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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
<b>Installation name and Service branch</b> [Installation information tracked via survey link identifiers]			N/A
<b>Introductory prompt</b> [First screen]  OMB CONTROL NUMBER: 0704-0644 OMB EXPIRATION DATE: 01/31/2026 AGENCY DISCLOSURE NOTICE  The public reporting burden for this collection of information, [OMB Control Number 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 <a href="mailto:whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil">whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil</a> . 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.		N/A	
Please read: The following questions ask about integrated primary prevention activities conducted in the last six months.			

<p>Please include all prevention activities that were implemented in the last six months, <b>even if they were discontinued during that time</b> period.</p> <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. Activities listed in the organization's comprehensive integrated primary prevention (CIPP) plan should be reported on in this tracker. However, even activities that are not in the CIPP plan, but are genuine integrated primary prevention activities, should also be reported on in this tracker.</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>		
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### Preventionist time

1. For each of the Integrated Primary Prevention Workforce personnel at your installation that worked on planning, implementing, or evaluating prevention activities in the last six months, please provide the following information:

*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.*

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".

- Preventionist Title
- GS Grade
- GS Step (1-10)
- % effort spent on each prevention domain:
  - 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)
  - All other NON-prevention work

[completed in table format, % effort sums to 100%]

### Activity description

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.

	Activity name	1-2 sentence description	Activity type. [Link to activity type descriptions]	Is this activity evidence-based?	Component 3. Adhered to best practices Component 5. Consist of multiple activity types Used to assess Quality Implementation (type/quality of prevention activity)	2.3.1; 2.3.2; 2.5.1
Activity A	[Open text]	[Open text]	[drop down list]	[drop down Yes and No - if yes, free text to provide a link to a study where it was shown to be effective]		
Activity B						
...						

Activity Type Descriptions  
[This list to be provided as link and provided ahead of time for completing Activity Type question above.]

A. Skill development	<ul style="list-style-type: none"> <li>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.</li> <li>May be one-time or multi-sessions.</li> <li>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.</li> <li>A multi-session program would be considered one activity.</li> </ul>		
B. Social/emotional care and support	<ul style="list-style-type: none"> <li>Programs or activities that provide social and emotional support to Service members and their families (e.g., social connectedness interventions)</li> </ul>		
C. Media campaign	<ul style="list-style-type: none"> <li>Coordinated distribution and reinforcement of messages and materials related to a prevention topic.</li> <li>Often intended to share information or change opinions, attitudes, or norms about a prevention-related topic, but may have other goals as well.</li> <li>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.</li> <li>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.</li> <li>Each campaign is considered a separate prevention activity</li> </ul>		
D. Policy	<ul style="list-style-type: none"> <li>Efforts to change or consistently enforce existing military policy, or create new policy to prevent harmful behavior <u>before it occurs</u>.</li> <li>Each policy is considered a separate prevention activity</li> </ul>		
E. Environmental strategy to establish protective environments and healthy climates	<ul style="list-style-type: none"> <li>Efforts to prevent harmful behaviors by altering physical environments or social climates</li> <li>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.</li> <li>Each strategy is considered a separate prevention activity.</li> </ul>		
F. Community collaboration activities	<ul style="list-style-type: none"> <li>Efforts to work with the local community to change conditions to make harmful behavior less likely to occur.</li> <li>Activities to influence, support, or reinforce community partner practices</li> <li>This may include impacting local policy, participating in community prevention activities or events, or partnering with community organizations to improve care coordination.</li> <li>Each coordinated collaborative effort is considered a separate prevention activity.</li> </ul>		
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

- a. Child abuse
- b. Domestic abuse
- c. Retaliation
- d. Sexual assault
- e. Sexual harassment
- f. Other harassment (e.g., hazing, bullying, race/ethnicity harassment)
- g. 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

	<p>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 Component 4. Targeted multiple risk and protective factors Domains are combined from DODI 6400 and SPARX – see crosswalk</p> <p>Used to assess comprehensive approach (cross-cutting domains)</p>	
<p><b>RISK/PROTECTIVE FACTORS RELATED TO (some could be risk or protective)</b></p> <ul style="list-style-type: none"> <li>Unit or workplace climate (e.g., fair, inclusive, hostile, respect, cohesive)</li> <li>Leadership (e.g., passive, toxic, supportive, transformational)</li> <li>Everyday stressors (e.g., parenting, chronic pain, legal problems, acculturation)/Coping skills</li> <li>Prior traumas (e.g., sexual, combat related)</li> <li>Violent crime</li> <li>Social skills (e.g., problem solving skills, empathy, emotional regulation)</li> <li>Norms (e.g., level of acceptance of violence, hyper-masculinity, traditional gender role norms; social norms supportive or inhibitive of SV and male sexual entitlement)</li> <li>Use of alcohol or other substances (e.g., binge drinking)</li> <li>Mental health (e.g., history of depression)</li> <li>Hope/hopelessness or morale</li> <li>Relationships (e.g., peers, family, partner) problems (e.g., loss of relationships, isolation)/Social connectedness (e.g., feeling connected to school, community, and other social institutions; support from partners, friends, and family)</li> <li>Access to lethal means/Safe storage of lethal means</li> <li>Consistent access/lack access to high quality behavioral health and medical services</li> <li>Finances/employment</li> <li>Child neglect</li> <li>Financial readiness</li> <li>Problematic sexual behavior in children and youth</li> <li>Stalking</li> <li>Collaboration</li> <li>Health equity</li> </ul>	<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"> <li>• Suicide</li> <li>• Sexual violence</li> <li>• Intimate partner violence</li> <li>• Child abuse</li> </ul> <p>2.3.1; 2.3.2; 2.5.1</p>	

## Participation

### Not asked for media campaign, policy, or environmental strategy

Please enter the number of individuals in each box. Please use only whole numbers. Enter a "0" if none or not applicable. Please be as precise as possible.

Rank	<p>4. In the last six months, how many individuals participated* in the prevention activity? *Participated means completed at least 75% of the activity.</p>	<p>5. In the last six months, how many hours did the average individual spend participating in the prevention activity? Include all time spent attending an activity, completing remote activities, and participating in booster sessions.</p>
E1-E4		
E5-E6		
E7+		
O1-O3		
O4-O6		
O7+		
Civilian workforce		
Family/ other civilian participants		

6. In the past 6 months, were there any other costs associated with this prevention activity. This could include the use of any funds for supplies related to advertising (e.g., flyers, handouts), food or beverages for attendees, marketing merchandise (e.g., pens, note pads, grocery bags), or any other additional cost incurred in completing the prevention activity.

6a. If yes, what was the dollar amount associated with the prevention activity?

## Implementation status

7. Which of the following best describes the implementation status of this activity?

- a. Initial exploration and adoption of activity (i.e., deciding whether or not to implement the activity)
- b. Planning to implement the activity (e.g., drafting workplan, hiring staff, finding space)
- c. Activity started (could include pilot testing/feasibility testing, initial roll-out with a limited scope)
- d. Activity completed once
- e. Activity was completed at least once, and IPP team is reviewing and reflecting on evaluation and performance data to inform future decisions
- f. Activity was completed at least once, and the plan is to continue/repeat the activity
- g. Activity discontinued

### IF g. DISCONTINUED:

8. Please indicate the reason for discontinuing the prevention activity: [select one]

- 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: \_\_\_\_\_

Used for Task 8, Cost-Benefit Analysis

4.1.1;  
4.1.2

## Ecological levels

9. Which of the following ecological levels are the target(s) of this prevention activity?

- 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)
- 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

Comprehensive ness Component 1. Were implemented across ecological levels

2.4.1;  
2.5.1

<p>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)</p> <p>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).</p>	<p>(individual, interpersonal, and community/organizational).</p> <p>Used to assess Comprehensive approach (PPOA 2.0) – multiple ecological levels across activities</p>	
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## Planning

<p>10. 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.</p> <p>a. Held a meeting to coordinate implementation tasks</p> <p>b. Actively involved stakeholders (i.e., individuals outside of the prevention team) in planning activities (for example, by inclusion in working groups)</p> <p>c. Collaborated with another office or department to plan or implement this activity</p>	<p>Quality Component 2. Systematically planned</p> <p>Used to assess Quality implementation - Teaming (CFIR 2.0)</p>	<p>2.3.1; 2.3.2; 2.5.1</p>
<p>d. Searched for research evidence on this activity</p> <p>e. Reviewed research evidence on this activity</p> <p>f. Developed and/or revised a systematic workplan detailing implementation tasks and timeline</p> <p>g. Created a budget for the activity</p> <p>h. Secured funding for the activity</p> <p>i. Identified (hired, trained, or assigned) staff responsible for implementing the prevention activity</p> <p>j. Identified (hired, trained, or assigned) staff responsible for evaluating the prevention activity</p> <p>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.</p> <p>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).</p> <p>m. Worked on a plan to sustain the prevention activity</p>	<p>Used to assess Quality implementation</p> <ul style="list-style-type: none"> <li>Planning (CFIR 2.0)</li> <li>Comprehensive approach (PPOA 2.0)</li> <li>Quality implementation (PPOA 2.0)</li> <li>Continuous evaluation (PPOA 2.0)</li> </ul>	<p>2.3.1; 2.3.2; 2.5.1</p>
<p>n. Pilot-tested the activity, implemented it in small steps, or conducted trials to test aspects of the activity</p>	<ul style="list-style-type: none"> <li>Doing (CFIR 2.0)</li> </ul>	<p>2.3.1; 2.3.2; 2.5.1</p>

## Needs assessment

<p>11. 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.</p> <p>a. Priorities, preferences, and needs of staff/individuals implementing the activity</p> <p>b. Priorities, preferences, and needs of leadership</p> <p>c. Formal data on the needs of the target population</p> <p>d. Informal information on the needs of the target population</p> <p>e. Needs specific to the target population(s) with regards to diversity</p> <p>f. Needs specific to individuals in the target population(s) with cross-cutting identities (e.g., racial minorities who are also sexual minorities)</p>	<p>Quality Component 1. Responsive to the needs of the installation</p> <p>Used to assess Quality implementation</p> <ul style="list-style-type: none"> <li>Assessing needs (CFIR 2.0)</li> <li>Understan</li> </ul>	<p>2.3.1; 2.3.2; 2.5.1</p>
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	ding the problem (PPOA 2.0)	
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
<b>Adaptations</b>		
12. Have you/your team EVER adapted or made modifications to the activity to alter it from its original design? [select one]	Used to assess Quality implementation	
A. Yes, we have made changes to the activity	• Tailoring Strategies/Adapting (CFIR 2.0)	
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		
<b>If YES, have modified</b>		
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)	• Tailoring Strategies/Adapting (CFIR 2.0)	
b. Removed substantive content, such as training modules on a prevention topic		
c. Abbreviated the length of the activity		
d. Removed interactive components		
e. Removed opportunities to practice skills		
f. Other, please describe_____		
<b>Dosage</b>		
<b>ONLY ASKED FOR INTERACTIVE WORKSHOP/SKILL BUILDING SESSION</b>		
13. 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
14. Does the prevention activity include periodic reminder or booster sessions to reinforce core messages?	Quality Component 5. Of sufficient dose Used to assess Quality implementation	2.3.1; 2.3.2; 2.5.1
• Yes		
• No		
<b>Evaluation and Continuous Quality Improvement</b>		
15. In the last six months, have you/your team or an outside evaluator collected any process evaluation data of the prevention activity (e.g., information about whether the prevention activity was implemented as intended)? This may include information about the dosage, reach, participant and staff perceptions, and quality (or fidelity) of implementation. Yes/No	Quality Component 4. Evaluated, and used results to inform activities	2.3.1; 2.3.2; 2.5.1
16. If yes: Which of the following types of process data did you collect in the last six months? Select all that apply.	Used to assess Quality implementation	
a. Participation and reach data (e.g., who participated, how many individuals were reached, which groups were represented, etc.).	• Evaluation and reflection (CFIR 2.0)	
b. Fidelity or quality data, which measures adherence to best practices or established curriculum or guidelines (e.g., whether trainers followed the training curriculum, or whether all components of an activity were implemented).	• Continuou s evaluation (PPOA 2.0)	
c. Acceptability data, which measures the extent to which the activity was acceptable to the target population (e.g., participant satisfaction, engagement, and willingness to participate).		
d. Feasibility data, which assesses the extent to which the program or intervention can be implemented in a real-world setting (e.g., cost of implementation, logistical challenges, stakeholder support, etc.)		
e. None of the above		
f. Other, please describe:		
17. In the last six months, have you/your team collected any outcome evaluation data about the prevention activity? This may include the short-, intermediate-, or long-term changes in participant knowledge, attitudes, skills, behavioral intentions, and/or behaviors that are related to the risk and protective factors you are		

<p>targeting. Yes/No</p> <p>18. If yes: Which of the following types of outcome data did you collect in the last six months, and what were the results? Select all that apply. You will be asked to provide additional information for each outcome group you endorse.</p> <ol style="list-style-type: none"> <li>Knowledge outcomes (i.e., changes in what participants know or understand as a result of the prevention activity as related to the targeted risk or protective factors)           <ol style="list-style-type: none"> <li>Name the outcomes</li> </ol> </li> <li>Attitude outcomes (i.e., changes in participants' beliefs, perspectives or attitudes that are related to the targeted risk or protective factors)           <ol style="list-style-type: none"> <li>Name the outcomes</li> </ol> </li> <li>Skill development outcomes (i.e., changes in participants' skills as a result of the prevention activity that are related to the targeted risk or protective factors)           <ol style="list-style-type: none"> <li>Name the outcomes</li> </ol> </li> <li>Behavioral intention outcomes (i.e., changes in what participants intend to do as a result of the prevention activity)           <ol style="list-style-type: none"> <li>Name the outcomes</li> </ol> </li> <li>Behavioral outcomes (i.e., changes in what participants do or have done as a result of the prevention activity, as related to the targeted risk or protective factors)           <ol style="list-style-type: none"> <li>Name the outcomes</li> </ol> </li> <li>Other, please describe:</li> </ol>			
<p>Response options in a table format with headings:</p>			
<ul style="list-style-type: none"> <li>• Positive change (outcome improved);</li> <li>• Negative change (outcome worsened);</li> <li>• No change (outcome did not improve or worsen);</li> <li>• Mixed outcomes (tracked multiple outcomes in this category and some improved, some worsened, and/or some did not change);</li> <li>• Did not collect this outcome</li> </ul>			
<p>19. In the last six months, how have you used evaluation data about this prevention activity? Select all that apply. You will be asked to briefly summarize your actions for each activity you endorse.</p> <ol style="list-style-type: none"> <li>Reviewed evaluation data with leadership, including unit commanders and/or organizational leaders           <ol style="list-style-type: none"> <li>What leaders did you meet with?</li> </ol> </li> <li>Shared evaluation data with other IPPW personnel           <ol style="list-style-type: none"> <li>What other IPPW personnel did you share data with?</li> </ol> </li> <li>Shared evaluation data with local or community partners           <ol style="list-style-type: none"> <li>Which partners did you share data with?</li> </ol> </li> <li>Made changes to future implementation plans based on evaluation findings           <ol style="list-style-type: none"> <li>Briefly summarize the changes</li> </ol> </li> <li>Made changes to how the activity is currently implemented based on evaluation findings           <ol style="list-style-type: none"> <li>Briefly summarize the changes</li> </ol> </li> <li>None of the above</li> <li>Other, please describe:</li> </ol>			
<b>Sustainability</b>			
<p>20. Regarding sustainability of the activity, which, if any, of the following apply to this activity?</p> <ul style="list-style-type: none"> <li>• Permanent staff have been assigned to implement this activity</li> <li>• This activity has a champion within leadership</li> <li>• This activity has transitioned from temporary or pilot status to permanent status</li> <li>• This activity has a stable source of funding</li> <li>• This activity has been assigned permanent physical space</li> <li>• We expect to continue implementing this activity for some time</li> </ul>			<p>Used to assess Quality implementation</p> <ul style="list-style-type: none"> <li>• Level of Institution alization Measure (LoIN)</li> </ul> <p>2.5.5</p>

## 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