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Respondents: One response per IPPW team.

Frequency: Every six months

Integrated Primary Prevention Activity Tracker items		Notes on purpose and source if applicable	Metric
Installation name and Service branch	[installation information tracked via survey link identifiers]		N/A
Introductory prompt			N/A
[First screen]			
OMB CONTROL NUMBER: 0704-0644			
OMB EXPIRATION DATE:			
AGENCY DISCLOSURE NOTICE			
The public reporting burden for this collection of information, 0704-0644, is estimated to average 60 minutes per response, including the time for reviewing instructions and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil . Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.			
Please read: The following questions ask about integrated primary prevention activities conducted in the last six months . Please include all prevention activities that were implemented in the last six months, even if they were discontinued during that time period.			

<p>A prevention activity is a single activity or closely related series of activities whose purpose is to stop harmful behaviors before they occur. They may be policies, programs, or practices. The organization's comprehensive integrated prevention plan should include the prevention activities included in this tracker, but activities should not be omitted from this tracker if they are not included in the prevention plan.</p> <p>Note: Efforts that target reporting, treatment, or follow-up after a harmful behavior has occurred are not considered 'primary' prevention activities and should not be reported in this tracker. The only exception is suicide postvention activities, which aim to reduce risk to and prevent harmful outcomes for those impacted by suicide loss.</p>			
Preventionist time			
<p>1. For each of the Integrated Primary Prevention Workforce personnel at your installation that worked on planning, implementing, or evaluating prevention activities <u>in the last six months</u>, please provide the following information:</p> <p><i>Please include information for individuals even if they are no longer at your location if they worked on prevention activities at your installation in the last six months.</i></p> <p>Include all time spent planning a prevention program, advising leadership on a prevention topic or attending professional development on a prevention topic as percent effort for the relevant prevention domain (e.g., child abuse). If time spent is unrelated to a prevention domain, count this as % effort under "all other NON-prevention work".</p> <ul style="list-style-type: none"> • Preventionist Title • GS Grade • GS Step (1-10) • % effort spent on each prevention domain: <ul style="list-style-type: none"> <input type="radio"/> Child abuse <input type="radio"/> Domestic abuse <input type="radio"/> Retaliation <input type="radio"/> Sexual assault <input type="radio"/> Sexual harassment <input type="radio"/> Other harassment (e.g., hazing, bullying, race/ethnicity harassment) <input type="radio"/> Suicide (e.g. ideation, attempts, and deaths) <input type="radio"/> All other NON-prevention work 	<p>Will be used for Task 8, Cost-Benefit Analysis</p> <p>4.1.1; 4.1.2; 2.2.4</p> <p>Domains are from list provided by Andra Tharp on 1/5/23</p>		
<p>[completed in table format, % effort sums to 100%]</p>			
Activity description			
<p>2. Please enter the name and a brief description of each activity you/your prevention team has planned, implemented, and/or evaluated in the last six months. Include any activities that were discontinued in the last six months.</p>			<p>Component 3. Adhered to best practices</p> <p>Component 5. Consist of multiple activity types</p> <p>2.3.1; 2.3.2; 2.5.1</p>
<p>Activity Type Descriptions</p> <p>[This list to be provided as link and provided ahead of time for completing Activity Type question above.]</p>			

A. Skill development	<ul style="list-style-type: none"> Interactive skill-building workshop or session that primarily involves <u>active participation</u> from all attendees, including activities such as practicing skills, role-playing, teamwork, and/or group discussions. May be one-time or multi-sessions. For training sessions that are not primarily interactive or focused on skill building and primarily involve one-way transmission of information from speaker to audience, such as lecture-based presentations or standard trainings, recorded video content, and Commander's Call talking points, please select "Other" for Activity Type and describe. A multi-session program would be considered one activity. 		
B. Social/emotional care and support	<ul style="list-style-type: none"> Programs or activities that provide social and emotional support to Service members and their families (e.g., social connectedness interventions) 		
C. Media campaign	<ul style="list-style-type: none"> Coordinated distribution and reinforcement of messages and materials related to a prevention topic. Often intended to share information or change opinions, attitudes, or norms about a prevention-related topic, but may have other goals as well. Media campaigns typically include coordinated efforts to test messaging, target materials to specific audiences, and strategically disseminate materials where they will be most impactful. Materials may include posters, social media posts, radio ads, billboards, newsletters, flyers, text messages. For single activities that are not part of a coordinated media campaign (such as prevention-themed walks, fun runs, pancake breakfasts, and Teal Ribbon Weak activities), please select "Other" for Activity Type and describe. Each campaign is considered a separate prevention activity 		
D. Policy	<ul style="list-style-type: none"> Efforts to change or consistently enforce existing military policy, or create new policy to prevent harmful behavior <u>before it occurs</u>. Each policy is considered a separate prevention activity 		
E. Environmental strategy to establish protective environments and healthy climates	<ul style="list-style-type: none"> Efforts to prevent harmful behaviors by altering physical environments or social climates Examples include increasing leadership supervision for high-risk on-base locations and across digital communications; modifying environments to reduce access to lethal means; and efforts to alter social norms or command climates that are not captured by other activity types. Each strategy is considered a separate prevention activity. 		
F. Community collaboration activities	<ul style="list-style-type: none"> Efforts to work with the local community to change conditions to make harmful behavior less likely to occur. Activities to influence, support, or reinforce community partner practices This may include impacting local policy, participating in community prevention activities or events, or partnering with community organizations to improve care coordination. Each coordinated collaborative effort is considered a separate prevention activity. 		
G. Other, please specify*	Some other activity not described above.		

*Activities labeled as Other will be asked Question 3, Domains and Risk and Protective Factors, but will skip all other questions

Domains and Risk and Protective Factors

3. Which of the following does this activity address? Please select all that apply.

Prevention domains

- Child abuse
- Domestic abuse
- Retaliation
- Sexual assault
- Sexual harassment
- Other harassment (e.g., hazing, bullying, race/ethnicity harassment)
- Suicide (e.g. ideation, attempts, and deaths)

Comprehensive ness
2.3.1;
2.3.2;
Component 2.
Targeted the most
commonly
encountered
forms of
interpersonal
and self-
directed harm
at their
installation.
This
assessment will
compare the
stated goals of

	their prevention activity from the prevention activity tracker to the needs indicated in the installation's DEOCS data. Comprehensive ness Component 3. Targeted multiple harmful behaviors Comprehensive ness Component 4. Targeted multiple risk and protective factors Domains are combined from DODI 6400 and SPARX – see crosswalk Used to assess comprehensive approach (cross-cutting domains)	
RISK/PROTECTIVE FACTORS RELATED TO (some could be risk or protective)	<p>Risk and protective factors</p> <p>From Andra Tharp 1/5/23:</p> <p>DEOCS Risk and Protective Factors</p> <p>CDC Technical Packages</p> <ul style="list-style-type: none"> • Suicide • Sexual violence • Intimate partner violence • Child abuse 	2.3.1; 2.3.2; 2.5.1
Participation	Used for Task	4.1.1;

Not asked for media campaign, policy, or environmental strategy			8, Cost-Benefit Analysis	4.1.2		
Rank	4. How many individuals participated* in the prevention activity in the last six months? *Participated means completed at least 75% of the activity. Please be as precise as possible.	5. In the last six months, how many hours did the average participant spend participating in the prevention activity? Include all time spent attending an activity, completing remote activities, and participating in booster sessions.				
E1-E4						
E5-E6						
E7+						
O1-O3						
O4-O6						
O7+						
Implementation status						
6. Which of the following best describes the implementation status of this activity?			Status	2.5.4		
<ul style="list-style-type: none"> a. Initial exploration and adoption of activity b. Planning for implementation (e.g. drafting workplan, hiring staff) c. Initial implementation (e.g., pilot testing, initial roll-out with a limited scope) d. Full implementation e. Innovation and quality improvement following full implementation f. Sustainability phase g. Discontinued 						
IF g. DISCONTINUED:			Used to track if programs have been discontinued and qualitatively track reasons for discontinuation (no explicit "scoring")	???		
7. Please indicate the reason for discontinuing the prevention activity: [select one]						
<ul style="list-style-type: none"> a. Activity was not data-informed, research-based, or evaluation results showed it was not achieving desired outcomes b. Activity was scheduled to end (i.e., not a continuous activity) c. Other: Please describe the reason for discontinuation: _____ 						
Ecological levels						
8. Which of the following ecological levels are the target(s) of this prevention activity?			Comprehensive ness Component 1. Were implemented across ecological levels (individual, interpersonal, and community/ organizational).	2.4.1; 2.5.1		
<ul style="list-style-type: none"> a. Individual (i.e., personal factors that increase the likelihood of becoming a victim or perpetrator of violence. Some of these factors are age, education, income, substance use, or history of abuse. Prevention strategies at this level promote attitudes, beliefs, and behaviors that prevent violence. Source: CDC) 						
<ul style="list-style-type: none"> b. Interpersonal/Relationship (i.e. close relationships that may increase the risk of experiencing violence as a victim or perpetrator. A person's closest social circle-peers, partners and family members-influences their behavior and contribute to their experience. Prevention strategies at this level may include family-focused prevention programs and mentoring and peer programs designed to strengthen communication, promote positive peer norms, problem-solving skills and promote healthy relationships. Source: CDC) 						
<ul style="list-style-type: none"> c. Community/Organizational (i.e., intervening on characteristics of different settings, such as workplaces or neighborhoods, that are associated with becoming victims or perpetrators of violence. Prevention strategies at this level focus on improving the physical and social environment in these setting. Source: CDC). 			Used to assess Comprehensive approach (PPOA 2.0) – multiple ecological levels across activities			
Planning						
9. In the last six months, which of the following tasks, if any, have you/your team engaged in to plan this prevention activity? Select all that apply.			Quality Component 2. Systematically planned	2.3.1; 2.3.2; 2.5.1		
<ul style="list-style-type: none"> a. Held a meeting to coordinate implementation tasks b. Actively involved stakeholders (i.e., individuals outside of the prevention team) in planning activities (for example, by inclusion in working groups) 						

c. Collaborated with another office or department to plan or implement this activity	Used to assess Quality implementation - Teaming (CFIR 2.0)	
d. Searched for research evidence on this activity e. Reviewed research evidence on this activity f. Developed and/or revised a systematic workplan detailing implementation tasks and timeline g. Created a budget for the activity h. Secured funding for the activity i. Identified (hired, trained, or assigned) staff responsible for implementing the prevention activity j. Identified (hired, trained, or assigned) staff responsible for evaluating the prevention activity k. Worked on a plan for monitoring the implementation process (i.e., plans to evaluate inputs, activities, and outputs; also called a process evaluation). This may include information about the dosage, reach, participant and staff perceptions, and quality (or fidelity) of implementation. l. Worked on a plan to evaluate outcomes of the prevention activity (i.e., plans to evaluate the short, intermediate or long-term changes in participant knowledge, attitudes, skills, behavioral intentions, and/or behaviors). m. Worked on a plan to sustain the prevention activity	Used to assess Quality implementation • Planning (CFIR 2.0) • Comprehensive approach (PPOA 2.0) • Quality implementation (PPOA 2.0) • Continuous evaluation (PPOA 2.0)	2.3.1; 2.3.2; 2.5.1
n. Pilot-tested the activity, implemented it in small steps, or conducted trials to test aspects of the activity	• Doing (CFIR 2.0)	2.3.1; 2.3.2; 2.5.1
Needs assessment		
10. In the last six months, which of the following types of information, if any, did you/your team collect and use to inform planning or implementation of this prevention activity? Select all that apply. a. Priorities, preferences, and needs of staff/individuals implementing the activity b. Priorities, preferences, and needs of leadership c. Formal data on the needs of the target population d. Informal information on the needs of the target population e. Needs specific to the target population(s) with regards to diversity f. Needs specific to individuals in the target population(s) with cross-cutting identities (e.g., racial minorities who are also sexual minorities)	Quality Component 1. Responsive to the needs of the installation Used to assess Quality implementation • Assessing needs (CFIR 2.0) • Understanding the problem (PPOA 2.0)	2.3.1; 2.3.2; 2.5.1
g. Collected information about barriers and/or facilitators to implementing the activity	• Assessing context (CFIR 2.0)	2.3.1; 2.3.2; 2.5.1
h. Reviewed information from the Command Climate Assessment		2.3.1; 2.3.2; 2.5.1
Adaptations		
11. Have you/your team EVER adapted or made modifications to the activity to alter it from its original design? [select one] A. Yes, we have made changes to the activity B. No, we are implementing an existing pre-packaged program exactly as-is C. This activity was developed specifically for our use and not modified from an existing prevention program	Used to assess Quality implementation	
If YES, have modified		
12. Have you/your team EVER made any of the following changes to the prevention activity (select all that apply): a. Adapted content to address a different prevention focus without consulting the developers of the program (for example, modifying a sexual harassment bystander intervention to address suicide prevention instead) b. Removed substantive content, such as training modules on a prevention topic	• Tailoring Strategies/Adapting (CFIR 2.0)	

<p>c. Abbreviated the length of the activity d. Removed interactive components e. Removed opportunities to practice skills f. Other, please describe _____</p>		
Dosage		
ONLY ASKED FOR INTERACTIVE WORKSHOP/SKILL BUILDING SESSION		
12. How many sessions or events does this activity consist of? Indicate the total number of <u>planned</u> sessions, including any booster sessions, that all or most participants are expected to attend, even if not all of the sessions were conducted in the last six months. [numeric value]	Quality Component 5. Of sufficient dose Used to assess Quality implementation	2.3.1; 2.3.2; 2.5.1
13. Does the prevention activity include periodic reminder or booster sessions to reinforce core messages? <ul style="list-style-type: none"> • Yes • No 	Quality Component 5. Of sufficient dose Used to assess Quality implementation	2.3.1; 2.3.2; 2.5.1
Evaluation		
14. In the last six months, which of the following tasks, if any, have you/your team engaged in as part of efforts to evaluate this prevention activity? Select all that apply. a. Collected quantitative and qualitative information that indicates the quality of implementation (i.e., evaluated inputs, activities, and outputs; also called a process evaluation). This may include information about the dosage, reach, participant and staff perceptions, and quality (or fidelity) of implementation. <ul style="list-style-type: none"> b. If yes to "a": Discussed quantitative and qualitative information that indicates the quality of implementation (i.e., evaluated inputs, activities, and outputs; also called a process evaluation). This may include information about the dosage, reach, participant and staff perceptions, and quality (or fidelity) of implementation. c. Collected quantitative and/or qualitative information to evaluate the outcomes of the prevention activity (i.e. the short, intermediate or long-term changes in participant knowledge, attitudes, skills, behavioral intentions, and/or behaviors). <ul style="list-style-type: none"> d. If yes to "c": Discussed quantitative and/or qualitative information to evaluate the outcomes of the prevention activity (i.e. the short, intermediate or long-term changes in participant knowledge, attitudes, skills, behavioral intentions, and/or behaviors). 	Quality Component 4. Evaluated, and used results to inform activities Used to assess Quality implementation <ul style="list-style-type: none"> • Evaluation and reflection (CFIR 2.0) • Continuous evaluation (PPOA 2.0) 	2.3.1; 2.3.2; 2.5.1
Sustainability		
15. Regarding sustainability of the activity, which, if any, of the following apply to this activity? <ul style="list-style-type: none"> • Permanent staff have been assigned to implement this activity • This activity has a champion within leadership • This activity has transitioned from temporary or pilot status to permanent status • This activity has a stable source of funding • This activity has been assigned permanent physical space • We expect to continue implementing this activity for some time 	Used to assess Quality implementation <ul style="list-style-type: none"> • Level of Institution alization Measure (LoIN) 	2.5.5

SCORING**Key components of quality implementation**

- Component 1. Responsive to the needs of the installation
- Component 2. Systematically planned
- Component 3. Adhered to best practices (including not making adaptations known to decrease effectiveness; and of sufficient dose, as applicable)
- Component 4. Evaluated, and used results to inform activities

Key components of comprehensiveness

- Component 1. Were implemented across ecological levels (individual, interpersonal, and community/organizational).
- Component 2. Targeted the most commonly encountered forms of interpersonal and self-directed harm at their installation. This assessment will compare the stated goals of their prevention activity from the prevention activity tracker to the needs indicated in the installation's DEOCs data and command climate assessment
- Component 3. Targeted multiple harmful behaviors
- Component 4. Targeted multiple risk and protective factors
- Component 5. Consist of multiple activity types