Implementation of the Commander's Ready and Resilient Council

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APHC

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1.   INTRODUCTION

The U.S. Army Public Health Center (APHC) supports the Army Ready and Resilient (R2) Program through installation Commander's Ready and Resilient Councils (CR2Cs), formerly known as The Community Health Promotion Council (or CHPC). The CR2Cs integrate and synchronize the Army's multiple efforts and programs designed to improve readiness and resilience. The R2 will create a holistic, collaborative, and coherent enterprise to increase individual and unit resilience and performance; the R2 ultimately prepares Soldiers, Civilians, and their Families to deal with the rigors and challenges of a demanding profession. The objectives of the program support the broader goals and objectives of the Department of the Army (DA) operational objectives as outlined in the Army People Strategy. The CR2C is the strategic platform to ensure integration across the Army Enterprise.

The CR2C body leads the public health process and uses the framework found in Mobilizing for Action through Planning and Partnership (MAPP). The CR2C is a comprehensive, strategic coalition; it is the actionable body for formalizing health promotion (HP) efforts and actions across Army installations. These actions further support the efforts of Army installations to execute the tenants of the Army Chief of Staff People First Strategy and the Vice Chief of Staff of the Army recommendations for HP, Risk Reduction, Suicide Prevention, Health of the Force, and Personal Readiness and Resiliency.

The CR2C process integrates garrison, medical, and mission efforts in support of the synchronization of HP and personal readiness. At the installation level, the CR2C is chaired by the Senior Commander (SC) or Senior Responsible Officer and includes the Garrison Commander, Medical Treatment Facility (MTF) Commander, Brigade Commanders, tenant unit representation, and appropriate subject matter experts (SMEs) across the installation. Historically, a Health Promotion Officer (HPO), supported by a Health Promotion Program Assistant (HPPA), facilitated the CR2C process. Under current Army operations, the transfer of responsibilities from the HPO to the Community Readiness and Resilience Integrator (CR2I) is complete. The CR2C provides linkages from the SC down to individual units to directly affect Soldiers and ensure the process is driven-based on identified issues and trends. The CR2C is a data-driven process focused on prevention and is the key to delivering integrated HP throughout the Army.

This technical guide outlines the Army model and standardization requirements, explains the process necessary for establishing the CR2C, and describes the requirements and capabilities of the CR2I.

2. ORGANIZATIONAL DESCRIPTION

2.1 Authority

Army Regulation (AR) 600-63 specifies the objectives of the HP program to—

- Enhance the quality of life, resiliency, and wellness for all Soldiers, Family members, Civilians, and retirees; and
- Optimize and coordinate HP-related organizational efficiencies (DA 2015a).

Additionally, AR 600-63 designates APHC as the SME for Army HP. The APHC coordinates with and supports the Army Commands (ACOMs)/Army Service Component Commands (ASCCs)/Direct Report Units (DRUs) mission to provide training, monitoring, and oversight of the CR2Cs to ensure best practices are implemented. According to AR 600-20 (DA 2020b)—

> "The governance process consists of multiple entities including, but not limited to, the Senior Commanders' Ready and Resilient Council (CR2C) and ACOM/ASCC/DRU/Director ARNG CR2C.
> a. At installations, the CR2C is a community-level governing body chaired by the SC to provide a comprehensive approach to readiness and resilience. The CR2C is the platform to determine, prioritize and elevate issues that impact personal readiness and health of the installation, as well as identify gaps and overlaps in capabilities and services to ensure appropriate resources are aligned to identified objectives.
> b. The ACOM/ASCC/DRU/Director ARNG CR2C is a forum in which commanders assess personal readiness across the command, provide guidance, and establish priorities in support of operational objectives.
> c. There are supporting R2 forums at HQDA. These include: the Council of Colonels, chaired by the DCS, G–1, The Surgeon General (TSG), and the DCS, G–9; and the General Officer Steering Committee, chaired by the DCS, G–1, TSG, and the DCS, G–9. The supporting governing process provides an avenue through which challenges and emerging practices are actioned by ARSTAF in support of R2 initiatives."

Appendix A lists required and related references used in this guide.

2.1.1 What is the Capability Gap?

AR 600-20 states, "The mission of the SC is to care for Soldiers, Families, and DA Civilians, and to enable unit readiness." A dedicated, full-time resource or process did not exist to address the holistic nature of this responsibility; thus resulting in stove-piped programs, a collection of disparate data, and an inefficient use of resources at the installations, ACOMs, ASCCs, and DRUs. These situations negatively impacted the Army by contributing to an environment which lacked effective means to analyze and assess trends, undertake methodical proactive measures, and ensure a unified effort towards improving and sustaining both unit and personal readiness.

2.1.2 What is the Required Capability?

A CR2I is required to improve and sustain personal, unit, and community readiness; the facilitator builds a coalition of partners to institute, promote, and sustain effective strategies to continuously improve the health, personal readiness, and quality of life for Soldiers, Families, and Civilians. The coalition will implement and manage a strategic and coordinated approach to improve readiness of the Army and will enhance organizational effectiveness through integrated strategies, quality assessment methods, informed resource allocation, and improved cost efficiency.

The professional literature supports alignment of the CR2C process and CR2I with the SC in support of this mission. The CR2C is the cornerstone and governance structure for readiness and resilience.

2.2   Mission

The HP Operations program, from the APHC Health Promotion and Wellness Directorate, oversees and monitors CR2Cs for Headquarters, Department of the Army (HQDA). The HP Operations Headquarters' infrastructure consists of the HP Operations Program Manager, Project Officers (POs), HPPOs, and Project Specialists located at designated ACOMs, ASCCs, and one DRU. The program manager establishes the standards for HP procedures and metrics and ensures that HP Operations support the overall mission of the directorate. Headquarters POs provide support to the Program Manager and to the Command POs. Command POs and Specialists are embedded at designated command headquarters to coordinate with and provide support to installation CR2Is and command personnel.

The mission of HP Operations is to provide oversight and monitoring of CR2C processes through evidenced-based monitoring tools and standardized evaluation. Monitoring of the CR2C is essential to standardize the process across the Army and to ensure success. The APHC is uniquely qualified to provide this oversight and monitoring as technical experts in facilitation, community HP improvement planning, and community integration. Additionally, with the reach-back to SMEs, APHC ensures that best practices identified by the CR2C are grounded in science with data-driven results.

2.3   Values Statement

The HP Operations embrace the Army values of loyalty, duty, respect, selfless service, honor, integrity, and personal courage. The HP Operations team is dedicated to excellence in the practice of promoting individual, Family, organizational, and community health. The HP Operations staff will adhere to the HP key values, which include excellence together, professionalism, customer satisfaction, and professional courtesy.

3.   RESPONSIBILITIES

3.1   Army Command/Army Service Component Command/Direct Report Unit Project Officer

The Command Health Promotion Project Officers (HPPOs) provide leadership, oversight, and subject matter expertise for the Commands' R2 governance processes executed through the CR2Cs. The HPPOs communicate across mission command lines of effort to support integrated and synchronized preventive actions and to assess and evaluate R2 program execution and policy implementation. The Health Promotion Program Specialists (HPPSs) support HPPOs and the CR2C process to integrate HP initiatives and processes across the organization.

The Command POs are responsible for the oversight and monitoring of all CR2C processes within their respective areas of operation. POs ensure that DA standards and requirements for CR2Cs are being met. The POs are also responsible for ensuring that installation CR2Cs and CR2Is are meeting required standards and deliverables in coordination with the command guidance and requirements.

The bulleted text below outlines ACOM/ASCC/DRU tasks:

- Task 1: Develop, Publish, and Staff the ACOM/ASCC/DRU CR2C Charter.
- Task 2: Develop and Publish the Community Health Improvement Plan (CHIP) (and supporting documents).
- Task 3: Conduct the ACOM/ASCC/DRU CR2C.
- Task 4: Develop, Staff, and Deliver the ACOM/ASCC/DRU Issues and Trends Report to HQDA Army Resilience Directorate.
- Task 5: ACOM/ASCC/DRU Conduct Installation/Senior Commander (I/SC) HP/R2 Technical Assistance Visits (TAVs).
- Task 6: ACOM/ASCC/DRU Participate in HQDA directed Work Group (WG) R2 Governance Meetings.
- Task 7: Oversee Community Resource Guides.
- Task 8: Coordinate and provide support for the Initiative Evaluation Process (IEP).
- Task 9: Contribute to the advancement of evidence-based decisions/actions by providing expert advice.

The Command POs are responsible for executing, documenting, and reporting specific standards and deliverables for respective command processes. They will publish a timeline for the due dates on each requirement 1 month prior to each new fiscal year (see Table 1).

Table 1. Army Commands/Army Service Component Commands Health Promotion Deliverables[a]

DELIVERABLE	REVIEW FREQUENCY
ACOM CR2Cs	Quarterly
Installation Impact Tracker Review	Quarterly
CR2C Minutes and Slides	Quarterly
ACOM/ASCC CR2C Charter signed by current Commanding General (CG)	Annual Review
Program Status Report (PSR) in Strategic Management System (SMS) Review	Quarterly
SMS Dashboard Review, Update ACOM/ASCC priorities	Quarterly
ACOM/ASCC Compliance Reports	Quarterly
Installation CR2C Audits of the PSR	Annual by installation, Quarterly execution
Conduct TAV	Quarterly over 3 years
Memorandum for Record on TAV visit	Quarterly
Issues and Trends Report	Quarterly

Note:
[a]Source: HQDA Operation Order 1 Dec 2016, Enduring Personal Readiness and Resilience, Annex G

3.2   The CR2I

The CR2I is the staff proponent for the SC/SRO to ensure execution and management of the CR2C process and R2 efforts.

The CR2I is responsible for coordinating, planning, organizing, and implementing comprehensive HP and well-being processes based on initiatives to enhance readiness and resilience for the Total Army. The Army authorities, as previously discussed, govern the elements of the HP program. Additionally, the SC identifies and addresses priorities for quality of life, resiliency, and wellness. The CR2I coordinates the implementation of the HP program, interprets guidelines, provides expertise and input for policy recommendations, and coordinates with higher headquarters, tactical units, MTF, garrison, and resource personnel in the Military and Civilian communities. The CR2I serves as a consultant for the process of implementing a holistic community health, resiliency, and well-being plan; the CR2I is also responsible for a variety of assignments/projects, which will be cross functional and program lines of authority. The CR2I should understand and apply the Military Decision-Making Process (MDMP) in the HP

process. The MDMP encourages active collaboration among all organizations affected by pending operations and supports building shared understanding of the situation, participating in courses of action (COAs) development and decision making, and resolving conflicts before publication of a plan or order (see Appendix B).

The CR2I may be a garrison or command DA Civilian asset assigned as special staff to the installation SC to ensure objectives and priorities are met and program deliverables are completed. The CR2I's major tasks when establishing the CR2C are to—

- Develop and/or revise CR2C Charter.
- Develop and publish a Strategic Plan/CHIP.
- Develop and coordinate CR2C WGs, Charters, and Action Plans.
- Conduct CR2C WG reviews and analyze, implement, evaluate Command issues, actions, and resulting impacts.
- Plan, prepare, and execute the CR2C.
- Review and update Community Resource Guide (CRG) or coordinate with the personnel responsible to ensure updates are accurate and timely.
- Conduct CR2C Effectiveness Survey (see Appendix C).
- Document CR2C performance and assessment capabilities in the SMS.
- Conduct required community assessments.
- Coordinate and submit promising practices to the DA G1 Initiative Evaluation Process: https://army.deps.mil/army/cmds/HQDAG1/ARD/assessments_division/evaluations/IEP/SitePages/Home.aspx.

AR 600-63, AR 600-20, and the R2 Plan specify the Army standards that CR2Is—through the CR2C—are required to execute. The CR2Is/CR2C Facilitators are responsible for ensuring all deliverables are completed on time and for establishing CR2C standards. The PO will publish due dates for each of the requirements 1 month prior to the new fiscal year, and feedback for deliverables will be provided on an ongoing basis. Table 2 lists the tasks for the CR2Is/CR2C Facilitators at the installation level.

Table 2. Army Standard Deliverables and Commander's Ready and Resilient Council Metrics

Report	Definition	Frequency	Authority	Recording Requirement
CR2C Minutes	Each installation will conduct a quarterly CR2C.	Quarterly	AR 600-63, para. 2-2.d.(1), 2-1.d.(4).	APHC ACOM/ASCC/DRU SharePoint® Portal
CR2C Charter	Each installation will publish an annual CR2C charter according to AR 600-63.	Annually: 30 January. Annual Review to ensure policy, requirements, and tasks are updated.	AR 600-63, para. 2-1.d.(3).	APHC ACOM/ASCC/DRU SharePoint Portal

Report	Definition	Frequency	Authority	Recording Requirement
Community Resource Guide (CRG)	Digital CRGs should be updated on a regular basis with current and correct health, wellness, and resiliency resources.	Annually: 31 March	AR 600-63, para. 2-1.d.(3).	APHC ACOM/ASCC/ DRU SharePoint Portal
CR2C Effectiveness Survey	The CR2C Effectiveness Survey evaluates the perceptions and satisfaction of the installation level governance structure and provides a format to receive feedback for process improvement from the stakeholders in the process. At least 75% of the CR2C members will complete an annual survey on the effectiveness of the CR2C.	Annually: 31 March.	AR 600-63 para. 1-22 d.g.r.	Verint® (d) Survey system; APHC ACOM/ASCC/ DRU SharePoint Portal
Health Promotion Improvement Plan	Each installation will publish a CR2C Strategic Plan/Health Promotion Improvement Plan/CHIP. This SC signed plan identifies and sets priorities for the installation. It coordinates and unifies approaches to healthy behaviors and community resiliency by aligning with organizational mission and vision and outlines goals and objectives for readiness. Includes a communication plan.	Annually: 15 September. Review annually to ensure accuracy and in line with HQ.	AR 600-63, para. 2-2.d.(1), 2-1.d.(4).	APHC ACOM/ASCC/ DRU SharePoint Portal
Action Plans	Each working group will publish an action plan/charter according to AR 600-63.	Annually: 15 September.	AR 600-63, para. 2-2.d.(1), 2-1.d.(4). AR 600-63, para. 2-2.d.(1), 2-1.d.(4).	APHC ACOM/ASCC/ DRU SharePoint Portal
Impact Tracker	Each installation will tabulate the CR2C taskers and track completion, as well as impacts.	Quarterly: 15 September, 15 December, 15 March, and 15 June.	AR 600-63, para. 2-2.d.(1), 2-1.d.(4).	APHC ACOM/ASCC/ DRU SharePoint Portal
Community Strengths and Themes Assessment (CSTA)	Each installation will coordinate a CSTA execution battle rhythm with APHC to be completed during the fiscal year.	Every 2 years: BY end Q4FY (installations complete throughout the fiscal year and are	AR 600-63, para. 2-1a.(4).	Verint Survey System

Report	Definition	Frequency	Authority	Recording Requirement
		assigned a quarter (Q) to complete by their ACOM).		
CR2C PSR	The PSR is an electronic Web-based assessment with questions regarding CR2C processes, structures, reports/deliverables and requirements according to AR 600-63, Ready and Resilient Campaign, And established requirements set forth by OTSG—APHC (see Appendix D).	Quarterly: Q1: 7 January, Q2: 7 April, Q3: 8 July, Q4: 7 October. Complete by close of first week following the end of the Q.	AR 600-63, para. 1-22 d.,g.,r.	SMS

4. THE FOUNDATION: THE COMMANDER'S READY AND RESILIENT COUNCIL

4.1 The Structure of the Commander's Ready and Resilient Council

The CR2C is a multidisciplinary forum with a standard membership that allows community members to collaborate and address the health and well-being of the installation. The CR2C is a forum to address personal readiness, resilience, and other issues that range from deployment, strategic planning, public works, safety, schools, unit readiness, and many more. The following assumptions are critical to the success of the council:

- The CR2C is the CGs/SC's strategic platform to operationalize HP and R2.
- Community members and CR2C members are fully engaged in every part of the council process. This ensures community ownership of the program.
- Data will guide the development, execution, and evaluation of initiatives—not personal or individually motivated programs.
- The CR2C members (as a coalition) develop a comprehensive strategy for dealing with community issues and leading preventive actions. CR2Is facilitate the process.
- Evaluation focuses on customer feedback, performance/program improvement, and ongoing assessment of the process.

The CR2C functions as a framework to help communities prioritize public health issues, identify gaps and overlaps, identify resources for addressing them, and take action through partnerships and integration. A CR2C is defined as having the following components:

- Chaired by the CG/SC.
- Facilitated by a CR2I.
- Represented by installation service providers (to include the Garrison Commander and MTF Commander as members), tenant organizations, all tenant units, and brigade commanders (minimum SME representation is identified in AR 600-63).
- Identifies goals and objectives to meet requirements established by Army HP (AR 600-63) and R2 Plan, and develops an implementation plan for approval by the SC.

- Provides feedback on policy implementation issues, current trends at the installation level, and recommendations for adjustments to priorities and resourcing.
- Presents innovative practices to be shared across the community and the Total Army.

4.2   Implementing the Commander's Ready and Resilient Council (Forming)

Forming a CR2C is a time-intensive process requiring facilitation and guidance by the CR2I. The first step in establishing the multidisciplinary council is to gain command/executive buy-in. Ensuring command support is vital to the success of the CR2C. Ensuring all elements of the council have a stake in the process will facilitate community ownership of the council.

A charter, signed by the SC, formalizes the CR2C process. Appendix E shows an example of a charter. The charter will establish meeting times, roles, and other pertinent information needed to establish a firm command-driven program. Figure 1 depicts the charter development process. The charter should be updated whenever the SC changes or rotates.
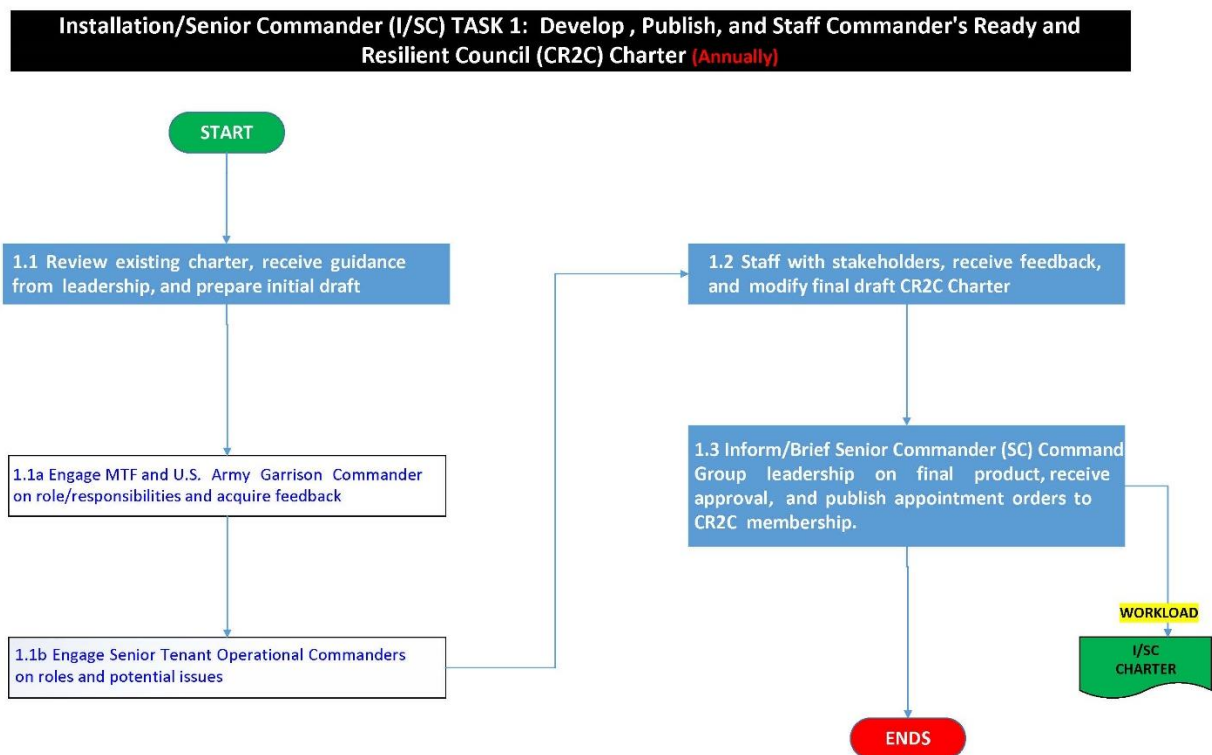

Figure 1. Develop, Publish, and Staff the Army Commands/Army Service Component Commander's Ready and Resilient Council Charter

The CR2C membership encompasses the full scale of health, wellness, and well-being interests on the installation. AR 600-63 shows a recommended list of members. The CR2C members will

be of sufficient rank and responsibility to make actionable decisions. These members have specific roles within the CR2C as SMEs. Some of the members will attend the CR2C on a regular basis and others will act as SME liaisons for Process Action Teams and/or Work Groups. The SC will designate other individuals to attend and participate as required.

Publishing minutes and tasks/actions are essential to monitoring and documenting the CR2C process. All correspondence, agendas, minutes, and memorandums should be formatted according to AR 25-50: "Preparing and Managing Correspondence" (Appendix F; DA 2020a). All documents should be forwarded to the PO and Project Specialist for collection and archiving.

At times, CR2C meetings may review sensitive information. The CR2I is responsible for ensuring all documents are reviewed prior to distribution and all personally identifiable information (PII)/protected health information (PHI) is deleted or appropriately designated. Appropriate security measures should be used when emailing controlled unclassified information (CUI) and PII/PHI information.

5. COMMANDER'S READY AND RESILIENT COUNCIL IN THE PUBLIC HEALTH PROCESS

The CR2C models the MAPP framework (for a presentation on MAPP, see http://www.naccho.org/topics/infrastructure/mapp/index.cfm). It allows communities to leverage champions and develop cross function coalitions for implementing processes, policies, and programs to influence community risk factors. The MAPP process consists of the following six phases:

1. Organizing and building partnerships.
2. Visioning.
3. Collecting and analyzing data.
4. Identifying and prioritizing strategic issues.
5. Developing goals, strategies, and action plans.
6. Taking and sustaining action.

5.1 Organizing for Success

Organizing and engaging partners is the first phase and can be compared to the "forming" stage of any team. This phase builds commitment by engaging participants, making effective use of participants' time, and results in a plan that can be successfully implemented. The installation CR2C team will review the current environment to understand the status of people, processes, and policies on the installation. This information will be used to shape future strategy and plan building, while simultaneously acknowledging previous work and efforts.

The following is a checklist for organizing and engaging partners:

☐ Secure commitment from command and staff (Engage SC).
☐ Be familiar with the CR2C structure as a planning structure.
☐ Examine policy environment.

☐ Define functions and composition of the CR2C (Charter/Strategic Plan).
☐ Identify potential barriers and facilitators to success.
☐ Present plan to leaders for support (develop briefing slides).
☐ Identify related initiatives to integrate and consider ways to coordinate.
☐ Engage partners early and maintain their involvement.

5.2 Building Partnerships

Community movement toward working together and coordinating asset allocation is driven by the need for cost containment and improved utilization of existing resources. This is fully realized through the CR2C, which provides a forum that transcends the traditional functional organizational style of the Army toward a matrix structure that integrates assets across command and control lanes. The CR2I builds relationships and networks with key stakeholders in the community. The degree of networking and relationship building is documented using the Coalition Matrix (Appendix G). The Coalition Matrix is required during the first year for new CR2I/CR2C Facilitators to focus on the integration efforts at the installation level.
The following is a checklist for building partnerships:

☐ Define target audiences (Installation Data Profile).
☐ Identify key individuals and organizations (Coalition Matrix).
☐ Design strategies for engaging partners (WG Action Plans (see Appendix H)).
☐ Identify roles for partners and assign responsibilities (WG Action Plans).
☐ Establish formal partnership agreements (Charters).
☐ Develop accountability and evaluation plans.
☐ Develop communication vehicle to highlight partner activities.
☐ Reassess and evaluate partner involvement and satisfaction.

5.3 Visioning

Vision and value statements provide focus, purpose, and direction. The Army provides vision and value statements for HP and resiliency in AR 600-63 and other campaign plans. The CR2I works with the SC to establish vision, mission, goals, objectives as well as strengths, weakness, opportunities, and threats (SWOT) as part of the CHIP (see Figure 2). Once the vision is established, it needs to be framed in general terms and communicated to the team. The team will subsequently develop the ends (objectives), ways (concepts), and means (resources) to achieve the vision. Establishing a vision can be a creative challenge; however, the process of getting that vision implemented can be achieved easily with an integrative and energetic team.

5.4 Assessing the Community—Obtaining Baseline Measures, Setting Targets, and Measuring Progress

Data are the foundation of effective initiatives. Data are used to capture and assess the needs, risk factors, and positive indicators of the installation. Data are also used to—

• Drive the analysis of processes, programs, and initiatives.
• Substantiate information presented to command on community issues.

- Increase the ability of the community to form partnerships and to compete for grants and other resources.
- Inform resourcing decisions.

There are four assessments in the MAPP process that are key to successfully identifying gaps and overlaps in public health support to the Army installation. Other community stakeholders have data and processes that inform these assessments as well. Each assessment provides data to support a comprehensive approach. These four assessments are—

- Forces of Change Assessment (see SWOT analysis in the CHIP);
- Community Assessment (local Community Health Status Assessment from Army Public Health Nurse or the APHC Health of the Force Report);
- Community Strengths and Themes Assessment (used to identify community perceptions of health, wellness, risk, and programs/services) (see Appendix I); and
- Local Systems Assessment (see paragraph 5.6 below, for links to Community Resource Guide templates and standing operating procedures (SOPs) for identifying gaps and overlaps in existing system).

HP uses a complex systems approach to analyze the wellness of a community. These systems do not function alone; rather, they require an interdependent, multidisciplinary effort in addressing problems in the community. It is important in the CR2C process that data encompass tactical, medical, and garrison information and that a clear strategy for data collection exists across the enterprise. The CR2I will meet with stakeholders and identify the data and processes they use to identify priorities and evaluate or measure performance.

The following is a checklist for Data Collection—

- ☐ Inventory relevant data sources to measure objectives.
- ☐ Review, update, and maintain the CRG.
- ☐ Develop methods for measuring objectives.
- ☐ Gather and evaluate other data and information.
- ☐ Conduct Community Strengths and Themes Assessment.
- ☐ Coordinate Community Health Status Assessment or Health of the Force Report.
- ☐ Complete Coalition Matrix.
- ☐ Update and maintain SMS Reports.

5.5   Identifying Priorities

Strategic issues are the fundamental policy choices facing an organization's or system's vision, mandates, values, services, clients, resources, and/or operations. The CR2C team conducts a mission analysis on the data and strategic issues to identify priorities.

Most installations do not have the resources to address all of the health and well-being challenges at one time. Priority identification will support allocation of resources to problems that are causing the most significant challenges with mission readiness. To determine which priorities to focus on first, the CR2I will—

- Set criteria, examine the data, and develop a list of priority problems for the community.
- Assess the community's capacity to address the problems.
- Determine the changeability and importance of priority problems.
- Assess social, command structure/climate, and economic challenges that might influence the ability to address the problems.
- Identify community programs and policies already addressing the problems. Is a performance/process improvement assessment needed to improve/alter existing infrastructure to better meet the needs of the community?

When assessing the installation, the CR2I will use tools like a gap or root cause analysis, process map, or other project and facilitation tools to identify priorities. The CR2I may address the following questions when developing a list of priorities for the CR2C:

- Identify and prioritize the problem: What does community health or wellness look like? Why is this a problem? What are the consequences of not addressing this problem?
- Find causes and determine impacts: What factors contribute to the problem?
- What practices are effective in impacting the problem? What needs to be in place to make the change/impact the problem?

The following is a checklist for Identifying Priorities—

- ☐ Collect and review assessments and data.
- ☐ Develop common operating terms/definitions (see Appendix J).
- ☐ Conduct assessments (Community Strengths and Themes Assessment, Community Health Status Assessment).
- ☐ Plan for transitions—ensure continuity between stakeholders and commanders (Continuity Book).
- ☐ Define and understand the scope (synthesize the data sources/CHIP).
- ☐ Set criteria for establishing potential priorities or focus areas.
- ☐ Establish a process for final determination of priorities.
- ☐ Identify and obtain information to evaluate areas according to criteria.
- ☐ Select final priority or focus area.
- ☐ Determine types of objectives desired and establish criteria for adoption (WG Action Plans).
- ☐ Outline standard information to include with all priority areas (reporting format) (Briefing Slide Templates).
- ☐ Plan regular intervals to measure and track achievement of targets.

The CR2Is are responsible for developing and publishing the Installation Strategic Plan/CHIP (see Figure 2). The CR2Is and planning teams should ensure the CR2C members are informed and updated on plan status and progress.

I/SC TASK 2: Develop and Publish Community Health Improvement Plan (CHIP)
(Annually)

START

2.1 Review HQ CHIP and receive guidance

2.2 Assemble team and build partnerships

2.2.1 Receive data from field and ongoing efforts

2.2.2 Assess data and determine gaps

2.2.3 Develop Installation Data Profile

2.2.4 Develop Community Themes Assessment

2.2.5 Develop goals

2.2.4 Develop objectives (Measures of Performance

2.3 Draft CHIP

2.3.1 Draft main body

2.3.2 Develop annexes (e.g., Communications Plan)

2.4 Staff, reconcile, and prepare final CHIP

2.5 Brief SC and receive approval on CHIP

2.6 Publish CHIP and associated annexes (e.g., Communications Plan)

WORKLOAD

I/SC CHIP Plan

END

Figure 2. Develop the Army Commands/Army Service Component Commander's Health Improvement Plan and Supporting Documents

5.6   Inventory of Resources—The Community Resource Guide

The CRG is the tool used to inventory programs and to identify gaps and overlaps in existing programs and services on an installation. The guide is a comprehensive list of all the services provided by the installation. The CRGs are web-based and are marketed to the community through tactical, garrison, and medical forums. The CRGs will be used to discern whether existing programs can be modified to meet new community needs or if a new initiative needs to be established. These guides will be updated quarterly and are part of the CR2C Standard Deliverables.

Using the CRG as a gap-analysis tool, the CR2I and CR2C will cross-reference the CRG to identify agencies that are already addressing the same issue. There may be gaps in services if agencies are not addressing an issue or a multidisciplinary approach is required. The CR2C should address this gap if it exists. Additionally, if several agencies are independently addressing the same issue, then modifications may be necessary to better utilize these existing resources.

The CR2Is may be content managers for the CRG project found at: https://crg.amedd.army.mil. The CR2Is/CR2C Facilitators or other content managers will update changes and additions to the CRG on the content manager portal found at: https://crgcm.amedd.army.mil. All content managers are responsible for taking content manager training to access the site and maintain the comprehensive inventory of resources.

The CRG SOP is on the HP Operations extranet CR2C Resource Site: https://eaphc.amedd.army.mil/ImpactTracker/CR2C%20Resource%20Site/Forms/AllItems.aspx?InitialTabId=Ribbon%2EDocument&VisibilityContext=WSSTabPersistence

5.7   Formulate Goals and Strategies

To address priorities once they are identified, WGs will need to be established or repurposed to develop and monitor action plans. Concurrently, a Strategic Plan/CHIP for the installation (see Appendix K for template) will be built around a 3–5 year goal/strategy for influencing these health priorities. The action plans are reviewed and, if needed, revised on an annual basis to ensure they are addressing current needs of the community and performing to an appropriate level of expectation as defined by the outcomes and overall strategic plan. On a quarterly basis, the CR2Is/CR2C Facilitators will document WG and CR2C actions in the Impact Tracker. Documentation ensures progress and results of initiative impacts and outcomes are tracked throughout the life cycle of the initiative (see Appendix L for Impact Tracker). The CR2I will work with installation SMEs to populate Impact Tracker data. The HPPO and HPPS from the ACOM/ASCC/DRU will review all Impact Trackers upon completion for quality assurance and quality control. The CR2I/CR2C Facilitators should inform and update the CR2C members on the status of action plans and results of Impact Trackers.

It is important that action plans include the use of multiple strategies, such as educational policies and environmental strategies within various settings, such as the community, healthcare facilities, schools, local governments, and worksites. Plans should target the community at large (as well as smaller units within that community), address the factors that contribute to the problem, and include various activities to meet differing levels of audience readiness.

A successful Action Planning Cycle includes the following steps:

- Engage WGs.
- Involve the group members and commanders (as appropriate) in planning.
- Determine an intervention action strategy that includes multiple strategies and settings (action plan).
- Develop written goals and objectives for the actions.
- Develop actions that target the entire community.
- Develop actions that target subgroups and settings.
- Prepare a timetable for each activity and its evaluation.
- Prepare a master timetable for activities and evaluation.
- Recruit and train volunteers as needed to help with activities.
- Publicize intervention activities/programs.
- Conduct intervention activities/programs.

- Present results of the intervention to the Commander, CR2C, and WGs (if appropriate).
- Track intervention activities and initiatives within the Impact Tracker including baseline metrics and measurable progress towards the intended outcome (or document negative progress, if applicable).
- Incorporate changes based on results from the evaluation.

Strategic Plans/CHIPs and action plans should consist of targeted goals and actions. A "goal" is defined as a desired future result that a person or a group of people envision, plan, and commit to achieve. People endeavor to reach goals within a finite time by setting deadlines. A goal is similar to a "purpose" or "aim"—the anticipated result that guides action or an end result.

Organizational goal management aims to align WG goals and objectives with the vision and strategic goals of the entire organization. Goal management provides organizations with a mechanism to communicate corporate goals and strategic objectives effectively to each person across the entire organization. It is imperative that a unified message emanate from a pivotal source and provide each person with a clear, consistent message so that each team member within the organization understands how his/her efforts contribute to enterprise-level success.

Goal management includes:

- Assessment and dissolution of blocks to success.
- Time management.
- Frequent reconsideration (consistency checks).
- Feasibility checks.
- Adjusting milestones and main-goal targets.

Once priorities and goals have been identified for the installation, data must be collected by WGs to track the progress of the implementation plan. This will allow the WG to benchmark success over time, which will offer invaluable information for calculating return on investment, cost avoidance, and impacts of CR2C actions. Phases 5 and 6—the action and evaluation phases of the process—are concurrent and overlapping. Continuous evaluation and assessment of impacts and outcomes of intervention activities allows for programs/initiatives that are more robust and processes that are more responsive to address the changing needs of the installation. Continuous assessment and evaluation also allows changes to be made throughout the course of implementation to minimize the risk of resources being invested in a potentially flawed plan.

5.8   Monitoring and Evaluation of Plan

Evaluation must be built into every aspect of the CR2C process. Evaluation is an ongoing process and serves three major purposes:

- To monitor and assess progress during the six phases (process evaluation) of the CR2C/MAPP process.

- To evaluate interventions (outcome evaluation) and understand how the project has or has not achieved its intended purpose.
- To inform decision makers about how to maintain or improve projects.

Three types of evaluation include:

- Process Evaluation: This evaluation is aimed at understanding the internal dynamics of program operations and identifying areas for improvement. We execute ongoing process evaluation to ensure the program is meeting the regulatory standards. These are also called measures of performance (MOP).
- Impact Evaluation: This evaluation is aimed at determining program effects on intermediate objectives, such as changes in behaviors or policies.
- Outcome Evaluation: This evaluation is aimed at assessing program effects on the ultimate goals or outcomes, including changes in health status and wellness, well-being, and quality of life. These are also called measures of effectiveness (MOE).

A logic model is important for program evaluation because it provides a graphical representation about the relationships between the resources invested in the program (inputs), the activities the program engages in (activities), what is produced because of those activities (outputs), and what the program aims to achieve in the end (outcomes). The logic model provides the foundation to develop process and outcome evaluation designs. Appendix M shows the CR2C Logic Model.

A logic model is—

- A graphical representation of program or intervention.
- A graphical representation of the "theory of action"—what is invested, what is done, and what results.
- The core of planning and evaluation.

Logic model development entails three steps:

Step 1: Clarify the program's vision and desired results.
Step 2: Define what action is necessary to achieve those results.
Step 3: Review the model to see if results can be achieved and if there are changes that can be made that would help achieve those results.

By clearly defining the desired "end result" of a project from the earliest stages in the planning process, a clear picture of necessary strategies and activities (as well as the necessary scale and timeframe for project implementation) can be more readily discerned. For more help building a logic model, go to the following sites:

- Logic Model Workbook (InnoNET™):
  http://www.innonet.org/client_docs/File/logic_model_workbook.pdf
- Program Development and Evaluation Resources (University of Wisconsin):
  http://www.uwex.edu/ces/pdande/evaluation/evallogicmodel.html

After the development of evaluation methods, the next step is to monitor progress. Monitoring and evaluation activities will consider the following questions:

- Are goals and objectives being achieved or not? (Impact Tracker)
- Will the goals be achieved according to the timelines specified in the plan? If not, then why?
- Should the deadlines for completion be changed (be careful about making these changes—know why efforts are behind schedule before times are changed)?
- Do personnel have adequate resources (money, equipment, facilities, training, etc.) to achieve the goals?
- Are the goals and objectives still realistic?
- Should priorities be changed to put more focus on achieving the goals?
- Should the goals be changed (be careful about making these changes—know why efforts are not achieving the goals before changing the goals)?
- What can be learned from our monitoring and evaluation to improve future planning activities and to improve future monitoring and evaluation efforts?

5.9   Procedure for Changing the Plan

If changes must be made to the CR2C action plan, the CR2I should consider the following questions:

- What is causing changes to be made?
- Why changes should be made (the "why" is often different than "what" is causing the changes)?
- What specific changes should be made (i.e., goals, objectives, responsibilities, and timelines)?

The following is a checklist for Action Planning:

☐ Create a work-plan and timeline to develop and release the plan (refer to Appendix N: CR2C implementation timeline). In general, at least 10% of the budget (resources and time) should be allocated to evaluation.
☐ Coordinate expertise and staff support.
☐ Assign tasks to teams and individuals (through an operation order (OPORD)).
☐ Establish and implement processes for ongoing input.
☐ Monitor the plan and outcomes through the impact tracker.
☐ Market development process (see below for the communication plan).
☐ Plan periodic reviews.

5.10 Communicating the Plan

To achieve a level of understanding and appreciation for the scope of the health and well-being vision and mission, key leaders must be able to communicate to constituents and leadership that health and well-being are key to the success of the Total Force in the global experience of

our Army. Constant communication with key stakeholders ensures the CR2C process is better understood and appreciated at the tactical, community, and medical levels.

The following is a checklist for Marketing:

- ☐ Involve your Public Affairs Officer.
- ☐ Utilize branding (CR2C logo, Army logo) to build identity.
- ☐ Make logos available to partners. APHC has standardized CR2C logos for all installations.
- ☐ Develop Strategic Communications Plan.
- ☐ Track reach of communications plan through CRG utilization and Facebook® hits.
- ☐ Communicate the plan across the CR2C spectrum: up, down, left, and right.

Figure 3 depicts the tasks and workflow processes to effectively plan, prepare, and execute the CR2C.
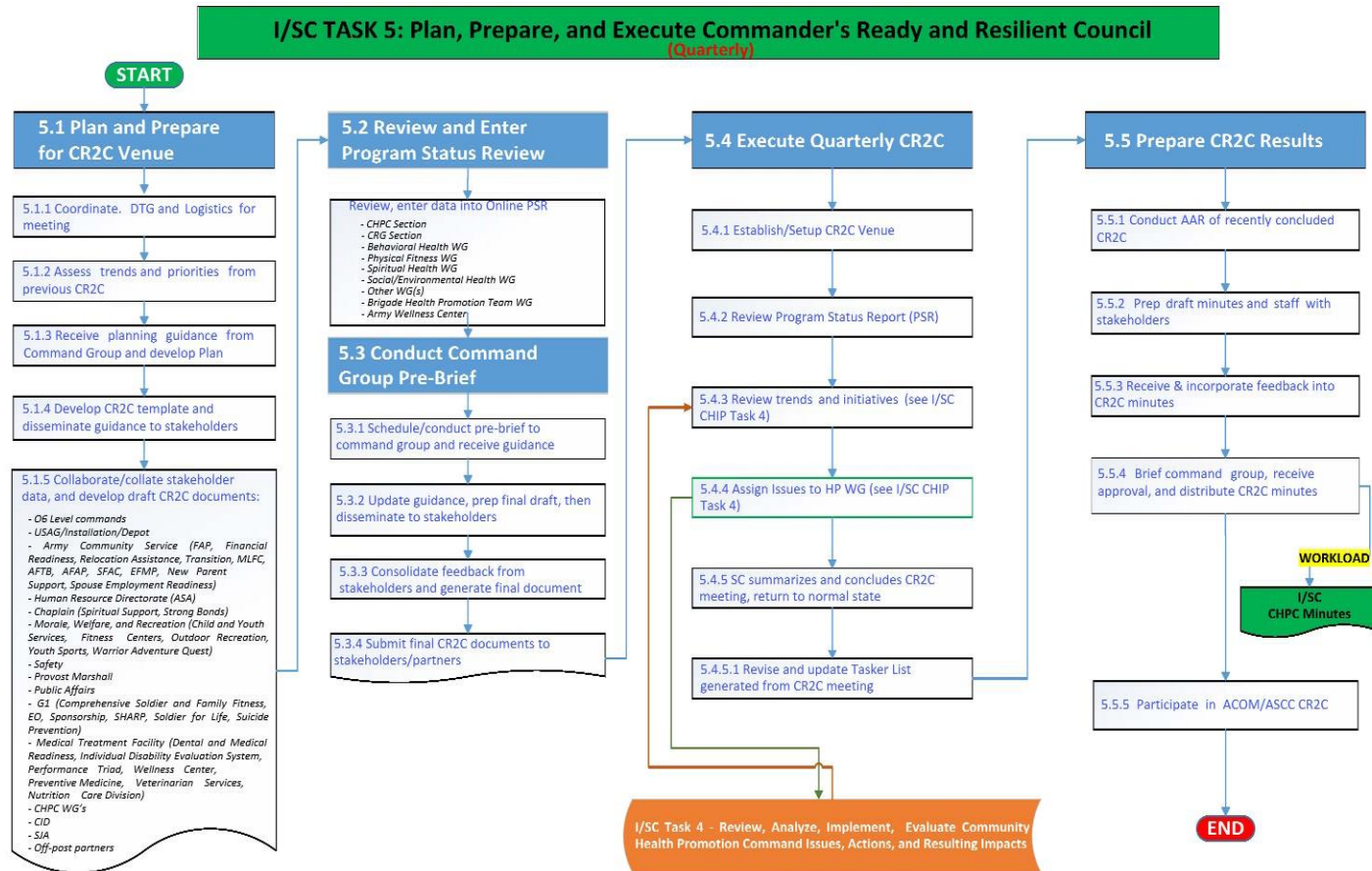
I/SC TASK 5: Plan, Prepare, and Execute Commander's Ready and Resilient Council
(Quarterly)

START

5.1 Plan and Prepare for CR2C Venue

5.1.1 Coordinate. DTG and Logistics for meeting

5.1.2 Assess trends and priorities from previous CR2C

5.1.3 Receive planning guidance from Command Group and develop Plan

5.1.4 Develop CR2C template and disseminate guidance to stakeholders

5.1.5 Collaborate/collate stakeholder data, and develop draft CR2C documents:

- O6 Level commands
- USAG/Installation/Depot
- Army Community Service (FAP, Financial Readiness, Relocation Assistance, Transition, MLFC, AFTB, AFAP, SFAC, EFMP, New Parent Support, Spouse Employment Readiness)
- Human Resource Directorate (ASA)
- Chaplain (Spiritual Support, Strong Bonds)
- Morale, Welfare, and Recreation (Child and Youth Services, Fitness Centers, Outdoor Recreation, Youth Sports, Warrior Adventure Quest)
- Safety
- Provost Marshall
- Public Affairs
- G1 (Comprehensive Soldier and Family Fitness, EO, Sponsorship, SHARP, Soldier for Life, Suicide Prevention)
- Medical Treatment Facility (Dental and Medical Readiness, Individual Disability Evaluation System, Performance Triad, Wellness Center, Preventive Medicine, Veterinary Services, Nutrition Care Division)
- CHPC WG's
- CID
- SJA
- Off-post partners

5.2 Review and Enter Program Status Review

Review, enter data into Online PSR
- CHPC Section
- CRG Section
- Behavioral Health WG
- Physical Fitness WG
- Spiritual Health WG
- Social/Environmental Health WG
- Other WG(s)
- Brigade Health Promotion Team WG
- Army Wellness Center

5.3 Conduct Command Group Pre-Brief

5.3.1 Schedule/conduct pre-brief to command group and receive guidance

5.3.2 Update guidance, prep final draft, then disseminate to stakeholders

5.3.3 Consolidate feedback from stakeholders and generate final document

5.3.4 Submit final CR2C documents to stakeholders/partners

5.4 Execute Quarterly CR2C

5.4.1 Establish/Setup CR2C Venue

5.4.2 Review Program Status Report (PSR)

5.4.3 Review trends and initiatives (see I/SC CHIP Task 4)

5.4.4 Assign Issues to HP WG (see I/SC CHIP Task 4)

5.4.5 SC summarizes and concludes CR2C meeting, return to normal state

5.4.5.1 Revise and update Tasker List generated from CR2C meeting

5.5 Prepare CR2C Results

5.5.1 Conduct AAR of recently concluded CR2C

5.5.2 Prep draft minutes and staff with stakeholders

5.5.3 Receive & incorporate feedback into CR2C minutes

5.5.4 Brief command group, receive approval, and distribute CR2C minutes

WORKLOAD

I/SC CHPC Minutes

5.5.5 Participate in ACOM/ASCC CR2C

END

I/SC Task 4 - Review, Analyze, Implement, Evaluate Community Health Promotion Command Issues, Actions, and Resulting Impacts

Figure 3. Commander's Ready and Resilient Council Execution Task Workflow

5.11 Communicating CHIP and Action Plans

Communication is the process of transmitting ideas and information. For the CR2C, that means conveying the Strategic Plan/CHIP, action plans, and accomplishments to the leadership and the community. Communication can take many forms, including:

- Word of mouth.
- News stories in both print and broadcast media.
- Press releases and press conferences.
- Posters, brochures, and fliers.
- Outreach and presentations to other health and community service providers and to community groups and organizations.

To communicate effectively, it helps to plan out what you want from your communication and how to achieve it. To develop a plan for communication, you have to consider the following basic questions:

- What is your purpose?
- Who is your audience?
- What is your message?
- What communication channels will you use?
- How will you actually distribute your message?

What you might want to say depends on what you are trying to accomplish with your communication strategy. Whom are you trying to reach? Knowing who your audience is makes it possible to plan your communication logically. You will need different messages for different groups. You will need different channels and methods to reach each of those groups. To keep communication channels open, make personal contacts, give the leadership and community members' reasons to want to help you, and follow through over time to sustain those relationships. Those that can help you spread your message can vary from formal community leaders (e.g., Command groups, SMEs, Chaplains) to community members living and working in the community.

5.12 Work Groups

The WGs are the working bodies of the CR2C that address the priority areas identified by the CR2C. The WGs should be multidisciplinary teams with the ability to address the following focus areas outlined in AR 600-63:

- Psychological.
- Physical.
- Spiritual.
- Social/Environmental.
- Family.
- Other installation concerns.

A successful framework for these WGs includes identified membership, frequent meetings, and specified objectives and tasks (see Appendix O). According to the standard CR2C structure and AR 600-63, WGs should report their progress to the CR2C at least quarterly. Thus, each WG should meet at least monthly to accomplish tasks between CR2C meetings. The following list includes a summary of key WG objectives and tasks:

- Membership:

  o Limit to key players and decision makers with access to the high-risk population that may be targeted by future interventions. Ensure members have expertise or experience in the working group.
  o A qualified subject matter expert (SME) should chair the WG.
  o At a minimum, the chair of each WG should also be a chartered member of the CR2C and attend the meetings regularly. At least one or more members of each CR2C WG should be a chartered member of the CR2C.

- Frequency:

  o Meet at least monthly to accomplish tasks between CR2C meetings and ensure proper stakeholders are involved.
  o Assess and validate data and evaluate the need for additional data.
  o Develop an accurate problem statement.

- WG Lead checklist:

  o Coordinate with CR2I prior to first meeting.
  o Prepare sample charter and meeting agenda.
  o Establish the WG calendar and sign-in sheet.
  o Identify recorder and capture minutes. Ensure minutes capture actionable items.
  o Prepare action plan template and examples if available.
  o Use tools (e.g., gap analysis) to develop possible interventions targeted to the problem/issue.
  o Coordinate with CR2I to present interventions at CR2C for information and/or decision.
  o Use a logic model to describe the evaluation of interventions to evaluate and demonstrate effectiveness and performance.
  o Develop action plans to address and mitigate identified challenges within the installation community.

Action planning will help to determine specific activities, implementers, timeframes, and needed resources. In the action planning process, WGs will develop goals related to the identified strategic issues and goals; generate a range of strategies and actions to address the goals/objectives; and help the community achieve its vision. The WG members should develop a measurable outcome objective or set of outcome objectives for each identified strategy/action. Each outcome objective may generate a number of specific impact and process objectives that

will direct the development of activities in the work plan. Evaluating the implementation of strategies and assessing what was accomplished, is an important piece of the Action Process:

- Action Plans: Action plans should be developed as separate documents from the Strategic Plan/CHIP and should be short-term plans to address the goals of the CHIP/ Strategic Plan.

- Process Objectives: Action statements aimed at affecting one or more of the contributing factors that influence the level of risk factors and determinants. Process objectives should be—

    o Short term (usually 6 months to 1 year);
    o Realistic; and
    o Measurable.

- Impact Objectives: The level to which a direct determinant or risk factor is expected to be reduced within a specified time period. Impact objectives relate directly to risk factors or determinants of the health problem, and should determine *how* and *when* the program should affect the determinant. Impact objectives are quantitative measurements of determinants at some future date. Impact objectives should be—

    o Intermediate (1–5 years);
    o Realistic; and
    o Measurable.

- Outcome Objectives: The level to which a health problem *should* be reduced within a specified time period. Outcome objectives relate directly to strategic goals and should determine *how much* and *when* the strategy/activity should affect the health problem. The desired outcome objective is the quantitative measurement of the health or systems problem at some future date and is something that the program can and should accomplish. Outcome objectives should be—

    o Long Term;
    o Realistic; and
    o Measurable.

The process, impact, and outcome objectives may be used to inform how each WG may monitor and evaluate an implemented intervention, event, or initiative. The Impact Tracker (Appendix K) will be used to describe the status of each initiative and its evaluation. The WG tasks and workflow processes are outlined below in Figure 4.
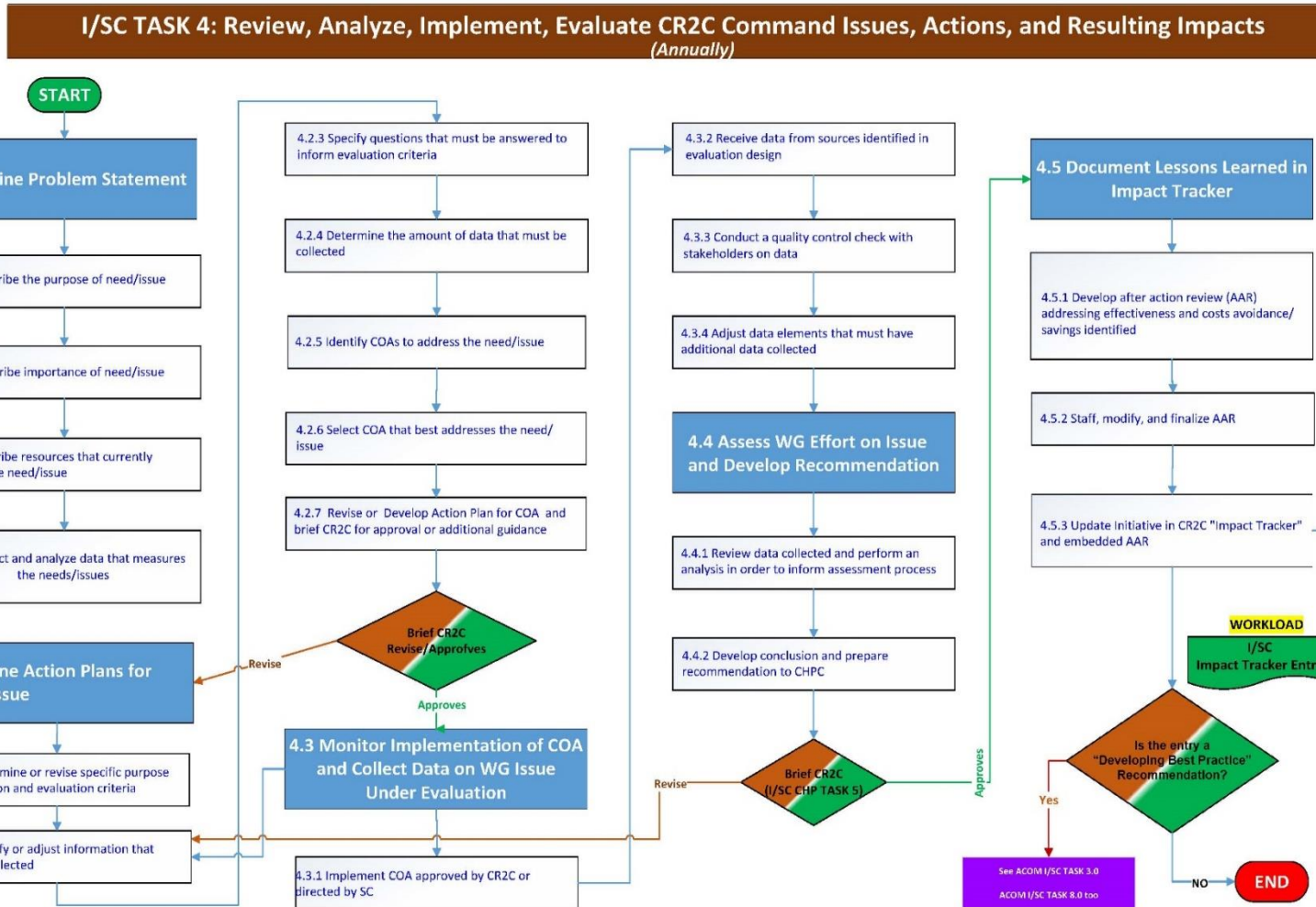
Figure 4. Commander's Ready and Resilient Councils Work Group Tasks and Workflow

5.13 Ready and Resilient Teams (R2T)

Ready and Resilient Teams (R2Ts) (also known as Brigade Health Promotion Teams, Unit Resiliency Teams, Unit Resiliency Councils) are designed to provide Brigade/Unit leadership a forum to synchronize and monitor standards for a safe, healthy environment for Soldiers, Family members, and Civilians. The R2T is intended to provide early detection of risk behavior through systematic surveillance; implement timely, local, and targeted responses; enhance readiness and resilience to sustain the operation tempo; and represent the interests of Soldiers and Family members at the installation. An internal unit coordinator facilitates the R2T and serves as the tactical executor of the Army R2 process to synchronize unit programs, such as Performance Enhancement Coaches, Integrated Disability Evaluation System, Sexual Harassment/Assault Response and Prevention, and Suicide Prevention at the unit level. The CR2I serves as a process consultant to provide support and to help ensure visibility of Unit/ Organization accomplishments through the SC chaired CR2C, which aligns unit/organization needs with garrison and medical program service providers.

The APHC HP Operations and the Command POs have a repository of SOPs and implementation resources for establishing and maintaining R2Ts. The R2Ts are generally composed of stakeholders including:

- Brigade and Battalion Command Team.
- Master Resilience Trainer.
- Safety Officer.
- Brigade Surgeon or Physician's Assistant.
- Risk Reduction Team.
- Military Family Life Consultant.
- Staff Judge Advocate.
- Chaplain.
- Personnel from S-1, S-2, and S-3.
- Unit Prevention Leader.
- Equal Opportunity Officer.
- Behavioral Science Officer.
- SARC/VA.
- Others at the discretion of the Commander.

The performance and effectiveness metrics collected and assessed by the R2Ts will help identify health/well-being concerns, detect opportunities to build resilience, measure the performance of resources, and determine the ability to assess the overall health of the Brigade. The performance metrics used to guide the R2Ts include, but are not limited to the following:

- Medical readiness.
- Annual training requirements.
- Alcohol and Substance Abuse Program referral and completion rates.
- Army Physical Fitness Test or Army Combat Fitness Test results.
- Serious incident reports.

- Drug offenses.
- Global assessment tool completion rates.
- Resiliency training.
- Domestic violence incidents.
- Command Climate Surveys.
- Unit Risk Inventories.
- CRRT/Vantage.

The R2Ts should meet at least monthly and provide updates to the CR2C. The SOP that outlines the mission, objectives, scope, membership, and standard products/services drives each R2T and other components mandated in AR 600-63.

5.14 CR2C Assessment Report/Program Status Report

AR 600-63 requires APHC to conduct a quarterly review of installation CR2C processes to ensure that installation activities are coordinated and executed within the identified minimum standards. The CR2I will complete the online CR2C Program Status Report quarterly in the Army's SMS. POs review the input in the report on a quarterly basis to ensure accuracy. Installations are required to provide evidence of their responses during an annual audit of the report. The POs will conduct site visits to the installations every 3 years to complete a TAV with each CR2I for quality assurance and performance improvement.

6.   CONCLUSION

Primary prevention is defined as the act of moving upstream and taking preventive action before a problem arises. Through high-quality prevention, we can create community environments that foster good health. The CR2C is the integrating function that governs and is accountable for prevention efforts on an installation.

The overall task of installation leadership through the CR2C is to integrate health, wellness, resiliency, readiness, and other related programs and services for Soldiers, Family members, Civilians, and retirees. An effective approach for anchoring the installation infrastructure is to establish an official interagency coordination council (the CR2C) with designated authority and responsibilities along with representatives from relevant agencies, to include representatives from public/outside-the-gate partners. The CR2C infrastructure is the basic system, which the larger R2 depends on, for stability and growth. When fully implemented, the CR2C infrastructure will enable the installation to establish a collaborative organizational system to facilitate community-wide planning, implementation, and evaluation of activities that are consistent with Army and local community values and needs.

7.   COMMANDER'S READY AND RESILIENT COUNCIL FACTS

The following facts summarize the CR2Cs:

- CR2Cs elevate and prioritize public health status, targets, and standards; ensure strategic integration of R2; and shift the paradigm from reaction to prevention to improve health outcomes and community health status.
- CR2Cs support optimization of performance at the individual and unit levels through a holistic approach based on all aspects of human performance. This holistic approach considers the whole human and the social, moral, cognitive, and family (home life) aspects that affect physical performance.
- CR2Cs assure resources are clearly aligned to strategic goals, provide consistency in approach and accountability, and integrate HP into the operational environment.
- CR2Cs provide support in ensuring accountability, appropriate authorities, informed resource allocation, and proper assessment methods.
- CR2Cs enhance organizational effectiveness and capacity to meet mission requirements through integration and coordination of health and wellness activities on Army installations. Strategic planning and coordinated approaches to problem solving ensure that goals, objectives, and action plans are developed to address disparities in risks at the installation level. Strategic planning—

    o Develops strategy for issues relating to HP, readiness, resiliency, suicide prevention, risk reduction, and public health.
    o Develops and reviews all proposals to support the HP mission.
    o Facilitates assessment and improvement of quality and cost efficiency through data and metric analysis for HP programs by utilizing APHC evaluation resources.

The CR2C WGs integrate mission, medical, and garrison assets to address community issues. The R2Ts (also known as Brigade Ready and Resilient Teams, Unit Ready and Resilient Teams, Resiliency Councils) ensure this process reaches down to the individual level and is driven by Soldier needs/risks.

Appendix A

References

I.   Required

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Headquarters, Department of the Army (HQDA). 2013. EXORD 110-13*, ISO Ready and Resilient Plan.*

HQDA. 2016. OPORD, *Enduring Personal Readiness and Resilience*, Annex G.

II.   Related

DA. 2010. Army Health Promotion Risk Reduction Suicide Prevention Report. (Department of the Army's Red Book), August 2010.

DA. 2012. Army 2020 Generating Health & Discipline in the Force Ahead of the Strategic Reset Report. (Department of the Army's Gold Book), January 2012.

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http://www.sprc.org/sites/default/files/migrate/library/2010-08_Prevention-of-Suicide-Armed-Forces.pdf

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Appendix B

Military Decision-Making Process

The MDMP is a sequential planning methodology that integrates the activities of the commander, staff, subordinate headquarters, and other partners to understand the situation and mission, develop and compare COAs, decide on a COA that best accomplishes the mission, and produce an operation plan or order for execution. The MDMP helps leaders apply thoroughness, clarity, sound judgment, logic, and professional knowledge to understand situations, develop options to solve problems, and reach decisions.

The MDMP facilitates interaction among the commander, staff, and subordinate headquarters throughout the operations process. It provides a structure for the staff to work collectively and produce a coordinated plan. During planning, staff members monitor, track, and aggressively seek information important to their functional areas. They assess how this information affects COA development and apply it to any recommendations they make.

The MDMP facilitates collaborative and parallel planning as the higher headquarters solicits input and continuously shares information concerning future operations with subordinate and adjacent units, supporting and supported units, and other military and Civilian partners through planning meetings, warning orders, and other means. Commanders encourage active collaboration among all organizations affected by the pending operations to build a shared understanding of the situation, participate in COA development and decision-making, and resolve conflicts before publication of the plan or order.

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Appendix C

Survey of Commander's Ready and Resilient Council Effectiveness

The CR2C Effectiveness Survey is a standard deliverable and supports AR 600-63 and the R2 by establishing standard governance structures. The CR2C Effectiveness Survey evaluates the perceptions and satisfaction of the installation level governance structure and provides a format to receive feedback for process improvement from the stakeholders in the process. The CR2C Effectiveness Survey is one measure tracked within the installation CR2C Assessment Report in the SMS and is a mechanism for providing evidence to the R2 Strategic Objectives.

Good business practice includes surveying the CR2C members using the CR2C Effectiveness Survey. The standard is that each CR2C will be surveyed at least annually (Q2 FY) to assess effectiveness and satisfaction of council. The following are goals for this survey:

- >75% satisfaction rate (3.0 on the Likert scale).
- >75% of the membership (according to the Charter) will complete the survey. You will need to know your baseline membership to track percent completion.

The CR2I uses the information to tailor approaches, educate council members on the progress of CR2C actual objectives versus perceptions, and develop plans of action for the coming fiscal year. Should CR2Is receive negative feedback, they will reassess the format and delivery of the CR2C and its members to meet its objectives more successfully.

Contact APHC PO to coordinate the link for the on-line survey

Appendix D

Commander's Ready and Resilient Council Program Status Report

D-1. INTRODUCTION

The CR2C PSR and SMS Dashboard serves to provide information on the survey instruments used to monitor regularly CR2C processes and outcomes.

D-2. FACTS

APHC uses the SMS and CR2C PSR to monitor and evaluate the execution of CR2C requirements, on a quarterly basis.

The CR2C PSR is an electronic web-based assessment with questions regarding CR2C processes, structures, reports/deliverables, and requirements according to AR 600-63; HQDA OPORD 1 December 2016, *Enduring Personal Readiness and Resilience*; Annex G; and established, evidenced-based requirements set forth by APHC.

The PSR is required quarterly. The assessment report has a weighted logarithmic score established by the program with total possible score of 10. Each installation's responses are weighted and calculated utilizing a percent of total positives responded for each section. Green scores are between 80% and 100%; Amber scores are between 60% and 80% and Red Scores are between 0% and 60%.

The PSR will roll up installation scores and calculate an ACOM/ASCC/DRU level score and an Army level score. APHC serves as the program administrator for the CR2C Assessment Report in SMS.

The SMS allows Regional, Senior, and ACOM/ASCC/DRU Commanders to query the system on the status of their CR2C PSR and monitor execution of goals and objectives established by the Army. The PSR Score generated by SMS is the CR2C Performance Score. This score drives an aggregate ACOM/ASCC/DRU CR2C Performance Score as well as an Army CR2C Performance Score reported under R2 Strategic Objective 4.3, CR2C governance. This objective is part of the DA G-1 Army Resilience Directorate for R2.

Appendix E

Charter Template

[insert command office symbol]

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: U.S. Army XXXX Commander's Ready and Resilient Council (CR2C) Charter

1. REFERENCES.

    a.   Department of the Army (DA). Regulation 600-63, Army Health Promotion, April 2015.

    b.   DA. Regulation 40-5, Army Public Health Program, May 2020.

    c.   DA. Pamphlet 600-24, Health Promotion, Risk Reduction, and Suicide Prevention, 14 April 2015.

    d.   Army 2020 Generating Health and Discipline in the Force (Gold Book), 2012.

    e.   Headquarters, Department of the Army (HQDA) Operation Order, 1 Dec 2016, Enduring Personal Readiness and Resilience, Annex G.

    f.   HQDA Executive Order (FRAGO 4) ISO R2 Plan, 18 July 2014.

    g.   Mobilizing Action through Planning and Partnerships, National Association of County & City Health Officials (NACCHO), www.naccho.org.

2. PURPOSE. To establish the XXXXX Commander's Ready and Resilient Council (CR2C) and the Commander's Ready and Resilient Board.

3. MISSION. Under the direction of the Senior Commander, the CR2C identifies and sets priorities for installation community health promotion and well-being programs; directs the integration and synchronization of installation programs and services; and develops and implements strategies to identify gaps and reduce excess and redundancy.

4. SCOPE.

    a.   Army Health Promotion is a leadership program defined as any combination of health education and related organizational, political, and economic interventions designed to facilitate behavioral and environmental changes conducive to the health and well-being of the Army community. Health promotion encompasses the assets of educational, environmental, and medical support services, enabling people to increase control over and improve their quality of life, health, wellness, and well-being. Army health promotion focuses on the integration of primary prevention and public health practice into community and organizational structure to ensure that health and well-being are part of the way in which the Army does business. Health promotion programs must consider a broad range of health-related factors and should address the following functional areas: health education, behavioral health, physical health, spiritual health, environmental, and/or social health, and financial well-being.

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b.   The XXXX CR2C is the framework to initiate directives from the Army Ready and Resilient (R2), as well as, Comprehensive Solider and Family Fitness (CSF2), and the Command Campaign.

5. OBJECTIVES. The CR2C initiates and develops procedures for implementing installation-wide health promotion, risk reduction, and suicide prevention efforts to maximize readiness, resiliency, and overall quality of life.

a.   The CR2C will achieve the following:

(1) Assess and identify community health needs.

(2) Identify and set priorities for installation community health promotion programs.

(3) Direct the integration and synchronization of installation programs and services.

(4) Develop and implement strategies to identify gaps and reduce excess and redundancy in programs and policies.

(5) Develop a comprehensive marketing and communications campaign plan based on existing resources and demographics.

b.   Principle CR2C tasks are to—

(1) Ensure unity of effort for all programs and services at the installation/region/state level that support and build readiness and resilience. All Health Promotion Team, Ready and Resilient (R2) Team, task force, and work group (WG) efforts will be incorporated into the CR2C. The CR2C will report results to the Senior Commander (SC) and the SC reports all WG trends, efforts, results, and best practices at Army Command (ACOM) and HQDA levels.

(2) Oversee the installation health promotion and resiliency improvement programs, using existing measures and metrics, and developing additional measures and metrics as needed.

(3) Apply knowledge of organizational missions, goals, and objectives to foster communication and understanding among units.

(4) Promote an environment to facilitate an open and fair exchange of information and functions beneficial to installation organizations.

(5) Encourage the use of "best practices" strategies to energize implementation.

(6) Include unit commander participation in order to solicit leader feedback, share trend analyses, and emphasize updates and changes to campaign policy, governance structure, and reporting processes.

(7) Assess community needs, analyze data resulting from program evaluations, and act to mitigate risk, to mission readiness, utilizing installation/region/state Risk Reduction Program tools.

(8) Report installation unit/community mission readiness trends and garrison support responses to ACOM and HQDA to assist in identifying best practices and to inform governance.

       (9) Identify and leverage installation/region/state support agencies, programs, and services to augment and synchronize services provided to Soldiers, Families, and Army Civilians.

       (10) Develop, implement, and evaluate courses of action (COA) in order to address identified community needs.

       (11) Evaluate installation health, wellness, and quality of life programs, which comprise dimensions of health identified in CSF2.

       (12) Oversee installation task forces, committees, and WGs such as, but not limited to, the Suicide Prevention Task Force (SPTF), Fatality Review Committee (FRC), Sexual Assault Review Board (SARB), and Installation Prevention Team (IPT), and so forth.

   a. Each WG, task force, or subcommittee will submit a charter to the council for review and approval.

   b. The CR2C will include WGs in the functional areas of Physical Health, Behavioral Health, Community Services, and Good Order and Discipline. These WGs address the behavioral, physical, spiritual, social, family, and environment health concerns of the installation.

       (1) WGs meet weekly and/or as needed in order to effectively accomplish goals and achieve the overall mission.

       (2) Each WG is assigned an identified lead and facilitator. The lead is responsible for program evaluation, achieving synergy, assessing data, and consolidating reporting for presentation at the CR2C. The facilitator will provide support and assistance as needed.

       (3) Each WG will develop a charter that clearly outlines organization and membership, mission, scope, objectives, outcome measures, as well as how it integrates with other councils/committees, meeting schedules, standard products/services, metrics, assessments, and reporting protocols.

       (4) The CR2I is the point of contact for WG leads, attends WG meetings, provides guidance, and works directly with leads and members to accomplish tasks and the overall mission.

   c. Other installation committees, councils, task forces, and WGs (i.e., SPTF, FRC, IPT, SARB, Armed Forces Disciplinary Control Board) will report to the council and provide information to the council as requested.

6.   MEMBERSHIP.

   a.   The XXXX SC serves as the Executive CR2C chairperson. The Executive CR2C conducts meetings quarterly, or at the discretion of the SC.

b.   The R2 Board will meet bi-quarterly, (twice in one quarter). The XXXX Deputy Commanding General for Support (DCG-S) serves as the chairperson of the R2 Board. The DCG-S will appoint the SC's Chief of Staff as an alternate.

c.   Council and Board members must have the authority and responsibility to commit their organizational resources to achieve CR2C goals and objectives.

d.   The Executive CR2C includes representatives from the following organizations:

(1) Senior Commander (CR2C Chair).

(2) Command Sergeant Major (CSM).

(3) Community Readiness and Resiliency Coordinator (CR2I).

(4) Program Assistants.

(5) Garrison Commander (GC).

(6) Garrison CSM.

(7) Commanders, Major Support Commands (MSC).

(8) Commander, XXXXX Army Medical Center (XXMC).

(9) Commander, Dental Activity (DENTAC).

(10) Commander, XXX Army Health Clinic (SBHC).

(11) Chief, Army Public Health Nursing (APHN).

(12) Chief, Preventive Medicine.

(13) Director, Human Resources (DHR).

(14) Alcohol Drug Control Officer (ADCO).

(15) Suicide Prevention Program Manager (SPPM).

(16) Director, Family Morale, Morale, Welfare, and Recreation (DFMWR).

(17) Clinical Supervisor, Adolescent Substance Abuse Counseling Services (ASACS).

(18) Family Advocacy Program Manager (FAPM).

(19) Director, Logistics Readiness Center (LRC).

(20) Director, Plans, Training, and Mobilization Security (DPTMS).

(21) Director, Public Affairs Office (PAO).

(22) Garrison Chaplain (RSO).

(23) Judge Advocate General (JAG).

(24) Commander, XXth Mission Support Command.

(25) Commander, XXth Theater Sustainment Command.

(26) Commander, XXXth Signal Command.

(27) Commander, XXth Army Air, and Missile Defense Command.

(28) Commander, XX Medical Command.

(29) Commander, XXX Infantry Brigade.

(30) Commander, XXth Military Intelligence Brigade.

(31) Commander, XXth Transportation Brigade.

(32) XXXth Contracting Support Brigade.

(33) Designated Retiree Representative.

(34) Designated Officer Spouse Representative.

(35) Designated Enlisted Spouse Representative.

(36) Associate members as necessary or directed by the Senior Commander.

7. RESPONSIBILITIES.

   a. Senior Commander—

   (1) Implements the R2 at the installation/regional/command-level and uses the CR2C as the forum to synchronize all R2 activities and suicide-prevention efforts.

   (2) Establishes and presides over the CR2C according to AR 600-63, Army Health Promotion, RAR, July 2014, Chapter 2.

   (3) Designates the CR2I as Special Staff to the SC.

   (4) Determines reporting procedures for the CR2C in order to better facilitate the execution of the R2 efforts.

   (5) Appoints the designated standing WGs and committee according to their charters; forms new councils or committees to address specific program areas as needed; or forms ad-hoc task forces to address specific problems. Appoints, designates, and/or assigns council members to lead or serve on subcommittees, councils, WGs, or task forces appointed by the council.

b.   As CR2C Board Chair, the DCG-S—

(1)   Holds Board meetings bi-quarterly, and/or as needed.

(2)   Coordinates budget requirements and administrative support for the CR2C.

(3)   Ensures CR2C members function as active participants in CR2C proceedings.

(4)   Appoints the designated standing WGs and committees according to their charters; form new councils or committees to address specific program areas as needed; or form ad-hoc task forces or WGs to handle specific areas of interest.

c.   Garrison Commander—

(1)   Serves as a member of the CR2C and is the primary provider of installation services and facilities.

(2)   Partners with XXXX Army Medical Center (XXMC) in implementing health promotion programs, to include providing facilities support and staff assistance for unit health promotion events.

(3)   Resources, supervises, and monitors compliance with health promotion and resiliency functions for which they have organizational responsibility to include providing facilities support and staff assistance for health promotion.

(4)   Provides SMEs to the CR2C and WGs as required by this memorandum and as needed. Coordinates with union organizations representing Army Civilians as applicable.

d.   Commander, XXXX Medical Center—

(1)   Serves as principal advisor to the SC with respect to the Army's Health Promotion Program.

(2)   Partners with CR2I to prioritize community health promotion services and programs.

(3)   Provides SMEs to the council as required by this memorandum and as needed.

(4)   Resources, supervises, and monitors compliance with health promotion and resilience functions for which they have organizational responsibility.

(5)   Partners with XXXX and XXXXX in the development and/or implementation of health promotion and resiliency programs to include providing facilities support and staff assistance for health promotion.

(6)   Provides program evaluation consultation to assist with quality assurance reviews.

e.   CR2I—

(1)   Serves as a Special Staff Officer to the SC and provides SME support to the SC on the CR2C and R2 process.

(2) Serves as the SC's representative for Health Promotion, Readiness and Resiliency and has the authority to communicate directly with any staff element or organization within or outside the command on behalf of the SC.

(3) Coordinates the CR2C and R2 for the SC. Monitors and advises the SC on the status of the CR2C and WGs.

(4) Integrates CR2C members to include installation, medical, mission personnel, and community stakeholders that serve as SMEs.

(5) Serves as liaison between the SC, CR2C members, XXXX community members, and APHC.

(6) Coordinates with SMEs to advise the SC on strategies for effective and efficient health promotion initiatives.

(7) With SC direction, leads the CR2C Marketing and Communications plan development and execution, with consultation from Public Affairs Office (PAO).

(9) Supports execution of the tenets of AR 600-63 for the SC by conducting ongoing assessments of CR2C activities through the Quarterly Program Status Report, CR2C Requirements and Tasks, and WG action plans.

f.   CR2C Members—

(1) Attend all council meetings in person or provide an appropriate representative to attend the CR2C meetings.

(2) Have authority and responsibility to commit their organizational resources to achieve CR2C goals, objectives, and installation priorities.

(3) Resource, supervise, and monitor compliance with health promotion functions for which they have organizational responsibility.

(4) Lead subcommittees, councils, WGs, or task forces appointed by the council.

8.   MARKETING AND COMMUNICATIONS PLAN. The CR2C Marketing and Communications plan will deliver CR2C messaging to primary audiences internal to U.S. Army Garrison and to secondary external audiences such as key local communities, Police Department, and State and local government.

a.   Under SC direction, the CR2I leads the development, implementation, and measurement of the CR2C Marketing and Communications Plan in partnership with the PAO.

b.   The CR2I and the PAO report to the CR2C on the measurement of the plan's impact and its progress toward defined outcomes, quarterly.

9.   MEASUREMENT AND ACCOUNTABILITY. The identified requirements and deliverables necessary for the CR2C to complete. These processes are proven to enhance the structure and development of the installation's CR2C. The following deliverables will provide measurement and accountability:

   a. Executive CR2C, Quarterly.

   b. CR2C Board, Bi-quarterly (if needed).

   c. Unit Ready and Resilient Teams, Monthly.

   d. Impact Tracker, Quarterly.

   e. Installation Data Profile, Annually.

   f. CR2C Effectiveness Survey, Annually.

   g. CR2C Assessment Report (Strategic Management System), Quarterly.

   h. Minutes, Monthly.

   i. CR2C Charter, Annually (or with change in SC).

   j. Community Resource Guide, Annually.

   k. CR2C CHIP, Annually.

   l. WG Action Plans, Annually.

   m. CR2C Structure Process Evaluation, Annually.

   n. Coalition Matrix, Ongoing.

10. The point of contact for this memorandum is XXXX CR2I at (telephone) or by email:

                                                   XXXXXXXXX
                                                   LTG General, USA
                                                   Commanding

DISTRIBUTION
CR2C Members
Installation
APHC
ACOM/ASCC/DRU

Appendix F

Minutes Template

Army Regulation 25-50 outlines the requirements for official documents (DA 2020a). The following is a template that can be used for documenting the CR2C process.

MEMORANDUM FOR Commander's Ready and Resilient Council Members

SUBJECT: Meeting Minutes for DATE (MONTH/YEAR)

1. **Opening.** Identify who opened the meeting, the time, date (day/month/year), and the location. Include any opening remarks.

2. **Attendance.** The following council members were in attendance:

    Title   Name (Rank/Title and Name)
    Command Team
    Alphabetical order by agency

    Attendance: The following council members were not in attendance:

    Organization/Agency   Name (Rank/Title and Name)

3. **Introductions/Updates.**

4. **Old Business.**

    a. **Topic:** Identify the topic or the issue.

        (1) Provide a brief synopsis of the recommendation or status of the old business.

        (2) Add any decisions or action determined at the meeting.

    b. **Topic:** Identify the topic or the issue.

        (1) Provide a brief synopsis of the recommendation or status of the old business.

        (2) Add any decisions or action determined at the meeting.

5. **New Business.**

    a. **Topic:** Identify the topic or issue, and the presenter/briefer.

        (1) Provide a brief synopsis of the issue or topic. List any specific details of importance.

        (2) Provide any recommendations or request for further information.

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     b. **Topic:** Identify the topic or issue and the presenter/briefer.

        (1)   Provide a brief synopsis of the issue or topic. List any specific details of importance.

        (2)   Provide any recommendations or request for further information.

6. **Adjournment.** The Council meeting was adjourned at 1105. Include the next meeting date (if known).

7. **Taskers.**

     a. List all major due outs, and the point of contact/agency.

Respectively Submitted by: Approved By:

NAME   NAME
Community Ready and Resilient   RANK, MOS
Integrator   Commanding

Distribution: Identify the distribution of the minutes.

Appendix G

Coalition Matrix

G-1. INTRODUCTION

The Coalition Matrix is an inventory of all CR2I contacts/relationships. As the CR2I is the strategic integrator of mission, garrison, and medical SMEs for the CR2C, as well as the liaison between local contacts and the APHC, positive relationships are key to the success of the CR2I and the CR2C. The Coalition Matrix identifies champions, key stakeholders, and challenging relationships in the HP process. The matrix is submitted upon request of the PO within the first year, and in addition to regular updates, it should be updated when a TAV occurs.

G-2. INSTRUCTIONS FOR COMPLETING THE COALITION MATRIX

Identify the number and the depth of relationships the CR2I has to determine and quantify integration. Identify the relationships that the CR2I is aware of, or has liaised within the APHC and local contacts. Use the following steps when completing the coalition matrix:

- Place an "x" in the box that indicates the nature of the relationship (choose from column D–G).
- Indicate the person, title, and organization in column A, B, and C.

G-3. DEFINITIONS OF TERMS WITHIN THE COALITION MATRIX

Formal: The person has understanding of what the CR2I position is on a professional level, regardless of involvement in the CR2C.

Peer: The CR2I builds trust among peers to assist in achieving work goals.

Team Leader/Facilitator: The person received delegated authority to lead a group effort and empowered to organize work and facilitate meetings. No supervisory role.

SME: The CR2I is sought after as a SME in the strategic integration, macro process of the CR2C, and the mission of the CR2C.

Level 1 Relationship: Basic relationship exists. Formal (see above). As evidenced by the person being introduced to the CR2I by HQ or by locals contacts.

Level 2 Relationship: Intermediate and formal (see above) relationship as evidenced by the person receiving a brief on the CR2I mission and responsibilities.

Level 3 Relationship: CR2I treated as peer and a team member. As evidenced by CR2I, input is sought for directorate and command level issues, meetings, etc.

<u>Level 4 Relationship</u>: CR2I treated as SME for strategic integration of HP. As evidenced by that, the CR2I is sought to attend directorate and command level meetings/work groups for intra and inter-agency (within own command and other commands).

Appendix H

Commander's Ready and Resilient Council Work Group Action Plans and Template

H-1. PURPOSE

To provide information on the minimum requirements of CR2C WG Action Plans.

H-2. FACTS

The standardized CR2C process is a coalition framework that provides SCs with a mechanism to address public health, readiness, resiliency, quality of life, and wellness in a multidisciplinary forum. The CR2C is set up with subordinate WGs aligned by pillars of health (physical, psychological, social/environmental, spiritual, and family) and/or by specific areas that require reporting through the CR2C (Suicide Prevention Task Force, Installation Prevention Team, Sexual Assault Prevention, Fatality Review, and so forth).

In the standard CR2C framework, these WGs are required to establish charters, membership, meet at least monthly, and develop action plans to address CR2C priorities that are assigned to the specific WG.

To be successful in addressing the assigned priorities, action plans are developed to organize the actions and activities required to address the area of concern. Installation CR2Cs and their WGs should review existing data sources and surveys to identify trends and areas that require addressing. These issues become the priorities of the CR2C and should be addressed through the action planning process. While installations have flexibility in how they build their action plans, there are minimum requirements of every action plan to meet the minimum standard.

The following is a list of minimum standards required for WG action plans:

- Assigns a priority for each WG to address. The WG chair, or designee, is assigned as the point of contact for the priority and is responsible for developing the action plan document and submitting to the CR2I.
- Identifies the priority being addressed.
- The action plan should link the priority to a specific strategic objective within the R2 and should have, or will establish, baseline data and assessments that identify why it is a priority.
- Outlines the outcome objective(s).
- Frames the priority area with a problem statement.
- Identifies MOP and MOE for activities and actions.
- Uses data to inform the process and uses data to track the process to the objective.
- Identifies actions and activities that are required for success.
- Captures and describes initiatives that are entered in the Impact Tracker.
- Identifies requirements from higher headquarters for assistance.
- Requires that the WG chair/designee brief the status to the CR2C on a quarterly basis.

The APHC provides evaluation, monitoring, and training for the standardized CR2C process for the Army. The APHC developed an Action Plan Template that includes the minimum requirements, for use by CR2C WGs. This format is not required, but includes all the tracking requirements of this information paper. APHC provides technical assistance and consultative input for improving the quality and effectiveness of the CR2C WG process.

See Figure H-1 for an example of the CR2C Action Plan Template.

Task No.	CHPC WG	Priority	POC	Date Initiated	Status
1.1	[Name of WG]	[Name of R2 SO/MoE]	[Name of POC/OPR/Assigned To/Chair]	[Date]	

OUTCOME OBJECTIVE: [Identify the goal of this working group priority. What does the working group hope to accomplish?].

TASK(S): [Identify what needs to happen to address the goal/objective above. Write these tasks SMART (Specific, measurable, achievable, realistic, and time sensitive]

PROBLEM STATEMENT: [Why is this a priority for the WG/CHPC? What is the baseline identifying data that makes this a problem for the community? For example: Command ASAP Referral rates, trend line, Army average is 75%.]

SOURCE DOCUMENT: [Army reference, policy, guidance that supports tasks to be done]

TASK UPDATE				STATUS
SUSPENSE	**SP Obj**	**ACTIVITIES/ACTIONS**	**RESULTS**	
[Suspense Date]	[Which Strategic Plan Objective does this align]	[Identify the task/activity]	MOP: [ensure MOPs and MOEs are time sensitive (written with a time goal in mind and are SMART] MOE:	
			MOP: MOE:	
			MOP: MOE:	

IMPACT TRACKER NUMBER: [INSERT IMPACT TRACKER NUMBER THAT LINKS ACTION PLAN TO IMPACT]

CONSTRAINTS/ISSUES: [Identify issues with initiative moving forward. Identify requirements from HHQs to support initiative. Identify issues that set action plan off track].

FOLLOW-UP/UPDATES: Army Public Health Center (Provisional) UNCLASSIFIED 26

Figure H-1. Example of Commander's Ready and Resilient Council Action Plan Template

Appendix I

Community Strengths and Themes Assessment

I-1. INTRODUCTION

This Appendix serves to provide rationale and directions on the use of the Standardized Community Strengths and Themes Assessment (CSTA).

I-2. FACTS

AR 600-63 and AR 40-5 direct installations to assess communities for health risk factors and needs. A comprehensive Community Strengths and Themes Assessment is supported by the Centers for Disease Control and Prevention's MAPP process.

The Vice Chief of Staff Army Gold Book specifically states:

> "Leaders and healthcare providers must engage in an interdisciplinary approach, comprised of several lines of effort, with an aim to: (1) increase effectiveness of health surveillance, detection and response efforts to identify, refer and treat Soldiers and Families at risk; (2) reduce cultural stigma associated with seeking behavioral healthcare; and (3) develop resiliency, coping skills and encourage help-seeking behavior among our Soldiers and Families."

The APHC developed a CSTA based on the MAPP assessment. Phase 1 of MAPP is "Mobilizing the Community." Mobilizing the community is an ongoing process that involves assessing the needs of the community and gaining commitment and support from the command. It also involves identifying or developing the organizational structure capable of carrying out the process and managing the long-term efforts to keep the community informed and energized, such as the CR2C. This CSTA will be available for all installations to use in assessing their communities.

The CSTA is a holistic approach to assessing the community for needs. It is designed to capture the pulse of community member's feelings on quality of life, health, safety, and satisfaction within the environment of an Army installation. The review of CSTA results assists the CR2C identification of priorities for the working groups. The results of the CSTA should be briefed at the CR2C meeting and included in the CHIP for SC visibility.

The CSTA answers the following questions:

- What is important to the community?
- What are the top health concerns in the family, behavioral, social, physical, and spiritual domains?
- How is quality of life perceived in the community?
- What needs to happen to improve the community?

At the direction of the SC, the top-identified issues will be tasked to the CR2C WGs. The WG will identify an action plan and process to address the installation priorities. Metrics will be established to track success with the process. Formalized action plans are presented to the SC for signature and publication through installation directorates. Quarterly updates are provided at the CR2C.

I-3.   PROCESS

The CSTA is completed every 2 years. Each installation has to identify the number of surveys that needs to be completed to obtain a representative reach based on the installations population size. A sample size calculator can be found at the following Web site: http://www.macorr.com/sample-size-calculator.htm. The CR2I should connect with the installation G1 or Human Resources office to identify the current population projections to include Soldiers, Family members, DA Civilians, and Retirees both on and off post, and use that total population size within the calculator. The calculator will then identify the minimum number of surveys that would need to be collected based on a minimum standard of 95% Confidence Level and a 5% Confidence Interval. CSTA collection standards for specific demographic populations within a community should be coordinated through the HP Operations Evaluation Lead and are not a typical practice. The HP Operations manages the Verint (an NEC-approved survey system used by the Army) Web site where the CSTA is housed and can provide weekly updates on the total number of surveys in the system upon request.

Implementation of the CSTA process at the installation level follows the CSTA process (see Figure I-1).
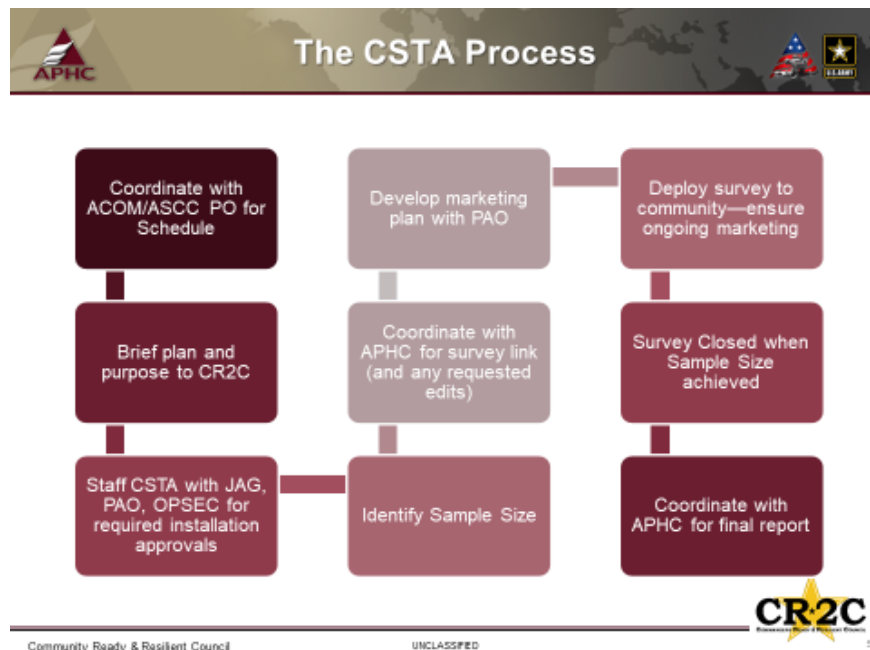

Figure I-1. The CSTA Process

Table I-1 shows the timeline for the development and execution of the CSTA process.

Table I-1. Timeline for CSTA Process

0–1 Month	1–3 months	3–4 months
Contact APHC for copy of CSTA	Distribute CSTA to community	Contact APHC to close CSTA
Develop Action Plan and Marketing Plan for execution	Implement ongoing marketing	Obtain survey results from APHC
Gain Buy-in from CR2C/leadership	Coordinate efforts across medical, mission, and garrison	Read and Digest Report
Coordinate any additional questions with APHC	Provide regular updates to CR2C and working groups	Identify priorities for working groups
Staff survey for approval with Judge Advocate General and Operational Security	Close survey at end of current quarter	Brief results to CR2C and community (meetings, town halls, articles, social media)
Publish OPORD direction action plan and marketing		Coordinate PAO article on results and intentions
Determine sample size needed for representative sample (sample size calculator)		

Figure I-2 shows how to link the CSTA results to the CR2C Process.
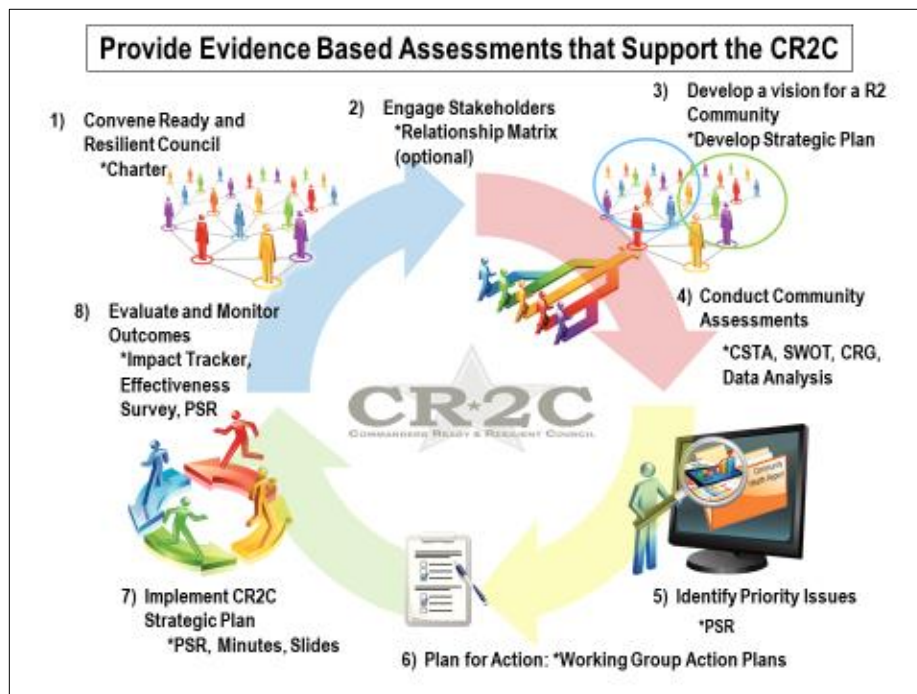
Figure I-2. Linking CSTA Results to the CR2C Process

I-4. REFERENCES

DA. 2020. Regulation 40-5, *Army Public Health Program*.

DA. 2015. Regulation 600-63, *Army Health Promotion*.

DA. 2012. Army 2020 Generating Health and Discipline in the Force (Gold Book).

National Association of County and City Health Officials. Mobilizing Action through Planning and Partnerships. www.naccho.org

Department of Defense (DOD). 2014. DOD Instruction Number 8510.01, Change 3, December 29, 2020, *Risk Management Framework (RMF) for DoD Information Technology (IT).*

Appendix J

Definitions of Key Health Promotion Operation Terms

J-1. PURPOSE

Department of Army G1 (DA G1) Army Resiliency Directorate (ARD) outlines key terms in the R2 Strategic Objective (SO) 4.

J-2. SCOPE

The terms refer to all aspects of the HP Operations program.

Table J-1 provides definitions of key terms utilized when discussing the HP Operations program to ensure consistency of terminology, communicate clearly, and avoid misrepresentation of concepts and terms.

Table J-1. Ready and Resilient Strategic Objective 4 Operating Terms

ID	Term	Definition	Source
SO4: Ready and Resilient Program (R2) management system that enables personal readiness			
4.1	Policy	A written communication that initiates or governs action, conduct, or procedures, giving a definite course or method of action, or determines present and future decisions. Policy implements, interprets, or prescribes public law and executive orders and explains the execution of actions, or directives, from a higher level; it delegates authority and assigns responsibility; and it dictates an action to be carried out, a procedure to be followed, a form be used or a report be submitted.	DA Pamphlet (DA Pam) 25-40. *Army Publishing: Action Officers Guide,* 7 November 2006
4.1.1	Integrated R2 Policy	The synchronization of related publications to ensure the correctness and consistency and to reduce conflicts across publications.	DA Pam 25-40. *Army Publishing: Action Officers Guide,* 7 November 2006
4.1.2	Personal Readiness Linked to Unit Readiness	The codification of a cultural shift in leaders across the Army, demonstrating an understanding and acceptance of the impact personal readiness has on overall unit readiness.	G-1(ARD)
4.2	Capability Assessment	A collection of programs designed to reduce high-risk behaviors and promote positive behaviors and resilience in the Army community.	2014 Ready and Resilient Program Portfolio Capabilities Assessment Report

ID	Term	Definition	Source
4.3	Governance Processes	Overarching sets of management activities in support of the operations process as defined in Army Doctrine Publication (ADP 5-0): "The major mission command and control activities performed during operations: planning, preparing, executing, and continuously assessing the operation."	ADP 5-0. *The Operations Process*, 31 July 2019
4.3.1	Ready and Resilient Council Synchronization	A multilevel Army-wide process designed to link the installation-level CR2C processes, ACOMs/ASCC-level CR2Cs, and Army Ready and Resilient Council process to ensure strategic oversight, unified approaches, and effective coordination of R2 and CR2C systems and processes across the Army Enterprise.	APHC
4.3.2	Ready and Resilient Council Oversight and Monitoring	Process to ensure quality assurance and meeting requirements for Ready and Resilient Councils across the Army Enterprise through continuous leadership, guidance, analysis, and standard management and evaluation.	APHC
4.3.3	Ready and Resilient Council Outcomes	A process designed to identify trends, results, initiatives, and developing practices of installation level CR2Cs; provide assessment and recommend for elevation for support or incorporation into Army-wide operations.	APHC
4.3.4	Ready and Resilient Council Linkages and Reporting	Management activities to provide information to Army leaders in relation to CR2C/R2 strategic objectives and metrics and information sharing across DA-level work groups (i.e., Emerging Practices, Analytics).	APHC
4.3.5	Emerging Practices Process	A multi-level Army-wide process (in development) designed to identify developing practices at the installation level, assess these practices for effectiveness relative to the R2 portfolio, and, if found to be effective, incorporate these practices into the R2 portfolio as funded Army-wide programs.	G-1(ARD)

Appendix K

Strategic Plan/Community Health Improvement Plan (CHIP) Framework

K-1. INTRODUCTION

The CHIP is a Strategic Plan and a required CR2C standard deliverable product. The CR2I is responsible for developing and ensuring the publication and implementation of an installation CHIP by Quarter 4 FY. As the CR2I is responsible for the final product, the CHIP should reflect the standards in work ethic, integrity, and quality. While the CR2I is the action officer, the CHIP should be well integrated into the CR2C, as the CR2C will oversee the execution and evaluation of the CHIP. The CR2I should work with the SC, CR2C members, and WGs to identify health and wellness priorities. The identified priorities are used to develop the initial draft of the installation CHIP. The CHIP should outline the strategic vision for the installation CR2C, as well as provide a specific plan and an execution framework essential to success in effectively addressing installation health and wellness issues. Completion of the community assessments is required to accomplish this task.

CHIP development takes time and should be accomplished as a collaborative and comprehensive process. Once drafted, the CHIP should be staffed appropriately for review and comment by CR2C members and installation SMEs; approved and signed by the SC; and reviewed annually for accuracy, revisions, and updates. CR2Is may assist each other and share CHIPs across the organization; however, the plan should be specific to the installation and not just a copy of other installation plans. A plan that is appropriate in one setting will not necessarily be appropriate in another, even in similar organizations. Current installation examples are available upon request.

The following paragraphs include foundational information that may be helpful with the strategic planning process. Additional helpful information and examples can be found on the internet.

K-2. STRATEGIC PLANNING

The strategic planning process is used to develop a CHIP, which is used to communicate the organization's goals, the actions needed to achieve those goals, and all of the other critical elements developed during a strategic planning exercise.

Strategic planning is an organizational management activity used to set priorities, focus energy and resources, strengthen operations, ensure that employees and other stakeholders are working toward common goals, establish agreement around intended outcomes/results, and assess and adjust the organization's direction in response to a changing environment. It is a disciplined effort that produces fundamental decisions and actions that shape and guide what an organization is, who it serves, what it does, and why it does it, with a focus on the future. Effective strategic planning articulates where an organization is going, the actions needed to make progress, and how successful the organization is. Strategic Planning of the CR2C process

should ensure that installation health and wellness priorities are integrated across the full spectrum of mission, medical, and garrison operations.

K-3. STRATEGIC MANAGEMENT IN THE CHIP PROCESS

Strategic management is the comprehensive collection of ongoing activities and processes that organizations use to systematically coordinate and align resources and actions with mission, vision, and strategy throughout an organization. Strategic management activities transform the static plan into a system that provides strategic performance feedback to decision making and enables the plan to evolve and grow as requirements and other circumstances change.

Use the following steps when developing and managing the CHIP process:

- Obtain a copy of the SC's current strategic or campaign plan, command philosophy, guiding principles, priorities, and objectives to ensure the CHIP meets the intent and priorities of the SC.
- Create goals and objectives that support the short- and long-range objectives of the CR2C.
- Create goals and objectives that support the R2 and similar campaign plans.
- Build campaign plans into the CHIP, not in reverse order.
- Build a strategic communication plan into the CHIP.

K-4. STEPS IN STRATEGIC PLANNING AND MANAGEMENT FOR THE CHIP

There are many different frameworks and methodologies for strategic planning and management. While there are no absolute rules regarding the right framework, most follow a similar pattern and have common attributes. Many frameworks cycle through some variation on some very basic phases that include:

- Analysis or assessment phase. An understanding of the current internal and external environments is developed.
- Strategy formulation phase. High-level strategy is developed and a basic organization level strategic plan is documented,
- Strategy execution phase. The high-level plan is translated into more operational planning and action items.
- Evaluation or sustainment/management phase. Ongoing refinement and evaluation of performance, culture, communications, data reporting, and other strategic management issues occurs.

K-5. STRATEGIC PLANNING FRAMEWORK

Strategic planning has a basic overall framework. Not to oversimplify the strategic planning process, you can clearly see how the pieces of your plan fit together by placing all the parts of a plan into the following three areas:

- **Where are we now?** Review your current strategic position and clarify your mission, vision, and values.
- **Where are we going?** Establish your competitive advantage and your vision. Clearly see the direction your organization is headed.
- **How will we get there?** Lay out the road to connect where you are now to where you are going. Set strategic objectives, goals, and action items and how to execute your plan.

Strategic planning can be defined as a deliberate set of steps that—

- Assesses needs and resources;
- Defines a target audience and a set of goals and objectives;
- Plans and designs coordinated strategies with evidence of success;
- Logically connects these strategies to needs, assets, and desired outcomes; and
- Measures and evaluates the process and outcomes.

The 11 core elements are described below as a template:

- Preparation for planning.
- Vision.
- Strengths, weakness, opportunities, and threats analysis.
- Context (needs assessment/demographic profile).
- Mission.
- Problem Statement.
- Strategies (determine rational for approach).
- Goals.
- Objectives.
- Action plans/activities.
- Evaluation.

K-6. HOW TO IDENTIFY STRATEGIC ISSUES

When addressing "strategic" issues, a community is being proactive in positioning itself for the future, rather than simply reacting to problems. Strategic issues are those fundamental policy choices or critical challenges that must be addressed for a community to achieve its vision. During this phase of the process, participants develop an ordered list of the most important issues facing the community. Strategic issues should reflect the results of all the previous phases. Up to this point, the process has largely focused on developing a shared vision and identifying challenges and opportunities for improving community health. Strategic issues reveal what is truly important from the vast amount of information that was gathered in the community assessments and evaluations. Identifying strategic issues can be compared to pouring the assessment findings into a funnel, which becomes a distilled mix of issues that demand attention.

K-7. GOALS AND OBJECTIVES

Setting and achieving goals are the hallmarks of successful organizations and are critical elements of your strategic plan. The key is to first identify 5-year or long-term goals. Next, identify objectives that will be completed in the next year or two and put the installation on the right trajectory to achieving the 5-year goals. Choose realistic, achievable, actionable goals/objectives/strategies for the timeframe allotted. Choose performance measures that are measurable given current constraints with data availability and staffing. Reporting on the goal/objective/strategy should not cause undue burden and interruption to daily work processes.

Goals are an expected or desired outcome of a planning process. Goals are usually broad, general expressions of the guiding principles and aspirations of a community. Goals describe, in general terms, the conditions that will exist when a plan has been successful. To formulate goals, ask yourself and key contacts from your targeted audience the following questions:

- In the end, what effect do I hope to have on problems for this community?
- What is the overall improvement I want to achieve?
- What are the goals of the targeted audience—what do they want to achieve or see happen as a result of the plan?

For example, a goal for an outreach program to the public might be that residents of XYZ installation will have access to current and relevant health information resources with ease and convenience.

Objectives are precise targets that are necessary to achieve goals. Objectives are detailed statements of quantitatively or qualitatively measurable results that the plan seeks to accomplish. Include several types of objectives that together, contribute to the outcomes that are envisioned. In the health education literature, these types of objectives are hierarchical, leading to the ultimate objectives of a program (*program objectives*).

K-7.1 Process Objectives

Process objectives are what you do to accomplish all other levels of objectives. Think of them as the inputs and process components needed to carry out the program. For a very comprehensive process evaluation, you may choose to create specific objectives that will track all possible components, which could include:

- Program resources (materials, funds, space).
- Type and appropriateness of activities.
- Target population exposure and attendance.

K-7.2 Educational Objectives

Educational outreach objectives can be divided into four general categories: awareness, knowledge, attitudes, and skill development. The premise of this hierarchy is that if the targeted audience is to adopt and maintain information-seeking behaviors to alleviate health information

needs, they first must be aware of the need or of the value of current information. Second, they must expand their knowledge of available and appropriate resources. Third, they must adopt and maintain beliefs in the effectiveness of these resources and their own ability to use them. Lastly, they need to possess the actual skills to obtain information efficiently.

K-7.3 Behavioral and Environmental Objectives

Behavioral objectives resolve health information needs; thus moving toward the ultimate program objectives for improved healthcare.

Environmental objectives can be loosely defined as those that remove physical and social barriers to enacting the behavioral changes.

K-7.4 Elements of an Objective

Much of the health education literature recommends developing objectives that are specific, time-limited, and measurable. The clarity of the objectives will provide direction to planning pertinent activities. An objective should include the following four elements:

- The *outcome* to be achieved or what will change.
- The *conditions* under which the outcome will be observed, or when the change will occur.
- The *criterion* for deciding whether the outcome has been achieved, or how much change.
- The *target population*, or who will change.

The first element, *outcome*, is the consequential action or behavior that will change because of the program. Outcomes are usually identified as verbs of the sentence, such as *cause, connect, convert, demonstrate, develop, eliminate, reorganize,* and *supply.* Outcome verbs must refer to something measurable and observable; thus *appreciate, know, internalize,* or *understand* by themselves are not good choices for outcomes.

The second element, *conditions*, describes how or when the outcome will be observed. Typical conditions might be—

- Upon completion of the class;
- As a result of participation;
- By the year 2005;
- 3 months after the program; or
- During the class session.

The third element of an objective is the *criterion* for deciding when the outcome has been achieved or how much change has occurred. This element is the standard by which you measure whether the outcome is performed in an appropriate or successful manner. Examples might include 30% of class participants, 100 flyers, 10 opinion leaders, or 5 follow-up classes.

The last element of an objective is the *target audience* or who will change. Examples are all professional clinic staff or constituents of the XX installation.

Example: **Strategic Plan Goal and Objectives**

Strategic Goal: Reduce Risk for Chronic Disease.
Strategic Objectives:

- By the year 2020, decrease the prevalence of tobacco use reported by population by 40%.
- By the year 2020, increase the percentage of population reporting regular physical activity by 40%.
- By the year 2020, increase the percentage of population reporting diets that conform to dietary guidelines for low fat, higher fiber, and increased fruits and vegetables by 40%.
- By the year 2020, decrease the incidence of chronic disease by 20%.

K-8. PERFORMANCE MEASUREMENT

Performance measurement can help you understand how well your organization is accomplishing the goals. It allows for an analysis of where and what changes need to be made to improve performance and the quality of care provided. Performance measurement also allows an understanding of what is working well; it is information that can be shared with others to assist in achieving success.

Put simply, performance measurement is the regular collection of data to assess whether the correct processes are being performed and desired results are being achieved. Performance measurements include MOEs and MOPs and should be included in all WG Action Plans.

Several definitions of performance measurement include:

- Selection and use of quantitative measures that provide information about critical aspects of activities. Measures of what "actually happened" can be compared to goals set by your organization.
- Performance measurement analyzes the success of a WG, program, or organization's efforts by comparing data on what actually happened to what was planned or intended.
- Performance measurement asks, "Is progress being made toward desired goals? Are appropriate activities being undertaken to promote achieving those goals? Are there problem areas that need attention? Successful efforts that can serve as a model for others?"

In selecting initial targets for performance management, your organization should ask some basic questions such as:

- What are we trying to accomplish?
- How will we know that a change is an improvement?

- What changes can we make that will result in improvement? A performance measure has several components to include:
  - Numerator: The number of patients who meet the definition of the measure.
  - Denominator: The number of patients who are considered eligible.
  - Exclusion: Certain patients who should be subtracted from the denominator of an individual measure.

K-8.1 Measure of Performance

MOPs are generally defined as regular measurements to generate reliable data on the effectiveness and efficiency of programs. MOPs measure how services are provided (i.e., whether an activity proven to benefit patients was performed, such as writing a prescription or administering a drug).

K-8.2 Measure of Effectiveness

MOEs are measures designed to correspond to the accomplishment of mission objectives and achievement of desired results. MOEs quantify the results to be obtained by a system and may be expressed as probabilities that the system will perform as required. MOEs indicate the degree to which the process output (work product) conforms to requirements. (Are we doing the right things?)

Example of Action Plan with MOEs and MOPs:

PHYSICAL HEALTH WORK GROUP (PHWG) ACTION PLAN

Review:
Strategic Goal: Reduce Risk for Chronic Disease.
Strategic Objective: By the year 2020, increase the percentage of residents reporting diets that conform to dietary guidelines for low fat, higher fiber, and increased fruits and vegetables by 40%.

Determine: Line of Effort – Healthy Eating and Nutrition:
PHWG—Outcome Objective: By FY17, increase the percentage of Soldiers reporting diets that conform to dietary guidelines for low fat, higher fiber, and increased fruits and vegetables by 10%.

Measure of Effectiveness (MOE): Percent increase in Soldiers reporting diets that conform to dietary guidelines.

Process Objectives and Measures:

1. By ____, develop and implement Healthy Eating and Nutrition Education Awareness Campaign. (Public Service Announcements (PSAs), Posters, Flyers, Pocket Cards, Magnets, Facebook, and so forth—can use existing materials from Performance Triad and other initiatives).

Process Measure/Measure of Performance:
Number of Public Service [PSAs], posters, flyers, and other materials distributed.

Percent change in levels of awareness may be measurable with existing questions on Army Community Services and medical assessments BUT may be 2–3 year.

    2. By _____, develop and implement health education classes for Soldiers on nutrition, diet, meal planning, and food preparation.

Process Measure/Measure of Performance:
Number of health education classes.
Number of Soldiers attending classes.
Pre- and post-surveys can also be used for knowledge measurement.

    3. By _____, increase the use of community events and fairs that promote healthy eating.

Process Measure/Measure of Performance:
Percent increase in use of community events/fairs.
Number Soldiers attending.

    4. By _____, establish a "healthy foods column" in the local newspaper to identify innovative ways to incorporate healthy eating habits/recipes into their daily routines.

Process Measure/Measure of Performance:
100% implementation of column.
Number of columns and recipes produced.

    5. By _____, conduct healthy food preparation classes to encourage eating a healthy diet.

Process Measure/Measure of Performance:
Number of classes conducted.
Number of participants.

    6. By _____, create and print healthy meal ideas and recipes on the backs of paper sacks in commissary and stores.

Process Measure/Measure of Performance:
Number created and printed.
Number paper sacks distributed.

    7. By ___, obtain and strategically place vending machines that offer healthy snacks and juices.

Process Measure/Measure of Performance:
Number of vending machines obtained.
Number of snacks and juices purchased.

8. By _____, implement point-of-purchase signs on commissary shelves indicating healthy food choices, including nutrition information.

Process Measure/Measure of Performance:
Number of signs implemented on shelves.
Number of choices by categories (are there enough? Need to increase?).

9. By _____, conduct commissary tours to encourage eating a healthy diet.

Process Measure/Measure of Performance:
Number of tours conducted.
Number of participants per tour.

10. Implement healthy foods tasters in commissary and other appropriate venues.

Process Measure/Measure of Performance:
Number of tasters offered.
Number of Soldier tasters.

11. By _____, expand options for healthy food choices in hospital cafeterias and dining facilities.

Process Measure/Measure of Performance:
Increase in number of healthy food options.
Increase in Soldier numbers who select healthy food options (If possible to measure).

12. By _____, offer culturally appropriate healthy cooking classes in churches and other settings.

Process Measure/Measure of Performance:
Number of culturally appropriate classes conducted.
Number of participants.

13. By _____, partner with commissary to increase sales and coupons to reduce financial barriers for healthy food choices.

Process Measure/Measure of Performance:
Number of healthy food sales.
Number of coupons distributed.
Number of coupons used.

14. By _____, increase the proportion of prime shelf space in commissary devoted to healthy food choices.

Process Measure/Measure of Performance:
Percent increase in proportion of prime shelf space (periodically and over time).

15. By _____, monitor and track the sales of healthy food options including fresh fruits and vegetables in commissary (i.e., from bar code information).

Process Measure/Measure of Performance:
Percent increase in sales of healthy food options/items (periodically and over time).

K-9. SUCCESSFUL PLANS

A successful plan is, by definition, a *usable* plan—one that informs the organization's activities as well as the organization's long-range view, and one that yields meaningful improvements in effectiveness, capacity, and relevance. Input, feedback, and understanding are crucial at every step. A key concept to remember is that strategic planning is a cooperative and participatory process. Everyone should have input and, ideally, everyone should feel a sense of ownership over the final plan. Such personal commitment will facilitate the implementation process. Strategic planning is the key to ensuring that the organization is prepared for the challenges of tomorrow.

The key to a successful plan is to document information in the action plan and link to the Strategic Plan. Results should be recorded in the Impact Tracker.

Appendix L

Impact Tracker

L-1. INTRODUCTION

The Impact Tracker is one of the <u>required deliverables</u> for CR2Cs and is completed on a quarterly basis. The schedule for deliverable due dates is published prior to each fiscal year. The Impact Tracker is available to all CR2Is. Access to and training for the Impact Tracker is provided to CR2Is during in-processing with the ACOM/ASCC/DRU PO. The Impact Tracker is located on the APHC extranet at:
https://eaphc.amedd.army.mil/ImpactTracker/Lists/CHPC%20Impact%20Tracker/ImpactTracker QueryView.aspx
Access to the Impact Tracker is by approval only. Please request access to the system as directed by your ACOM/ASCC/DRU PO to begin using the tool.

L-2. IMPACT TRACKER USER AND INFORMATION POLICY

Information contained within the Impact Tracker is confidential and should not be downloaded or shared outside respective installations unless permission is requested and approved by APHC. In some instances, the Quarterly Executive report may be shared with prior approval from APHC. Violations of this policy will result in limited permissions for access to the site. Contact the point of contact for further guidance regarding this policy.

L-3. OVERVIEW

The APHC, Health Promotion and Wellness Directorate, uses the Impact Tracker evaluation form to track CR2C initiatives and tasks to monitor the impact on the targeted populations.

The Impact Tracker is a standard tool used to document and evaluate the outcomes and impacts of local initiatives and tasks implemented by CR2Cs. HP Operations collates all installation Impact Trackers and develops a Quarterly Executive Report on the impacts and outcomes from the CR2C process across ACOM, DRUs, ASCC, and the Army. This report generates the quarterly Impact Tracker Analysis Report for ARD, ACOM, ASCC, and DRU partners. This analysis enables the program to identify grassroots issues that may warrant a more formal evaluation, or may benefit the Army through proliferation at additional sites. The CR2Is receive education and training to: (1) understand how to frame initiatives from an outcome perspective, and (2) understand how to accurately complete and submit the Impact Tracker.

The Impact Tracker is a mechanism to capture the "so what" of CR2C activities. The Impact Tracker documents the public health process and enables the HP Operations to track, monitor, evaluate, and communicate the outputs of the CR2Cs and WGs. The Impact Tracker identifies how populations change from "A" to "B" after an initiative has been implemented. The most important data captured in the tool are evidence of how an initiative has changed or affected the

population. The Impact Tracker is the only tool available to capture and validate the outcomes/impacts from the CR2C process; therefore, it is an <u>important and vital</u> part of the job for CR2Is.

The Impact Tracker is a SharePoint site located on and accessed through the APHC extranet. The tracker contains multiple data cells to describe various initiatives and drive the analysis of trends and issues for higher headquarters. Initiatives from the impact tracker are assessed for potential replicability across the Army as well as documenting the value of the CR2C process.

L-4. QUICK FACTS

The Online Impact Tracker is in SharePoint and is accessed through the APHC extranet.

All users must have a CAC and DOD email account to access and use the site.

Request access through your PO.

Enter significant impacts of CR2C activities into the Impact Tracker.

Do not leave any sections blank.

It is **strongly** recommended that you work on Impact Trackers weekly or at least monthly. It is best to capture new initiatives, impacts, and outcomes following WG meetings and CR2Cs, otherwise you may lose track of what is happening. Waiting until the week before it is due will add heavy workload to your week and affect the quality of your information/data.

L-5. STEPS TO ACCESS THE IMPACT TRACKER

For Users: This link has the application "hard coded" so all the user needs to do is type in their email address (hit next), fill out their information (i.e., name, organization, phone number, address), and send the request in. They will then receive an email (to the address submitted); they will need to use the email to verify their request. If the user already has access, the site verifies the email address they entered, and gives them a messages stating that they already have access to the site. It also gives options to have their password reset, links to the app site, and so forth.
https://eaphc.amedd.army.mil/ImpactTracker/Lists/CHPC%20Impact%20Tracker/ImpactTracker QueryView.aspx
Forward this link to users that need to request access.

L-6. STEPS TO ACCESS SHAREPOINT TRAINING

U.S. Military Entrance Processing Command (USMEPCOM) SharePoint training is recommended to access and complete the Impact Tracker.

SharePoint Training and Registration steps:

1. Go to a CAC enabled AKO system.

2. Go to Self Service.

3. Drop down to My Education.

4. Move to the right side of the screen.

5. Double click ALMS.

6. Go to the ALMS homepage.

7. Search courses for "USMEPCOM SharePoint Training."

8. Register for the course.

9. Once you have completed SharePoint training, you can access the Impact Tracker. Once access is granted, users will be able to access the APHC Extranet (see Figure K-1) and navigate the screens.
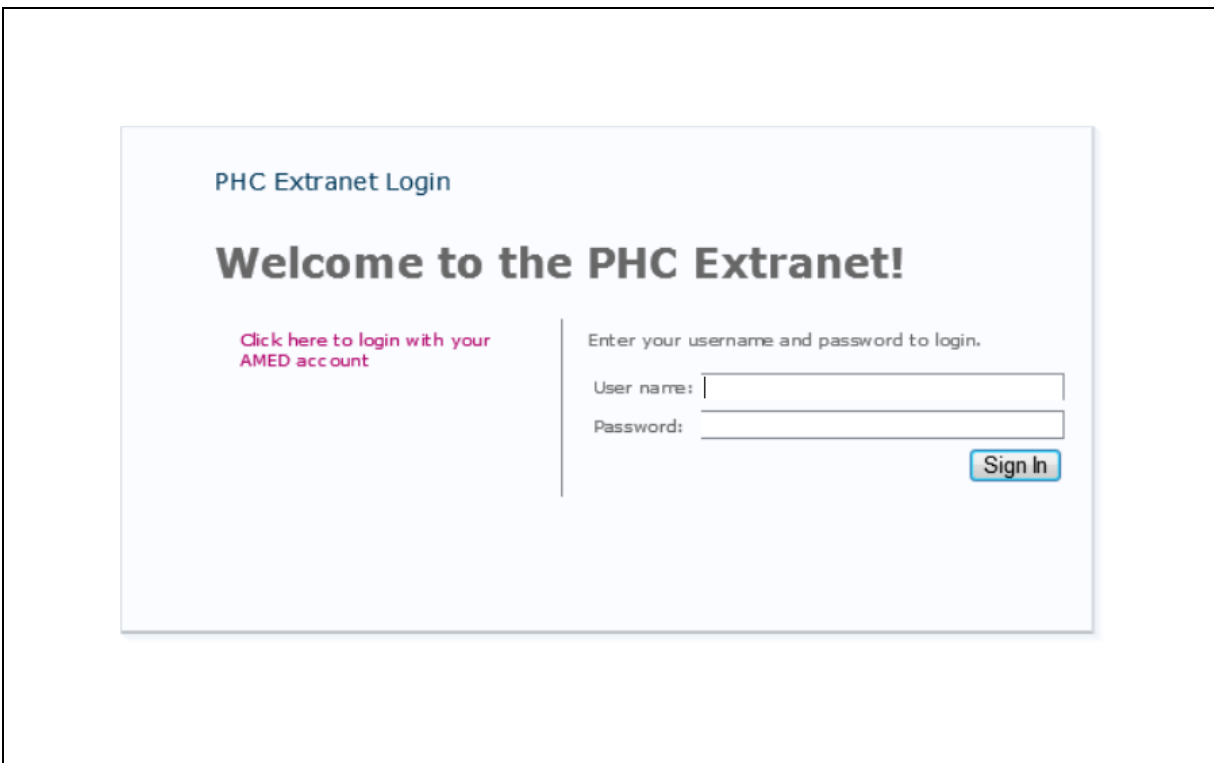

Figure L-1. APHC Extranet Login Screen

Users can edit existing impacts and update entries instead of re-entering them each Quarter. Select the impact and then select the edit function. You can ONLY edit those items that you entered.

Quantify the impact—Quality is more important than quantity.

Users MUST state numerically what they are trying to change. The problem was *A, B* was executed, and *C* resulted. Fluffy words such as "improved," "decreased risk," and "saved money" are quantifiable. Identify how you know you improved, decreased, or saved; quantify it.

Do not state that an action is green unless it is actually producing an impact/outcome or has been completed as an initiative at the installation level.

Be clear and thorough with documentation.

The user does not need to track completion of standards, deliverables, minutes, and charters in this spreadsheet; this is for *impacts*. The Impact Tracker captures the "so what" of the CR2C and defines the CR2C as more than just another meeting.

See Table L-1 for examples of information for the Impact Tracker.

Table L-1. Examples of Information that should be provided in the Impact Tracker

Installation	Issue Originated	Issue Title	Actions Taken	Results of the Action	Funding Impact
Enter the name of the installation	PBH Work Group	2nd BDE driving under the influence (DUI) Initiative Data Request	In conjunction with a heavy marketing campaign (PSAs created and aired on XX TV, weekly articles in the XX Newspaper, digital reader boards breaking down DUI costs), DES and installation law enforcement have tripled the amount of DUI checkpoints on both Fort XXX and XX AAF.	Increased awareness of DUI effects and costs across installation.	48% decrease in DUI rates since aggressive marketing campaign in Q4FY12 (DUI rate of 4.2/1,000 in Q4FY12; rate of 2.2/1,000 in Q3FY13). Impact of decrease is $430,000 saved by Soldiers in associated DUI costs (approximate rate of $10.000/DUI).
Enter the name of the installation	Physical Fitness Work Group	Medically Not Ready Rate and Integrated Disability Evaluation System (IDES)	Medical Evaluation Board (MEB)/IDES continue to show improvement in all MEDCOM mandated metrics. Prior to the furlough, we were	Overall Medical Evaluation Board trends improved: Output is about 140 cases a month to the Physical Evaluation Board (PEB). Decreasing as we have resolved our backlog and now providing cases to the	None

Installation	Issue Originated	Issue Title	Actions Taken	Results of the Action	Funding Impact
			exceeding goals in all phases of the MEB process. We lost a little footing during the furlough but have turned around and are again exceeding goals.	PEB under the 100 goal. The overall processing time is still 488 (goal 295-see attached) due to the massive backlog of old cases pending preliminary and final ratings at the Disability Rating Activity Sites (DRAS) (VA rating site). We came well under projected budget for FY13. 1) In August, 450 more Soldiers completed or exited the IDES than were referrals, which is the fourth month in a row Army net inventory decreased. 2) All Services met the MEB phase goal.	

Appendix M

Logic Models

A logic model is a systematic and visual way to present and share your understanding of the relationships among the resources available to operate a program, the activities, and the changes or results. The logic model is a beneficial evaluation tool that facilitates effective program planning, implementation, and evaluation.

Included in the below figures are the standard HP Operations Logic Models for Commander's Ready and Resilient Councils (Figure M-1), Brigade/Unit Ready and Resilient Teams (Figure M-2), and Civilian Unit Ready and Resilient Teams (Figure M-3).
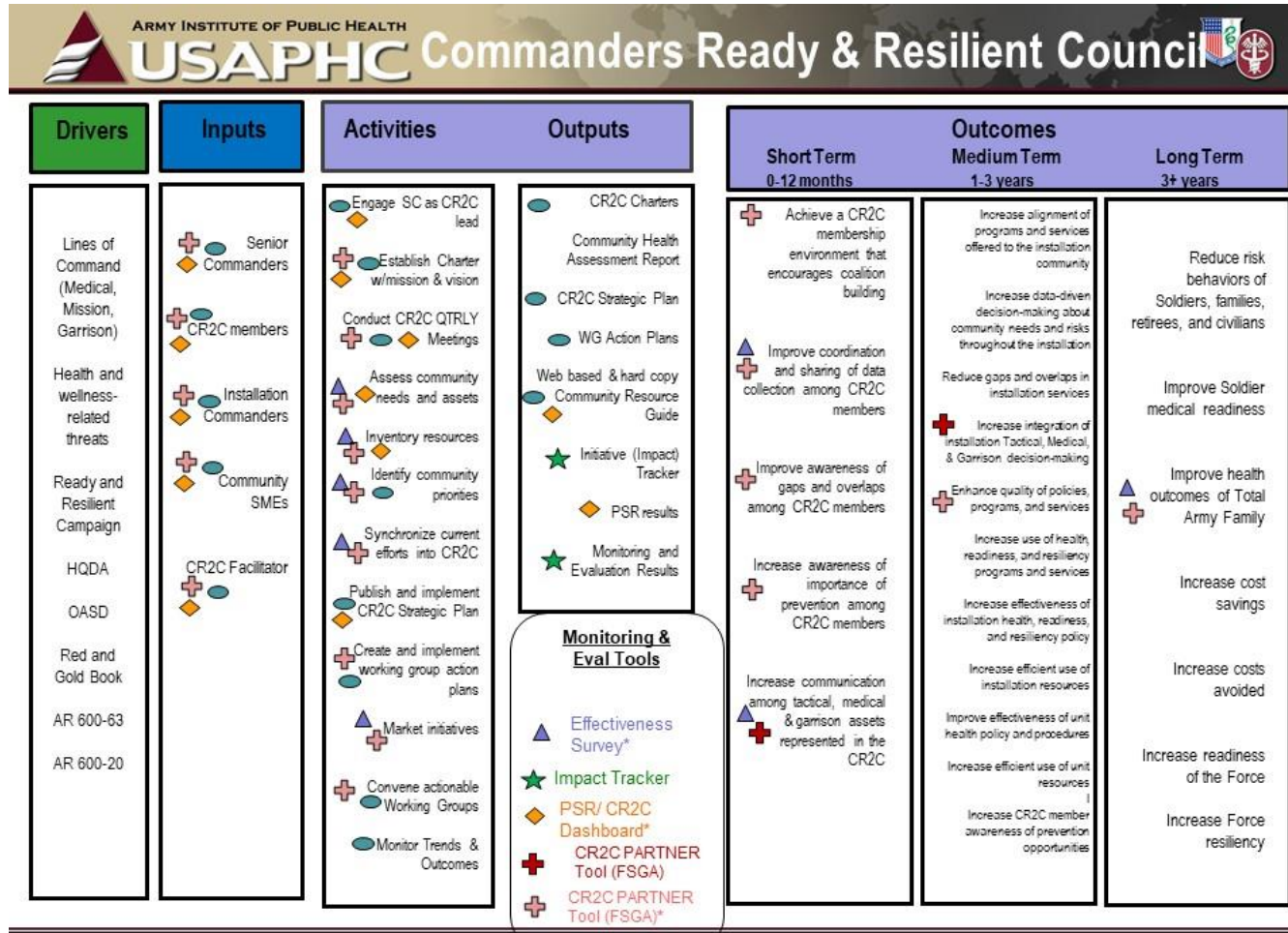
Figure M-1. Commander's Ready and Resilient Council Logic Model
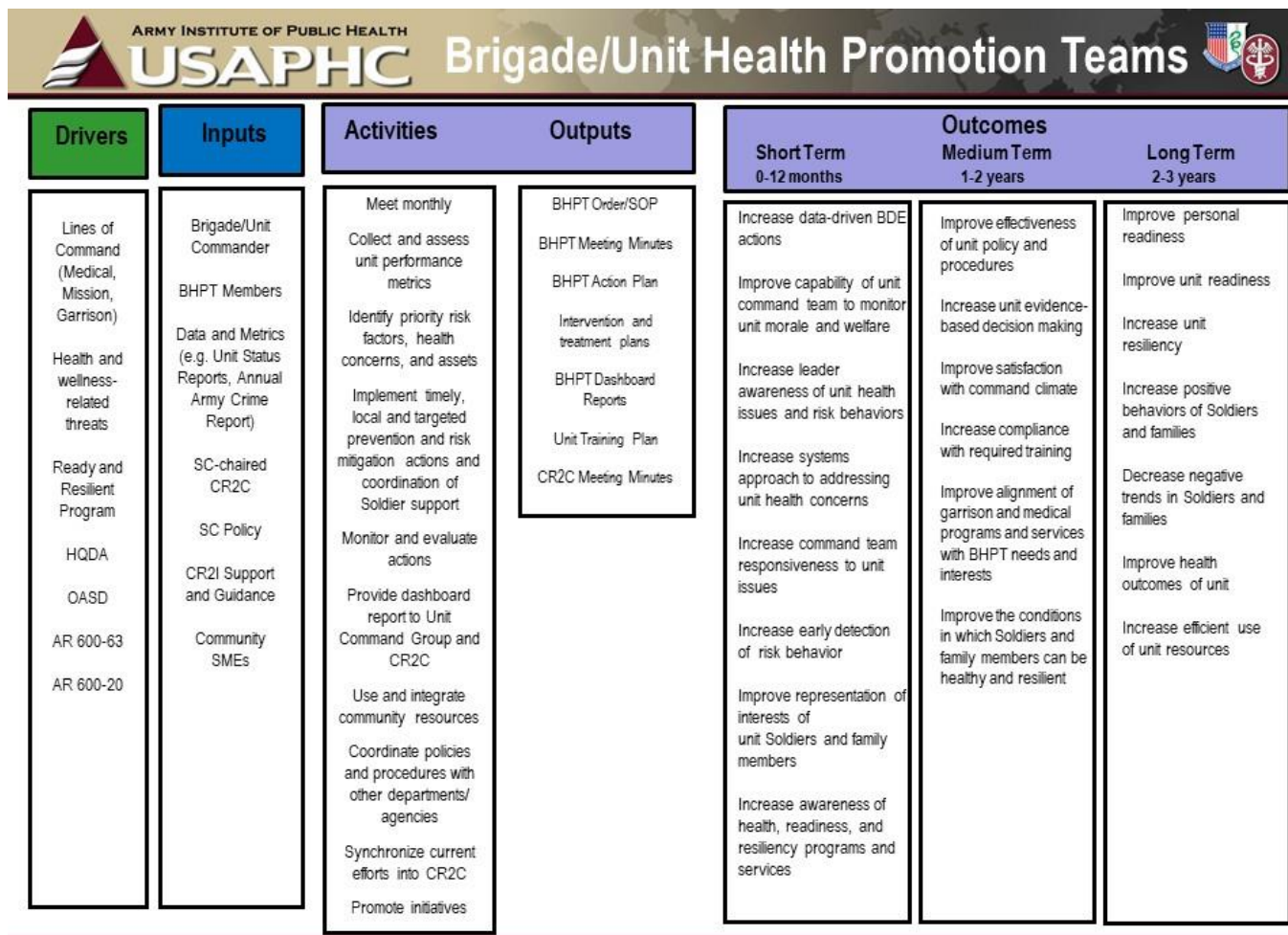
Figure M-2. Brigade/Unit Health Promotion Team Logic Model
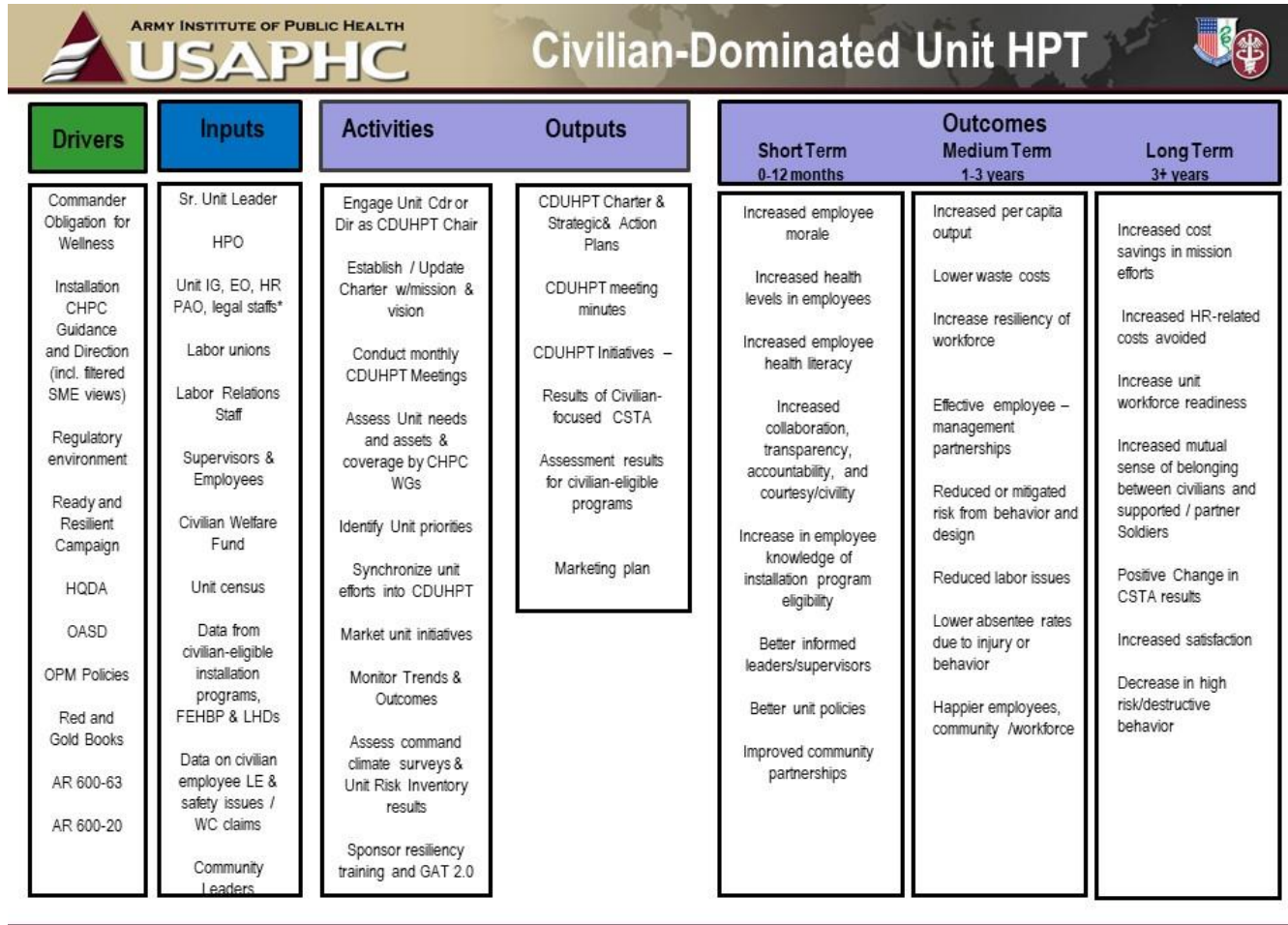
Figure M-3. Civilian Unit Health Promotion Team Logic Model

Appendix N

Commander's Ready and Resilient Council Implementation Timeline Work Plan Sample

The example timeline/work plan in Table N-1 uses an 18-month timeframe. The activities included under each phase are examples of activities that could be conducted. Installations should implement each phase in the way that best meets their community characteristics and needs. The timeline focuses on the *planning* aspect of the CR2C; the implementation and evaluation activities (the Action Cycle) should be sustained after the CR2C timeline below ends. The darker shading shows the timeline for each entire phase. The lighter shading represents the timeline for various activities within each phase.

Table N-1. Timeline/Work Plan Example

Commander's Ready and Resilient Council (CR2C) Phase/ Description of Activity	Month (using a 1½ year timeline)																	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Organize for Success/Partnership Development	▓	▓	▓															
▪ Review documents pertaining to CR2C: APHC CR2C Technical Guide, Army Regulation 600-63, Memorandum of Understanding, National Prevention Strategy, installation strategic plans, and Balance Score Card metrics.	░																	
▪ Identify, organize, and recruit participants. Identify champions. Identify linkages/partnerships.	░	░	░															
▪ Design the planning process (according to Structure Slide).		░																
▪ Assess resource needs. Identify already existing mechanisms, tools, and forums.		░																
▪ Conduct a readiness assessment.			░															
▪ Develop a work plan, timeline, and other tools.			░															
Visioning			▓	▓														
▪ Prepare for and design the visioning process.			░															
Assessments						▓	▓	▓	▓	▓								
Community Themes and Strengths Assessment						▓	▓	▓	▓									
▪ Identify subcommittee, approaches, and resources.					░													
▪ Hold community dialogues and focus groups.						░		░										
▪ Develop, disseminate, and collect a community survey.						░	░											
▪ Conduct interviews with residents/key leaders.							░	░	░									
▪ Compile results/identify challenges and opportunities.									░	░								
Local Public Health System Assessment (LPHSA)							▓	▓	▓									
▪ Prepare for the LPHSA/establish subcommittee.							░											
▪ Compile Community Resource Guide inventory.								░										
▪ Identify gaps and overlaps in programs.							░	░										
▪ Discuss results/identify challenges and opportunities.										░								

Commander's Ready and Resilient Council (CR2C) Phase/ Description of Activity	Month (using a 1½ year timeline)																	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Community Health Status Assessment (CHSA)					█	█	█	█	█	█								
▪ Conduct data collection of core indicators.	░	░	░	░	░													
▪ Select and collect additional indicators.						░	░											
▪ Analyze the data and create an installation health profile.						░	░	░										
▪ Disseminate health profile.									░	░								
▪ Establish a system to monitor data over time.										░								
▪ Identify CHSA challenges and opportunities.										░								
Forces of Change Assessment							█	█										
▪ Hold brainstorming session with committee. Complete and publish the strengths, weakness, opportunities, and threats.								░										
▪ Simplify list and identify threats, opportunities, and actionable items to address identified constraints.								░										
Identify Strategic Issues											█	█	█					
▪ Identify potential strategic issues as a result of the assessments.											░	░						
▪ Discuss issues–why they are strategic and urgency.												░						
▪ Consolidate strategic issues.													░					
▪ Arrange issues in priority order.													░					
Formulate Goals and Strategies														█	█			
▪ Develop goal statements.														░				
▪ Develop strategy alternatives and barriers.														░				
▪ Explore implementation details.														░				
▪ Select and adopt strategies.															░			
▪ Draft the planning report.															░			
▪ Celebrate successes and recognize achievements.															░			
The Action Cycle[a]																█	█	█
▪ Organize for action																░		
▪ Develop objectives and agree on accountability																░		
▪ Develop action plans																░		
▪ Coordinate action plans and implement																	░	░

Commander's Ready and Resilient Council (CR2C) Phase/ Description of Activity	Month (using a 1½ year timeline)																	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
▪ Prepare for evaluation/determine the methodology																▓		
▪ Gather evidence and justify conclusions																	▓	▓
▪ Share results at regular intervals																		▓

Note:
ªThe Action Cycle should continue after the timeline ends; activities should be incorporated into organizational activities and be sustained throughout the community.

Appendix O

Framework for Work Groups

Commander's Ready and Resilient Council
Work Group _____
Work Group Chair_____

Framework for Work Groups

Each work group (WG) should consider current **prevention, intervention,** and **postvention** programs in making the following determinations:

1. What are the program standards? (e.g., current metrics in place, Department of Defense policy, Army Regulations, guidance)

2. What enforcement is in place at the Installation level? (Commanding General (CG), Military Treatment Facility Commander and GC guidance, Chain of Commands, legal responsibility, local installation regulations, awareness, and positive and negative outcomes.) How does this relate to what our current data shows?

3. What is currently being done? (Snapshot of current year—who is doing what? (e.g., agencies, trainings, classes, frequency)) How does this relate to program standards—are the WGs meeting, surpassing, or falling short? Interconnectedness of programs and issues and how each affects/influences/relates to others.

4. What data collection and tracking mechanisms are currently in place? Are these successful or is there a need for more robust efforts/mechanisms?

5. Review current outcomes and assess needs using available data. What needs to happen? How will it be measured? What metrics? Do current plans satisfy the needs or do they need to be looked at to modify, change frequency, and recommendations? What about Strategic Communications—what is in place? Develop comprehensive plan for each program/initiative.

Project Plan

1. What is the problem? What is not working? (Define magnitude, frequency, and impact)
2. Why should the WGs do this? What is the benefit?
3. How does this project align with installation priorities?
4. What is the value of this project?
5. What are the improvement objectives and targets?
6. What are the boundaries of the program/service/initiative?
7. What is not within scope?
8. How is this going to be accomplished?

9. What are the major milestones?
10. What is the desired "future state" of the Force/Community?

Managing the Process

1. Evaluate the status of each program using available data and information.
2. Determine standards.
3. Compare status against standard and determine gap.
4. Identify source of gap (e.g., resources, standards). Determine if program is resourced correctly. Determine if a disconnect exists between standard of service and user expectation/quality.
5. Provide functional alternatives for correcting or narrowing gaps.
6. Define activities/programs that achieve results/success.
7. Establish partnerships.
8. Anticipate future issues in community.
9. Establish resource requirements.
10. Develop marketing/strategic communications plans.

Evaluation

1. What strategies will be used to support and reinforce changes?
2. How will community results be monitored and evaluated?
3. How will program results be monitored and evaluated?
4. How will individual activities be monitored and evaluated?
5. How will success be measured? What specific parameters will be measured?

Submit Recommendations in an Action Plan

Example action plans are available upon request.

GLOSSARY

ABBREVIATIONS

ACOM
Army Command

ADP
Army Doctrine Publication

APHC
U.S. Army Public Health Center

AR
Army Regulation

ARD
Army Resiliency Directorate

ASCC
Army Service Component Command

CAC
Common Access Card

CG
Commanding General

CHIP
Community Health Improvement Plan

CHPC
Community Health Promotion Council

COA
Course of Action

CR2C
Commander's Ready and Resilient Council

CR2I
Community Readiness and Resilience Integrator

CRG
Community Resource Guide

CSTA
Community Strengths and Themes Assessment

DA
Department of the Army

DA Pam
Department of the Army Pamphlet

DRU
Direct Reporting Unit

DUI
Driving under the influence

HP
Health Promotion

HPO
Health Promotion Officer

HPPA
Health Promotion Program Assistant

HPPS
Health Promotion Program Specialist

HPPO
Health Promotion Project Officer

IDES
Integrated Disability Evaluation System

IEP
Initiative Evaluation Process

MAPP
Mobilize for Action through Planning and Partnership

MEB
Medical Evaluation Board

MDMP
Military Decision Making Process

MOE
Measures of Effectiveness

MOP
Measures of Performance

MTF
Medical Treatment Facility

OPORD
Operational Order

PAO
Public Affairs Office

PEB
Physical Evaluation Board

PHWG
Public Health Work Group

PII/PHI
Personally identifiable information/protected health information

PO
Project Officer

PSA
Public Service Announcement

PSR
Program Status Report

R2
Ready and Resilient

R2T
Health Promotion Team

SC
Senior Commander

SME
Subject Matter Expert

SMS
Strategic Management System

SO
Strategic Objective

SOP
Standing Operating Procedures

SWOT
Strengths, Weakness, Opportunities, and Threats

TAV
Technical Assistance Visit

USMEPCOM
U.S. Military Entrance Processing Command

WG
Work Group

TERMS

Campaign Plan for Health Promotion, Risk Reduction, and Suicide Prevention (HP/RR/SP)
In the spring of 2009, the Secretary of the Army and the Chief of Staff, led by Vice Chief of Staff, provided a report from a series of visits to six Army installations to look at suicide prevention efforts in the Force. The report provides a balanced review of HP/RR/SP issues; documents the Army's actions to date to improve programs and services; integrates policies, processes, and programs for oversight of the Force; and recommends solutions to eliminate gaps and unnecessary redundancies.

Charter
A document signed by the Senior Commander that outlines the responsibilities of the CR2C and its membership.

Commander's Ready and Resilient Council (CR2C)
A multidisciplinary team with a goal of enhancing mission readiness using a holistic approach to synchronize the delivery of health promotion programs on Army installations for the Senior Commander. This is a standardized process and provides strategic oversight of the public health process, resulting in integrated delivery of programs and services.

Commander's Ready and Resilient Council Process
A process that utilizes the public health process to identify community and Senior Commander needs for personal readiness in the community; assess and analyze community data/risk factors; develop and implement process improvement; and evaluate outcomes.

Comprehensive Soldier and Family Fitness (CSF2)
A program through Department of the Army G3/5/7 that addresses the holistic health of Soldiers, Family members, and Civilians. Risk is identified according to five dimensions of health. CSF2 seeks to teach and enhance resiliency skills. The CR2C is the forum to operationalize the CSF2 program.

Dimensions of Health
The five areas identified by CSF2 for holistic health include physical, spiritual, emotional, family, and social.

Executive Board
The Executive Board consists of the installation leadership charged by the Senior Commander to ensure that the priorities of the CR2C are executed. The Executive Board is made up of the Senior Commander Chief of Staff, The Medical Department Activity/Military Treatment Facility Commander, and the GC.

Facilitation
A set of skills used by the CR2C facilitator to build consensus and partnership and to promote integration between installation assets.

Health Promotion
Any combination of health education and related organizational, political, and economic interventions designed to facilitate behavioral and environmental changes conducive to the health and well-being of the Army community.

Health Promotion Team or Ready and Resilient Team (R2T)
Unit-based teams provide direct internal support through data surveillance and personnel assessments. R2Ts develop and implement risk mitigation strategies, plans, and policies to improve the health and welfare of assigned personnel. R2Ts operate under the guidance of leadership and the CR2C.

Integration
The process of sharing assets and coordinating efforts across multiple organizations and communities.

Intervention
Action taken to improve a situation, especially a medical disorder.

Liaison
An individual that ensures that information and communication occur across Command and control lanes. Their role is to foster a clear understanding of the process, priorities, and needs of an organization from top to bottom.

Macro Health Promotion
Any activity or topic that focuses on the strategic integration of health promotion ideas into the organizational structure. Examples of activities or topics include organizational change, policy, regulations, and fostering coalitions and networks to promote health and wellness.

Micro Health Promotion
Any activity of health promotion that focuses on the individual level of health, including educating providers, communities, and individuals. It includes teaching skill sets and knowledge for better health.

Mobilizing for Action through Planning and Partnerships (MAPP)
A community-driven strategic planning process for improving community health. National Association of City and County Health Officials (NACCHO) developed this process in cooperation with the Centers for Disease Control and Prevention (CDC) (97-00). MAPP is the proposed process by which the CR2C will identify Public Health Performance Standards for monitoring performance and effectiveness of installation efforts.

Prevention
The action of stopping something from happening or arising.

Postvention
Counseling and other social care given after the experience of a traumatic event, especially to those directly affected by a suicide.

Ready and Resilient Campaign Plan
A plan that integrates and synchronizes the multiple efforts and programs designed to improve the readiness and resilience of the Total Force. The plan will be based upon building physical, emotional, and psychological resilience in our Soldiers, Families, and Civilians so they improve performance, which ultimately prepares them to deal with the rigors and challenges of a demanding profession.

Synchronization
Synchronization is the process of ensuring that similar steps and activities in different organizations are coordinated to complement each other rather than overlap.

Work Group
A small group of individuals that have visibility and expertise on a given topic of concern for the installation. Work Groups include, but are not limited to the Suicide Prevention Task Force, the Physical Fitness Work Group, the Spiritual Fitness Work Group, the Environmental/Social Work Group, and the Resiliency Work Groups. Work groups should be identified by data driven priorities or concerns.