

Bucket 1: Surgeon General's CoRC Toolkit Information Sheet

Purpose: Universal/Primary prevention through population level outreach and screening

Background: Screening can serve as a surveillance and educational tool

- Recommend an anonymous assessment for surveillance and education (See Talker for pros and cons)
- Recommend annual administration (e.g. Commander's Calls, Wingman Day) to get best representation of population and, therefore, best surveillance numbers
- If screening is to be used as a surveillance tool, recommend sampling the entire population and not over sampling groups (minimize opportunities for repeating the measure on the same individual)
- Active duty should always be included. The inclusion of other personnel (civilians and contract employees should be determined by local needs and regulation)
- If screening is used as an education tool only (no intent to use the numbers to report risk of population), it can be delivered at multiple venues without concerns about over sampling
- How a base plans to use the screening should determine who administers it
 - o Surveillance only: it should be managed by one functional area to assure consistent and accurate tracking of numbers. Since CoRC is a Commander's program the POC will need to be designated by him or her
 - o Surveillance + education or education only: it should be managed and delivered by some one knowledgeable enough to respond to questions (e.g. Life Skills Support Center, Alcohol and Drug Abuse Prevention and Treatment/ADAPT, Health and Wellness Centers/HAWCs , etc...)
 - o Detection (non-anonymous): it should be administered and managed through the MTF with ADAPT staff as the most likely POC
- Screening Tool/s:
 - o Recommended screening tool is the Alcohol Use Disorders Identification Test (AUDIT) which is included in toolkit
 - o Bases are encouraged ask additional questions that are relevant to base conditions and concerns. A Social Norms questionnaire (called Snowball Survey) is included in the toolkit along with administration instructions
- Web-based screening may be an option in the future (under investigation/development)
- Outcome metrics: If screened anonymously, recommend measurement of population changes in risk. For example, what percent score in each score category of risk (e.g. 0, 1-7, 8-19, 20+). This can be looked at broken down by meaningful demographics (e.g. age, gender, marital status) and the base population can be tracked over time (are more people in the low risk category than before). Important note: level of risk will not be a reliable outcome measure if screened non-anonymously and outcome will likely have to be a process metric (percentage of population screened). Specifics should be determined at the local level.
- HAWC Specific Role:
 - o Depending on staffing and resources, the HAWC may be able to assist with outreach/prevention activities and materials (e.g. off-the-shelf prevention products or incentives)

- Can serve as advisor across program elements; particularly marketing and health education delivery
- Integrate alcohol prevention message into existing wellness programs
- Help to develop process and outcome metrics for screening and/or education

Toolkit Materials:

- Talking Paper detailing the advantages and disadvantages of anonymous versus non-anonymous screening.
- Recommended screening tool (AUDIT) with supporting documentation to allow for group feedback on screening
- A Social Norms Questionnaire (Snowball Survey) with explanation about administrations and feedback