' effectiveness before Army-wide implementation; and

Help to ensure that the Army makes evidence-based decisions about initiatives.

The IEP Submission Process is a series of evaluations and reviews that validates initiatives that improve the health and wellness of the Force. Although the completion of the IEP components and the IEP Submission Process are voluntary, initiative champions must complete all components of the IEP if they decide to submit an initiative to the IEP Submission Process. The intent of the IEP Process is to add rigor to the initiative review process without making it a rigorous process. See page 123 for a visualization of the IEP Submission Process.

How does the IEP Submission Process help me?

If you have created or implemented an R2-related initiative at the installation, Command, or Army level and you think your initiative would be beneficial at an Army-wide level, the IEP Submission Process takes the information about your initiative and puts it into the hands of the people who can recommend your initiative for higher implementation.

Why do you want to submit my initiative to the IEP Submission Process?

Once you know that your idea or initiative works, some R2 initiative champions may choose to submit their initiative for consideration for expansion and replication across higher levels of the Army.

When do you submit an initiative?

You can submit an initiative whenever you think it is ready to enter the IEP Submission process. The IEP submission cycle is continuous and does not have a specific submission date.

Is the IEP Submission Process for new initiatives only?

The IEP Submission Process is for new and existing initiatives. You can submit new initiatives at the "idea" or development stage if you think that your initiative has the potential for Army-wide implementation. You can also submit existing or ongoing initiatives if you want your initiative to be considered for Army-wide implementation.

Where do you submit the initiative?

You can submit your initiative or idea at one of two levels depending on where you work. The two levels of IEP submission are the installation/local and Army Command (ACOM)/Army Service Component Command (ASCC)/Direct Reporting Unit (DRU) (e.g. U.S. Forces Command (FORSCOM), U.S. Training and Doctrine Command (TRADOC), U.S. Army Pacific (USARPAC) levels.

Level	Submission Recipient
Installation/Local	Installation's Community Ready and Resilient Integrator (CR2I)
ACOM/ASCC/DRU (Command)	Command level Health Promotion Program Officer (HPPO), Command level G-1[1], or designated R2 representative

The IEP submission process is a stepwise process. Initiatives implemented at the installation/local level must be submitted for consideration at the Command level prior to submission for consideration at the Headquarters, Department of the Army (HQDA) level. If the ACOM/ASCC/DRUs approve your idea for further consideration for Army-wide implementation at the Command level, the ACOM/ASCC/DRU will submit your initiative to HQDA G-1, SHARP Ready and Resilient Directorate (SR2) for scientific review.

The initiative submitters will send their IEP documentation to G-1, SR2 using the submission materials on the SR2 SharePoint site. Upon receipt of all submission materials, G-1, SR2 will review the submission. G-1, SR2 will track each initiative's progress on the SR2 SharePoint site. Individuals and Commands can review the status of their initiative on the SR2 SharePoint site. Additionally, initiative submitters and Commands will have access to view historical initiatives submitted to HQDA, SR2 via the SR2 SharePoint site.

What documents do you submit for review in the IEP?

When you submit your initiative for review, you must submit the following documents: 1) the Initiative Abstract, 2) the IEP Memo, and 3) documents supporting your IEP Memo. You must complete the Initiative Abstract (Boxes 1-10)

before Army leadership will consider your initiative for replication and adoption across an ACOM/ASCC/DRU or as an Army program. Please see the example of the Initiative Abstract Template and completed Initiative Abstract.

You must complete the IEP Memo before Army leadership will consider your initiative for replication and adoption across an ACOM/ASCC/DRU or as an Army program. Address your IEP Memo to the Point of Contact (POC) in the next level of review in the Initiative Evaluation Process. The memo has to provide a summary of each of the following items: A) Proposed R2 initiative, B) Problem Statement, C) Facts Bearing on the Problem, D) Assumptions and Constraints, E) Courses of Action (COA), F) Evaluation Criteria, G) Comparison, H) Summary of Goals, I) Recommendation, J) Expected Resource Requirements, and K) Point of Contact. Reference Memo enclosures (supporting documents) according to the memorandum template. The IEP Guide

includes an example IEP Memo Template and completed IEP Memo for your reference.

The supporting documents (Memo enclosures) are the completed templates for the initiative components; you must include them for review prior to considerations for replication and adoption of your initiative across an ACOM/ASCC/DRU or as an Army program. The supporting documents should include the following completed initiative component templates: 1) Problem Statement and Background, 2) Root Causes and Determinants, 3) Needs Assessment, 4) Intelligence Gathering, 5) Logic Model, 6) SMART Goals and Objectives, 7) Data Collection Results, and 8) Communication Plan. You can find example templates and completed templates for each of these initiative components in their respective sections.
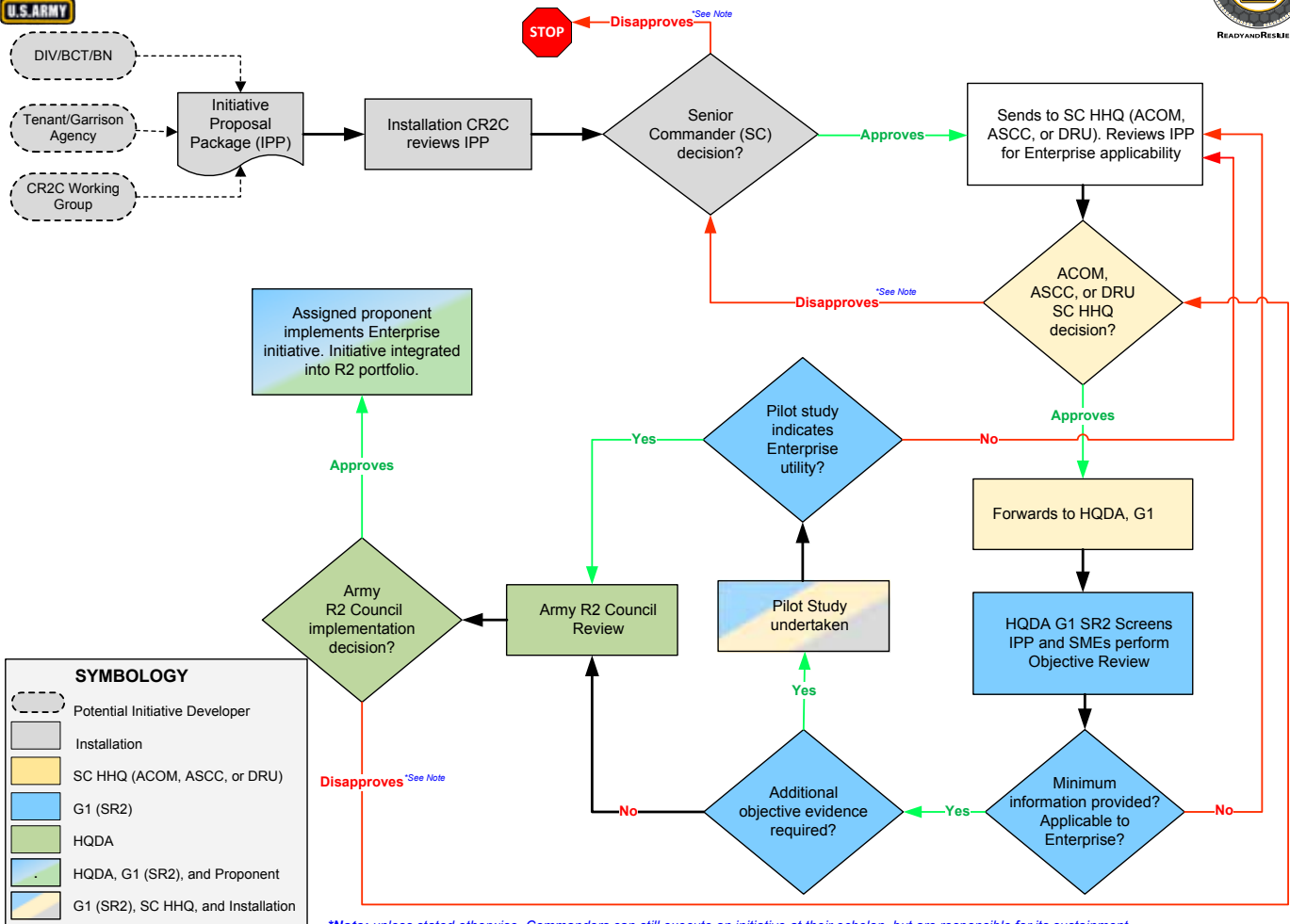
Initiative Evaluation Process

DIV/BCT/BN

Tenant/Garrison Agency

CR2C Working Group

Initiative Proposal Package (IPP)

Installation CR2C reviews IPP

Senior Commander (SC) decision?

Disapproves *See Note

STOP

Approves

Sends to SC HHQ (ACOM, ASCC, or DRU). Reviews IPP for Enterprise applicability

ACOM, ASCC, or DRU SC HHQ decision?

Disapproves *See Note

Approves

Forwards to HQDA, G1

HQDA G1 SR2 Screens IPP and SMEs perform Objective Review

Minimum information provided? Applicable to Enterprise?

No

Yes

Additional objective evidence required?

No

Yes

Pilot Study undertaken

Pilot study indicates Enterprise utility?

No

Yes

Army R2 Council Review

Army R2 Council implementation decision?

Disapproves *See Note

Approves

Assigned proponent implements Enterprise initiative. Initiative integrated into R2 portfolio.

SYMBOLOGY

Potential Initiative Developer

Installation

SC HHQ (ACOM, ASCC, or DRU)

G1 (SR2)

HQDA

HQDA, G1 (SR2), and Proponent

G1 (SR2), SC HHQ, and Installation

*Note: unless stated otherwise, Commanders can still execute an initiative at their echelon, but are responsible for its sustainment.

SUBMISSION AT THE INSTALLATION/LOCAL LEVEL

The IEP is intended for Total Army Family use to facilitate the development of well-documented, evidence-informed ideas across the Army. The IEP submission and review process at the installation level consists of two phases: the first phase includes the completion, submission, and review of the "Defining the Problem" component. Submissions that meet set criteria are approved to move on to the second phase: completion, submission, and review of the other components of the IEP. As described in Part IV of the guide, the "Defining the Problem" component contains your thoughts or suggestions as to a possible course of action to address a particular problem or meet a specific need that you noticed.

There are five steps for submission at the installation/local level.

1. COMPLETION OF "DEFINING THE PROBLEM" COMPONENT
The IEP has multiple components. However, only the "Defining the Problem" component is included in the Phase I submission for review. Anyone within the Total Army Family who has an idea that they would like to propose for potential implementation can complete and submit this component for review.

2. SUBMISSION OF "DEFINING THE PROBLEM" COMPONENT
You or an installation/local level, designated R2 representative, are responsible for completing the "Defining the Problem" component (Box 1 of the Initiative Abstract) and submitting it to the installation's CR2I for assignment to a CR2C working group. Submissions follow one of two courses of action based upon whether or not they meet review criteria:

"Defining the Problem" submissions designated as not meeting set review criteria by the CR2C Working Group will return to the submitter for further development. (Return to Step 1)

"Defining the Problem" submissions designated as meeting set review criteria by the CR2C working group are approved to move on to Phase II of the submission and review process. SR2 will notify submitters of idea approval as the initiative moves on to the second phase of the IEP. (Move on to Step 3)

3. COMPLETION OF OTHER COMPONENTS
Phase II of the IEP submission and review process requires the completion of the other IEP components (Boxes 2-10 of the Initiative Abstract) for submission. To get started on these remaining components go to Section IV.

As part of the Action Planning process within the CR2C working group, the first step will be to complete boxes 2-7 of the Initiative Abstract. At this point, the working group should ideally brief the proposed initiative to the full CR2C for concurrence prior to implementation. Once the CR2C concurs with implementation of the initiative, the installation CR2I will enter it into the CR2C Impact Tracker. At this point, the initiative champion (and/or CR2C working group) should implement the initiative and complete boxes 8-10 of the Initiative Abstract. The initiative champion (and/or CR2C working group) should also prepare the IEP Memo (see IEP Memo Template) addressed to the Senior Commander.

4. COMMANDER'S READY AND RESILIENT COUNCIL REVIEW
Once collection of the data occurs and all components of the IEP (in other words, all boxes of the Initiative Abstract) and the IEP Memo are completed, the initiative champion (and/or CR2C working group) should brief the initiative, findings, and recommended way ahead to the CR2C. The CR2C will review this information.

Based upon the review, the CR2C will make a recommendation about your initiative to the installation's Senior Commander (SC).

5. SENIOR COMMANDER DECISION

After review of the IEP submission, the installation SC determines: (1) whether or not an initiative should continue implementation at the existing level and (2) whether or not consideration of the initiative implementation at the ACOM/ASCC/DRU (Command) Level based on the information submitted.

With respect to whether or not an idea should continue or implemented at the installation/local level, the SC can decide:

- *COA 1: Continue implementation and monitor at the existing level.* The SC has the option to locally resource, execute, and monitor the initiative for continued use within his/her command. Based on findings, he/she may decide to continue to implement the existing initiative for ongoing data collection, adaptation, and refinement.
- *COA 2: Stop implementation.* Based on the information provided, the SC may also decide to stop initiative implementation. This could be because the initiative was ineffective, because resources are no longer available, because the environment has changed, or for other reasons
- *COA 3: Send back for further development or more information.* The SC may send the initiative back to the initiative champion or designated R2 representative for further development. They may work with the CR2I or CR2C Working Group to develop the initiative further for resubmission or reconsideration. This may be because the initiative had limited evidence of effectiveness, and the SC may want to see additional data before making a decision or because the quality of information provided in the Initiative Abstract and submission needs improvement or is incomplete.

With respect to recommending for implementation at the ACOM/ASCC/DRU (Command) level, the SC can decide:

- *COA 1: Submit for consideration at the ACOM/ASCC/DRU (Command) Level.* Upon approving initiative package and summary, the SC or his/her designee can decide to move the initiative package for review at the ACOM/ASCC/DRU (Command) level. The forwarded package will include a recommendation and supporting data analysis.
- *COA 2: Do not submit.* The SC may also decide that he or she does want to recommend the initiative for consideration at the Command level. This could be because the initiative was ineffective, because the submission package is incomplete or needs additional work, or because while it may be effective at the local level, the SC does not believe it would be relevant to the larger command.

At this point, the ACOM/ASCC/DRU will decide whether to implement the initiative at the Command level (see next section). Of note: if an initiative is recommended for implementation at the ACOM/ASCC/DRU level, the Initiative Development activities (boxes 1-7) need to be completed for this wider-spread implementation. Completion of the Initiative Development activities could occur as part of the IEP submission package at the local level and vetted at the higher level (if this is something the SC makes as a recommendation). Alternatively, development could occur at the ACOM/ASCC/DRU level.

SUBMISSION AT THE ACOM/ASCC/DRU (COMMAND) LEVEL

Initiatives can enter the Initiative Evaluation Process one of two ways at the ACOM/ASCC/DRU (Command) level. If you work at the installation level, you can submit an initiative for consideration for expansion at the ACOM/ASCC/DRU level after successful implementation and demonstration of effectiveness at the installation level. If you work at the ACOM/

ASCC/DRU Command level, you can develop the initiative at the ACOM/ASCC/DRU level and implement it across multiple sections of the Command or several units or locations within the specific ACOM/ASCC/DRU as part of a multi-site pilot.

There are three steps for submission at the Command level.

1. COMPLETION OF IEP ABSTRACT, IEP MEMO, AND SUPPORTING DOCUMENTS AND PRESENT POSITIVE RESULTS

You, the HPPO, G-1, or Command-designated R2 representative complete the Initiative Development activities (boxes 1-7) for consideration of implementation of the initiative at the ACOM/ASCC/DRU level.

If the reviewed initiative came up from the installation level:

Initiatives implemented at the installation level and submitted to the ACOM/ASCC/DRU level for consideration of expansion must have completed all IEP components (Boxes 1-10), the IEP Memo and be supported by positive results (based on collected and analyzed data as reported in Box 9) and a recommendation from the installation SC. The Health Promotion Program Officer (HPPO), G-1, or Command-designated R2 representative should vet these documents for completeness and accuracy. The Command-designated R2 representative will return incomplete submissions to the initiative submitters without reviewing them.

Completion of the Initiative Development activities (Boxes 1-7) need to occur for wider initiative implementation. The completed activities may have occurred at the installation level in preparation for consideration of implementing this initiative at a higher level. If the HPPO at the lower level completed the documents, G-1, or Command-designated R2 representative should vet them for completeness and accuracy. If the Initiative Development activities (Boxes 1-7) for Command-level implementation were not completed at the installation level, it will be part of the Command-level action planning process.

If the ACOM/ASCC/DRU developed the reviewed initiative:

The initiative owner, initiative champion, or Command-designated R2 representative must complete the Initiative Development activities (Boxes 1-7 of the Initiative Abstract) for review by the command level CR2C. To get started on these components, go to Section IV.

As part of the Action Planning process within the ACOM/ASCC/DRU level CR2C, the working group should review:
• The ACOM/ASCC/DRU level initiative abstract (Boxes 1-7 completed) and supporting documentation → this applies for initiatives that come up to the ACOM/ASCC/DRU from the installation level as well as initiatives developed at the ACOM/ASCC/DRU level.
• The installation-level initiative abstract (Boxes 1-10 completed) and supporting documentation → this applies only if initiative entered the IEP process at the installation level.

At this point, the CR2C working group should ideally brief the proposed initiative to the full Command-level CR2C for concurrence prior to implementation. The approval will continue as shown below:

The ACOM/ASCC/DRU level CR2C concurs with initiative implementation according to the plan associated with Box 7 of the ACOM/ASCC/DRU level Initiative Abstract.

The initiative champion (and/or Command-level CR2C working group) should implement the initiative across the ACOM/ASCC/DRU (three or more sites) and complete Boxes 8-10 of the Initiative Abstract for this level of implementation.

2. COMMAND LEVEL R2 GOVERNANCE REVIEW

Upon collection of all data and components of the IEP (including completion of all boxes of the Initiative Abstract and the IEP Memo), the Command CR2I, Command level G-1, or designated R2 representative should brief the initiative and recommend a way ahead to the Command-level R2 governance (e.g., ACOM/ASCC/DRU CR2C).

Based upon that review, the Command-level CR2C will make a recommendation about your initiative to the ACOM/ASCC/DRU's Senior Commander.

3. COMMAND-LEVEL SENIOR COMMANDER DECISION

After review of the completed IEP Initiative Abstract and the IEP Memo, the Command-level SC determines:

(1) Whether or not an idea should continue to be implemented at the existing level.
(2) Whether or not the idea should be considered for implementation at the HQDA level (i.e., become an Army program) based on the information submitted.

With respect to implementation of an idea, the initiative should continue implementation at the ACOM/ASCC/DRU level; the ACOM/ASCC/DRU SC can decide:

- *COA 1: Continue implementation and monitor at the existing level.* The SC has the option to resource, execute, and monitor the initiative for continued use within his/her ACOM/ASCC/DRU. Based on findings, he/she may decide to continue to implement the existing initiative for ongoing data collection, adaptation, and refinement.
- *COA 2: Stop implementation.* Based on the information provided, the SC may also decide to stop initiative implementation. This could be because the initiative was ineffective, because resources are no longer available, because the environment has changed, or for other reasons.
- *COA 3: Send back for further development or more information.* The SC may send the initiative back to the initiative champion or designated R2 representative for further development. They may work with the designated R2 representative or Command-level CR2C Working Group to develop the initiative further for resubmission or reconsideration. This may be because the initiative had limited evidence of effectiveness, and the SC may want to see additional data before making a decision or because the quality of information provided in the Initiative Abstract and submission needs improvement or is incomplete.

With respect to recommending for implementation at the HQDA level, the SC can decide:

- *COA 1: Submit for consideration at the HQDA level.* Upon reviewing the initiative package and summary, the SC or his/her designee can decide if the initiative package is ready for review at the HQDA level. The forwarded package will include the recommendation to implement across the Army and supporting data analysis. Additionally, this submission may include a recommendation regarding which Army agency should serve as the proponent for this initiative.
- *COA 2: Do not submit.* The SC may also decide that he/she does not want to recommend the initiative for consideration at the HQDA level. This could be because the initiative was ineffective, because the submission package is incomplete or needs additional work, or because, while it may be effective at the ACOM/ASCC/DRU level, the SC does not believe it would be relevant across the Army.

At this point, if recommended to proceed, the initiative will undergo HQDA-level review, where the ultimate goal is for HQDA to decide whether to implement the initiative at the Army level (see next section). Of note: if an initiative is recommended for implementation at the HQDA level, the Initiative Development activities (Boxes 1-7) need to be completed for this wider-spread implementation. This could be completed as part of the IEP submission package briefed at the ACOM/ASCC/DRU level and vetted at the HQDA level (if this is something the Command level SC wants to see prior to making a recommendation). Alternatively, development could occur at the HQDA level.

SUBMISSION AND REVIEW AT THE HQDA (ARMY) LEVEL FOR CONSIDERATION AS AN ARMY-WIDE INITIATIVE

There are three steps for submission at the HQDA level.

1. SUBMIT IEP ABSTRACT, IEP MEMO, AND SUPPORTING DOCUMENTS AND PRESENT POSITIVE RESULTS

The ACOM/ASCC/DRU submits the initiative to HQDA G-1, SR2 for scientific review after recommending that HQDA G-1, SR2 consider implementing the initiative Army-wide.

Initiatives submitted to the HQDA level for review must meet the prerequisite requirements for submission within the R2 Governance Process (Army R2 Council) for approval and recommendation.

Initiatives submitted to the HQDA level for review must include all components, analyzed data supporting the initiative (in other words, completed Boxes 1-10 of the Initiative Abstract at the ACOM/ASCC/DRU level), and the IEP Memo addressed to the POC at HQDA G-1, SR2.

2. REVIEW BY HQDA G-1 SR2 AND SME

If all requirements are satisfied, the HQDA G-1 SR2 POC will review all required forms, determine completeness; and, if complete, pass the initiative to an SME in the field of assessment and evaluation, resilience, and/or personal readiness to conduct a scientific review of the initiative. Then, this group will make a recommendation regarding whether to implement the initiative Army-wide to the Army R2 Council.
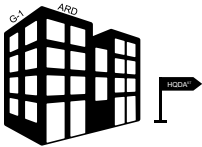
3. DECISION BY HQDA G-1 SR2

The Army R2 Council can choose from three possible COAs.

1. *Recommend for Army-wide implementation.* Based on the information provided, the Army R2 Council may believe an initiative is well suited for Army-wide implementation.
   - If the initiative shows potential as an Army-wide initiative, HQDA G-1 SR2 will identify a lead proponent to coordinate this strategic phase initiative development.
   - The HQDA G-1, SR2 will coordinate with the identified proponent and the scientific element (e.g., Army Public Health Center or other SMEs) to develop, implement, and execute the initiative.

   If the Vice Chief of Staff of the Army approves the initiative for Army-wide implementation, the Army will implement the initiative and enter it into the Ready and Resilient (R2) Evaluations process for continued evaluation and monitoring according to published procedures.

2. *Do not recommend for Army-wide implementation.* Based on the information provided, the Army R2 Council may decide that an initiative is ill suited for Army-wide implementation. An initiative may be rejected, if the initiative is ineffective, incomplete, requires additional work, or if the collected data was insufficient to make an informed decision. The basis for rejection could also be that the expected benefits do not outweigh the resource requirements, or because, while it may be effective at the ACOM/ASCC/DRU level, the Army R2 Council does not believe it would be relevant across the Army. In this case, the ACOM/ASCC/DRU maintains the authority to resource and execute the initiative at that level or among its subordinate units/at its installations.

3. *Send back for further development.* The Army R2 Council may send the initiative back to the initiative champion or designated R2 representative for further development. They may work with the designated R2 representative or Command-level CR2C Working Group to develop the initiative for resubmission or reconsideration. This may be because the initiative had limited evidence of effectiveness and the Army R2 Council may want to see additional data before making a decision (which could involve additional data collection and evaluation at the ACOM/ASCC/DRU level), or because the quality of information provided in the Initiative Abstract and submission needs improvement or is incomplete.

IEP MEMO Template

OFFICE SYMBOL   Date

MEMORANDUM FOR U.S. Army [NAME HIGHER LEVEL AGENCY TO WHOM THIS IPP IS BEING SUBMITTED FOR CONSIDERATION], [ADD STREET NUMBER AND NAME, CITY, STATE, AND ZIP CODE]

SUBJECT: Initiative Proposal Package for [R2 initiative name]

1. Write a memorandum to the point of contact in the next level of review in the Initiative Evaluation Process (IEP) asking for review of the Initiative Proposal Package. Summarize the package and its contents in this document. Follow guidance for developing a memorandum as outlined in AR 25-50, Preparing and Managing Correspondence, Chapter 2. Memo should not exceed two pages; see section 2-5 of AR 25-50.

2. This memo should provide a summary of each of the following items as required by DA PAM XX and should highlight the relevant information leaders and their staff should be aware of when making a decision. Memo enclosures should referenced the memorandum here.

    a. Proposed R2 initiative: Summarize the idea in paragraph form.

    b. Problem statement: Provide a concise description of the problem.

    c. Facts bearing on the problem: Summarize root causes, needs, etc. that led to the development of the initiative.

    d. Assumptions and constraints: Summarize information from environmental scan (SWOT, etc.).

    e. Courses of action (COA): Summarize considered ideas, including the initiative proposals.

        (1) COA 1

        (2) COA 2

        (3) COA 3

    f. Evaluation criteria: Describe the evaluation criteria used to determine the COA selected.

    g. Comparison: Outline the advantages and disadvantages of your initiative.

        (1) Advantages:

        (2) Disadvantages:

h. Summary of goals, findings and initiative effectiveness: Provide the BLUF about what happened when implemented at the lower level.

i. Recommendation:

(1) Proposed COA (initiative). Describe your recommendation for consideration and initiative replication for adoption across an ACOM/ASCC/DRU or adopted as an Army program. Include who the target audience is and process used to generate outputs and outcomes that generate the desired effect.

(2) Recommendations must lay out the envisioned short- (over the course of 1 year), mid- (2 to 3 years), and long-term (4 years and beyond) outcomes.

j. Expected resource requirements:

(1) Specify manpower (who executes the processes (existing or new)).

(2) List expenditures incurred and anticipated in the future.

k. Point of contact: List of point of contact.

AUTHORITY LINE:

9 Encls   SUBMITTER J. DOE
1. Initiative Abstract
2. Problem Statement & Background   STANDARD SIGNATURE BLOCK
3. Root Causes and Determinants
4. Needs Assessment
5. Literature Review
6. Logic Model
7. SMART Goals and Objectives
8. Data Collection Results
9. Communication Plan

OFFICE SYMBOL   Date

MEMORANDUM FOR U.S. ARMY OPERATIONS COMMAND (OPSCOM), 123 MAIN ST, ANY-WHERE, TEXAS 45678

SUBJECT: Initiative Proposal Package for Reducing Injury and Obesity Together (RIOT) among OPSCOM Soldiers

1. This memorandum is requesting BG Black to review the submitted Initiative Proposal Package for Reducing Injury and Obesity Together (RIOT) initiative for consideration for expansion of RIOT across Operations Command (OPSCOM). The Initiative Proposal Package contains a completed proposal, which summarizes the RIOT initiative at Ft. Fleetwood with the 123rd Stryker BDE and provides documented results of the pilot as instructed by the IEP Guide.

2. This memo provides a summary of the Initiative, Problem Statement, Facts Bearing on the Problem, Assumptions and Constraints, Courses of Action (COAs), Evaluation Criteria, Comparison of COAs, Summary of Findings, Recommendations, and Expected Resources as required by Department of the Army Pamphlet 600-24. The following enclosures are included: IEP BLUF, Problem Statement and Background, Root Causes and Determinants, Needs Assessment, Literature Review (Intelligence Gathering), Logic Model, SMART Goals and Objectives, and Data Collection and Results.

    a. Proposed R2 initiative: This initiative uses the Army Wellness Center to conduct an educational and skills building program aimed at reducing obesity and unintentional injury. The initiative consists of 10 weekly educational sessions conducted in small group format. This initiative is a Ready and Resilient program that addressed problems of injury and obesity for Soldiers and has shown preliminary evidence of effectiveness.

    b. Problem statement: In 2017, the 123rd BDE had the highest unintentional injury rate at Ft. Fleetwood and 9% did not pass the height and weight requirements. According to the 2016 Health of the Force report, the overall injury incidence rate for Ft. Fleetwood is 1,514 (per 1,000) and the rate of obesity is 23.3%. The average Army injury rate is 1,399 (per 1,000) and the average Army rate of obesity is 17.3%. If this problem continues, the number of 123rd BDE Soldiers determined by the Medical Evaluation Board to be Not Fit for Duty will increase. The inability to get Soldiers back to their units decreases the workforce that Commanders have to complete their mission and operations. Additionally, Ft. Fleetwood Soldiers will not meet weight standards. Not meeting weight standards prevents Soldiers from receiving medical clearance for deployment.

    c. Facts bearing on the problem: Several underlying causes for the higher levels of injury and obesity exist at Ft. Fleetwood. The team brainstormed, conducted intelligence gathering, and implemented a needs assessment to gather facts bearing on the problem. The Intelligence Gathering supported two social factors (or determinants) which were: (1) that the Army has a predominately-male workforce and (2) Soldiers work in high-risk jobs.

Through brainstorming, we discovered two social factors (i.e., transportation challenges and limited healthy food options on or near the installation). Finally, we found two behavioral factors (i.e., Soldiers have a fear of injury when engaging in physical activity and Soldiers have poor eating habits that contribute to obesity). The team conducted a root-cause analysis and found that root causes of our social determinants included recruitment strategies that targeted males over females and males receive more rewards for risk-taking than females. Root causes of the identified behavioral determinants are a lack of knowledge of injury prevention techniques, gender differences in food choices, and lack of healthy eating habits. The root causes of the environmental determinants leading to the development of this initiative were the lack of public transportation on the Ft. Fleetwood Installation, dining facility policies that limit eating hours, and limited disposable income to buy healthier foods off base particularly among Junior Enlisted soldiers.

    d. Assumptions and constraints: The initiative team conducted an analysis to identify the installation strengths, weakness, opportunities, and threats (SWOT) related to implementing an injury and obesity prevention initiative. Strengths that will help this initiative are strong installation support from the Holland Military Treatment Facility (MTF) at Ft. Fleetwood, the on-post fitness centers and Army Wellness Center, and the installation's leadership. Weaknesses that may hinder the success of this initiative are dining facility (DFAC) hours, lack of budget, and personnel shortage. Additionally, Soldiers may be taking medications that cause weight gain, decrease their energy level, or diminish their motivation to exercise (Jones & Stevens, 2010). Opportunities outside of the organization that may positively support the initiative include new technology (such as fitness trackers and nutrition apps), increased partnerships, and increased popularity and availability competitive fitness events such as the Invictus Games, Tough Mudder, and Spartan Games that foster physical activity (Roberts, Lewis, & Clark, 2015). Lastly, threats outside the community that may negatively affect the initiative include policies that reduce Soldiers' motivation to report injury, lack of healthy food choices on and off the installation, food deserts (having more corner stores than grocery stores in the community surrounding the installation), and Junior Enlisted Soldiers with transportation challenges that prevent them from accessing healthier food options.

    e. Courses of action: The initiative team reviewed three possible COAs: maintain the status quo, implement a new busing and transportation program, and implement a behavioral-based education initiative.

    f. Evaluation criteria: Evaluation of the COAs examined for this initiative used six criteria:

      (1) Cost (resources required to reach the desired end state),

      (2) Acceptability (the balance of the cost and risks with advantages gained),

      (3) Suitability (can it accomplish the desired end state),

      (4) Distinguishability (how is it different from other COAs),

      (5) Feasibility (can it be accomplished within the established time, space, and resource limitations), and

(6) Impact (what level of impact will it have on the desired end state). Additionally, we examined how the COAs would affect the domains Doctrine, Organization, Training, materiel, Leadership, Personnel, Facilities, and Policy (DOTmLPF-P) domains.

g. Comparison:

(1) Summary

(a) The first COA was to maintain the status quo. This COA is not a feasible option because Ft. Fleetwood has higher rates of injury and obesity than Army average. Moreover, the needs assessment identified 123rd BDE as having the highest rates of injury on the installation. Maintaining the status quo would negatively affect the company's readiness.

(b) The second COA was to implement a new busing and transportation program that would address the issue of limited food options surrounding the installation and lack of transportation among Junior Enlisted Soldiers. This COA would directly target the policy compo-nent of DOTmLPF-P. We found that this policy change is cost prohibitive, as it would require the installation to buy additional buses and hire drivers. Additionally, we explored increasing trans-portation by communicating with neighboring local governments and found that making chang-es to local transportation plans would not be possible during the current fiscal year. Moreover, these transportation options would address the root causes of obesity on the installation but not the root causes of unintentional injury (Davis, 2017).

(c) Based on the review of these options, the recommended COA is a behavioral-based education initiative that has high feasibility and potential for high impact on injury and obesity. This COA directly targets the training component of DOTmLPF-P. Although this COA has cons, such as the one-time cost of equipment and the time it takes to achieve long-term effects, it is the overall better choice because it meets all other criteria, such as being cost effective when compared to other COAs and supported by the intelligence to effectively reduce obesity and injury (Davis, 2017; Smith, 2013).

(2) Advantages of the RIOT initiative: Advantages of this initiative include it is less costly to implement compared to the other COAs, it has a low risk for adverse events, it is distinctly different, we can utilize existing installation space and personnel to implement the initiative, and it can impact a large number of Soldiers.

(3) Disadvantages of the RIOT initiative: Disadvantages of this initiative include a costly, one-time purchase of equipment; research shows that educational initiatives can be effective population interventions, but observed effects are often small; it takes time to observe long-term behavioral impacts.

h. Summary of goals, findings, and initiative effectiveness: Between 19 Jun 17 and 13 May 18, the initiative implementers conducted assessments and weekly educational sessions with 2,000 Soldiers from 123rd BDE. Soldiers completed pre- and post- initiative questionnaires (n=1,700) and participated in focus groups before initiative (n=32) and after the educational sessions (n=28). Soldiers participating in the initiative were assessed on nutritional knowledge, nutritional intake physical fitness awareness, and satisfaction with physical fitness training. Health educators, dieticians, and strength and condition trainers conducted the educational sessions. The educational initiative has demonstrated several preliminary benefits. Nutritional test scores among Soldiers increased by 12 points out of 100 points, and physical fitness test

scores increased by 5 points out of 300 points. Soldiers reported a 25% increase in satisfaction with physical training, and 25% increase in motivation to attend physical training. The number of Soldiers who reported being afraid of injuring themselves while working out decreased by 15%. Finally, knowledge of injury prevention methods increased by 57%.

    i. Recommendations:

       (1) Based on the observed RIOT Initiative success, we recommend continued data collection with 123rd BDE and implementation across Fort Fleetwood.

       (2) We recommend this initiative be replicated throughout Operations Command (OPSCOM) given that many of the problems observed in the 123rd BDE and SWOT analysis identified at Ft. Fleetwood are applicable across the command. The initiative should target Junior Enlisted Soldiers - particularly those who do not pass Army height and weight requirements, those who have experienced physical injury in the previous 3 months because of physical fitness or exercising, and those who recently failed Army Physical Fitness Test (APFT).

       (3) We envision a 25% increase in awareness of dietary and wellness requirements, a 25% in physical fitness awareness, and a 25% increase in Soldiers' satisfaction with physical training throughout the command within 1 year. We also anticipate a 15% increase in daily water intake, a 15% increase in daily fruit intake, a 15% increase in daily vegetable intake, and a 15% increase in Soldiers' participation in physical fitness throughout the command within 3 years. Finally, we anticipate a 10% increase in the number of Soldiers who meet the Army-desired body fat composition, a 12% increase in Soldiers who meet fitness standards, a 15% decrease in chronic health conditions related to obesity, a 10% decrease in unintentional injury, a 10% decrease in chronic health conditions related to lack of fitness, and a 10% increase in satisfaction with physical fitness programs throughout the installation within 6 years of initiative implementation. To determine whether these effects are observed, we recommend that the initiative would collect pre-, post-, and quarterly nutrition surveys; APFT scores; injury rate information; and body composition measurements across OPSCOM.

    j. Expected resource requirements:

       (1) This initiative will require two Health Educators within each Army Wellness Center, two Dieticians, and two Strength and Condition Trainers per installation of implementation. OPSCOM consists of seven installations with 126,000 Active Duty Soldiers. With recommended staffing at .5 full-time equivalent on this initiative, we estimate that 62.2% (± 5%) of all OPSCOM Soldiers can receive the training within Year 3, and 100% of all OPSCOM Soldiers can receive the training by Year 5.

    (2) This initiative incurred an average of $471,923 per year per installation, which included expenses for Labor, Travel, Contracts, Supplies, Equipment, and Printing. We anticipate this initiative will need an additional $148,000 per year to support Labor, Contact, and Supplies costs for central oversight of this initiative at the OPSCOM level. Thus, we anticipate it will cost OPSCOM an average expense of $493,066 per year per installation to implement and monitor this initiative.

    k. Point of contact: Harrison P. Waters, Colonel, U.S. Army.

AUTHORITY LINE:

9 Encls   SUBMITTER Harrison P. Waters
1. Initiative Abstract
2. Problem Statement & Background   STANDARD SIGNATURE BLOCK
3. Root Causes and Determinants
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Contributors and Acknowledgments

Acknowledgments

The U.S. Army Public Health Center (APHC) Public Health Assessment Division of the Health Promotion and Wellness Directorate completed the Initiative Evaluation Process Guide at the request of the SHARP Ready and Resilient Directorate. The Initiative Evaluation Process Guide is a collaborative endeavor undertaken by the following acknowledged team members and stakeholders.

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Glossary

Glossary A
Terms

AAR	After Action Review
ACOM	Army Command
ADM	Army Design Methodology
AFHSB	Armed Forces Health Surveillance Branch
AHLTA	Armed Forces Health Longitudinal Technology Applications
APFT	Army Physical Fitness Test
ASAP	Army Substance Abuse Program
ASCC	Army Service Component Command
AWC	Army Wellness Center
BDE	Brigade
BS	Brainstorming
CDC	Centers for Disease Control and Prevention
CHPC	Community Health Promotion Council
COA	Course of Action
CoP	Community of Practice
CR2C	Commander's Ready and Resilient Council
CR2I	Community Ready and Resilient Integrator
CRG	Community Resource Guide
CSTA	Community Strengths and Themes Assessment
DFAC	Dining Facilities Administration Center
DOD	Department of Defense
DOTmLPF-P	Doctrine, Organization, Training, materiel, Leadership, Personnel, Facilities, and Policy
DPF	Dietary and Physical Fitness Awareness Survey
DRU	Direct Reporting Unit
GAT	Global Assessment Tool
HQDA	Headquarters for the Department of the Army
IEP	Initiative Evaluation Process
IG	Intelligence Gathering
KU	University of Kansas
MAPP	Mobilizing for Action through Planning and Partnership
MDMP	Military Decision Making Process
MIPR	Military Interdepartmental Purchase Request
MOA	Memorandum of Agreement
MOE	Measure of Effectiveness
MOP	Measure of Performance
MWR	Morale, Welfare, and Recreation
NA	Needs Assessment
NACCHO	National Association of County and City Health Officials
OPORD	Operation Order
OPTEMPO	Operating Tempo
PA	Physician Assistant
PMESII	Political, Military, Economic, Social, Infrastructure, and Information
PRT	Physical Readiness Training
PT	Physical Training
R2	Ready and Resilient
SHARP	Sexual Harassment/Assault Response and Prevention
SMART	Specific, Measurable, Achievable, Realistic/relevant, and Time-bound
SPP	Suicide Prevention Program
SR2	SHARP Ready and Resilient Directorate
SWOT	Strengths, Weaknesses, Opportunities, and Threats
USDA	United States Department of Agriculture

Glossary B

Logos

Introduction	Connections	Approach	How to do	Got Questions	Let us help	Summary	Example	Determinants

Problem Statement	Intelligence Gathering	Needs Assessment	Factors Contributing	Root Causes	Environmental Scan	Courses of Action
Goals and SMART Objectives	Logic	Resources	Monitoring/ Evaluation	Implementation Plan	Summary of Implementation	Summary of Results	Communication

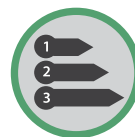|								
Search the Internet	Librarian	Read Findings	Brainstorm	Identify Evidence	Locate Sources	Target Key Factors	Categorize	Gather
Present	Ask/Answer	Record	Identify Potential COAs	Prioritize your COAs	Make a List	Think Broadly	Decide

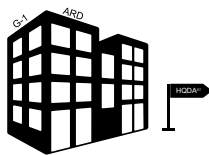|								
Completion of Defining	Submission of Defining	Completion of Other Components	Community Readiness and Resilience	Senior Command Decision	Completion of Components, Results, & Memo	Command Level Personnel Review	Submit IEP Components & Supporting Documents	Review by HQDA G-1

Decision by HQDA G-1