

Evaluating the Prevention Workforce

Data Safeguarding Plan

We target our Data Safeguarding Plan to the newly hired Preventionists, Installation personnel who supervise Preventionists, and Command Personnel at Service Branch HQs. This assessment does not involve any intervention posing a risk to the lives or physical health of the participants. All RAND research staff are trained in both quantitative survey and qualitative interview data collection. The Data Safeguarding Plan will be distributed to all project staff handling data.

Project Description

Service members in the US military suffer from a range of harmful behaviors including sexual assault and sexual harassment, suicide, domestic violence, and alcohol and drug misuse. These harmful behaviors not only harm service members, but degrades military readiness. For example, data shows that more service members separate from DoD than would normally be expected specifically because of sexual assault. Prevention has been identified as an important pillar in the multi-pronged response to these issues. Up until recently, DoD does not have any personnel whose sole function is to carry out prevention programming. However, starting in 2022, DoD has committed to hire about 2,500 new civilian personnel to play this role, across every Service branch, over the next four years. This project—sponsored by DoD's Violence Prevention Cell (VPC)—will evaluate this initiative. The evaluation will 1) Assess how the DoD components' Integrated Primary Prevention (IPP) policies and plans are aligned with the requirements set forth by DoD; 2) Assess the hiring progress and qualifications of the Integrated Primary Prevention Workforce (IPPW); 3) Describe the structure and functioning of prevention infrastructure and whether the IPPW perceives having sufficient infrastructure support; 4) Assess the elements of leader support for the conduct of prevention (e.g., understanding of IPP, belief that IPP is important and works well), and assess the level of leader support perceived by the IPPW; 5) Assess the quality and comprehensiveness of the Comprehensive Integrated Primary Prevention (CIPP) Plans, what aspects of the plans are implemented as intended, and the facilitators and barriers to their implementation; and 6) Describe how the IPP workforce is building and maintaining prevention teams at the strategic, operational, and tactical levels and how these prevention teams are connected to leaders at each of these levels.

Responsibility for data safeguarding

It is the two Principal Investigators' responsibilities to make sure all project members are familiar and comply with this Data and Safety Monitoring Plan. The PIs, Chinman and Acosta, will have the overall responsibility for data safeguarding. Both have experience with these procedures from previous DoD projects and both have a long history of managing confidential data at RAND. The PIs will monitor the process and implement the procedures for all data. All members of the project team have completed mandatory training in the ethical conduct of research, which meets requirements for such training. All research team members are aware of and will comply with these procedures. The assessment will be conducted in a manner consistent with federal regulations with respect to the protection of human subjects. All members of the project team have undergone the CITI human subject protection program training and are well versed with ethical code of conduct in human subjects research. To further protect confidentiality, we will obtain a Certificate of Confidentiality.

Data Sources

1. *Annual collection of hiring, training, and retention data for the prevention workforce.* It is estimated the DoD will hire the following numbers of new prevention staff by year: FY22: 626, FY23: 689, FY24: 428, FY25: 460, FY26: 437, FY27: 213. During each of the five years of the evaluation period (FY22-26), the evaluation will work with DoD to collect information about the number of positions hired vs. the number created (called the 'Hiring Ratio'); the number of service members served by prevention staff compared to the minimum staffing recommendations developed by the Federal Research Division of the Library of Congress (called the 'Coverage Ratio'); and the number of preventionists hired vs. the number still employed 1 year later (called the 'Retention Ratio'). We will also collect data about whether each Preventionist has received their DoD Prevention Credential—which requires a certain level of initial training—and maintains that credential over time.
2. *Annual survey of all preventionists.* The survey contains questions about the background, experiences and attitudes of members of Integrated Primary Prevention Workforce, including their education and professional development, the extent to which they believe they have the infrastructure and support needed

to carry out effective prevention activities, and their job attitudes. The survey also includes a measure of the extent to which preventionists have the knowledge and experience needed to perform DoD identified competencies relevant for the preventionist workforce. The evaluation will annually survey (FY24-26) all hired DoD preventionists at the time (i.e., those hired earlier will be surveyed multiple times). The survey will be programmed and administered through the RAND Survey Research Group.

As a subcomponent of the survey, we will ask all Preventionists to upload their most up to date Resume. The Survey Research Group will program a portion of the online survey to prompt Preventionists to upload their resumes using a secure file transfer platform (e.g., Kiteworks). Preventionists will be asked to remove any identifying information before uploading (e.g., name, address, social security number, date of birth).

3. *The Cohort Study (site visits)*. To complement the survey and hiring data, the evaluation will conduct a more in-depth study of a select group of installations. Although focused on the tactical level, the Cohort Study will yield important information about how the tactical level interfaces with the operational and strategic levels. Across 24 military organizations (12 with Preventionists, 12 without), this sub-study will use virtual discussions with the same military organizations over two time points, and a site visit to observe a prevention activity. These discussions and activity observation will be used to assess progress through the four process components of the logic model over time, identify barriers and facilitators, and determine differences in how military organizations with IPP personnel deliver prevention compared to those who have not yet hired IPP personnel.
4. *Interviews with commands/headquarters*. In addition to the perspective of the preventionists at installations, it will be important to assess the new prevention staff present at the command (by branch) and headquarters levels (e.g., Prevention Director/Program Head position) about their understanding of the initiative's progress. Using the Consolidated Framework for Implementation Research (CFIR), the evaluation will conduct a series of interviews with prevention representatives from each command, and each service branch HQ, as well as the Reserves, and the Guard, about the barriers and facilitators to incorporating the new staff and their impact. These interviews will be conducted in Fall '24 (i.e., near the start of the initiative) and repeated in Fall '26 (i.e., near the end of the evaluation). The interviews will be conducted by video calls.
5. *Prevention activity data collection*. The evaluation will conduct a bi-annually online survey of all hired preventionists about what kind of prevention activities they are conducting, who is participating in those activities, and how much time they spend on such activities. This information will be conducted via secure online survey platform called the Integrated Primary Prevention Activity Tracker (I-PAcT), managed by an outside vendor, 3C. This data will be collected five times. The first time, Early '25, a RAND staffperson will interview the responsible preventionist at each site, and enter the information on the site's behalf. For all subsequent data collection timepoints, the Preventionists will be responsible to logging onto the I-PAcT and entering in information about their prevention activities. After the first data collection, data collections 2-5 will occur once every six months.

Sensitive Data Elements

1. *Annual collection of hiring, training, and retention data for the prevention workforce*. The start dates of Preventionists is not considered sensitive. Whether Preventionists have completed their DoD credential could be considered sensitive.
2. *Annual survey of all preventionists*. The survey asks questions about work experiences, job attitudes, and individual level of prevention relevant knowledge. After the survey data is received, it will be de-identified via a link file and thus will not contain service member names or respondent names and contact information but will contain some demographic information that might support identification by inference for individuals in certain demographic subgroups (e.g., location, pay grade, gender, installation group combinations). Even though Preventionists will be asked to remove personal information, it is still possible that the Resumes will contain identifiable, sensitive information (e.g., name, address, social security number, date of birth).
3. *The Cohort Study*. The study will collect information, from a select group of sites, about prevention activities being conducted, and perceptions of a select group of Preventionists about the degree to which

there is an infrastructure in place to support prevention activities. After the site visit data is collected, it will be de-identified via a link file and thus will not contain service member names or respondent names and contact information but will contain some demographic information that might support identification by inference for individuals in certain demographic subgroups (e.g., location, pay grade, gender, installation group combinations). These data will be stored on secure RAND servers for analysis.

4. *Interviews with commands/headquarters.* The interviews conducted will focus on the barriers and facilitators to incorporating the new staff and their impact at the HQ of each Service. After the interview data is received, it will be de-identified via a link file and thus will not contain service member names or respondent names and contact information but will contain some demographic information that might support identification by inference for individuals in certain demographic subgroups (e.g., location, pay grade, gender, installation group combinations). These data will be stored on secure RAND servers for analysis.
5. *Prevention activity data collection.* The evaluation will collect information about prevention activities being conducted. This data will not be linked to individual service members, but be tied to a specific location and is public, although not widely known. It is possible that if this data were to be widely publicized, it could be damaging if the prevention activities conducted are found to be of lower quality and frequency than expected.

Data Transmittal Procedures

1. *Annual collection of hiring, training, and retention data for the prevention workforce.* Our Sponsor, VPC, will be receiving reports about credentialing and numbers hired and their location, and will transmit that data to RAND via Kiteworks, a secure file transfer service approved by RAND. The data will then be downloaded to a secure RAND server.
2. *Annual survey of all preventionists.* The survey will be conducted via secure online survey platform through the RAND Survey Research Group (SRG). Files that contain contacting information for participants (names and email addresses) will be sent to RAND through Kiteworks. The encrypted, password-protected file downloaded from the site will be stored on a RAND secure server. Files will then be downloaded by a RAND Research Programmer and will be stored according to security guidelines presented in RAND's Data Protection Matrices. As the files will contain names and email addresses, the files will be stored on a RAND Fixed internal server that is accessible only through the RAND internal network. Access to the server itself is password-protected, and the data will be stored in password-protected locations only accessible by approved project staff. The machine and directories are further protected by user authentication and passwords. Research Programmers will assign a unique study identifier (RAND ID) to each intended participant. The survey sample will be loaded into SRG's study record management system (RMS). This will contain the variables needed for data collection, including the study identifier (RAND ID), respondent first and last name, and respondent email address. These files are used by SRG to administer the survey. All RMS data will be stored on SRG's secure segment. Project team survey data from SRG will not contain any direct identifying information (e.g., names or email addresses). These electronic survey data files will be stored on password protected and encrypted RAND laptops or on the project team's shared drive, for which access is restricted to RAND team members only.

Resumes that are downloaded through the survey will be treated similarly—Research Programmers will assign a unique study identifier (RAND ID) to the Resume for each participant. Even though Preventionists will be asked to remove personal information, it is still possible that the Resumes will contain identifiable, sensitive information (e.g., name, address, social security number, date of birth). In that case, Research Programmers will delete this information before storing the Resume on a secure RAND server.

3. *The Cohort Study.* This part of the study will gather data through interviews during in-person site visits. Though we will have names and roles for people interviewed, this identifying information will be removed from detailed notes that will be taken during these interviews. RAND staff will save the information on RAND laptops, which are password protected and whole disk encrypted. RAND staff will either have the laptops on their person (e.g., is use during the site visit or during travel) or locked in a hotel room. After RAND staff has returned from their site visit, they will upload the information to a secure RAND server and then delete the data from their laptops.

4. *Interviews with commands/headquarters.* RAND staff will conduct these interviews via video call from computers on the RAND network. The information will be saved directly onto a secure RAND server with a separate link file holding the identifiable information (i.e., name, location).
5. *Prevention activity data collection.* Data will be sent from 3C to RAND using a secure file transfer platform (e.g., Kiteworks). As with all of 3C's technology products, I-PaCT will be HIPAA- and FERPA-compliant and meet the strictest data security standards, including Title 21 Code of Federal Regulations Part 11. Protected website sections will be encrypted during transmission using strong 256-bit SSL transport layer security and trusted certificates using algorithms and procedures for securing sensitive data consistent with best practices, such as 3DES encryption and separation of encrypted data from keys. No data will be stored on a local Preventionist's device; all data will be housed on 3C secure database servers. All user accounts will be assigned a Globally Unique Identifier (GUID) to ensure the highest level of accuracy for data entry/retrieval. 3C's database is hosted in a multi-server cloud environment with two independent backup systems to ensure data are accessible and safe.

Data Storage

The following procedures govern the use of all de-identified and link file data on the internal network. The study team will follow the established RAND protocol for storing sensitive personal data:

1. Data will be stored on a secure password protected RAND server, access to the specific directory require username and password and will be limited to study team members. Data may not reside in any other location, including other machines, RAND-owned laptops/desktops/USB drives (with the exception noted above), extranet (e.g. external SharePoint site), home network or unsecured private network.
2. Under no conditions may these data be stored on the open web or reside outside of a RAND-owned resource.
3. Projects will restrict access to files on RAND network server by using Unix group file and directory level permissions and/or Linux Access Control Lists (ACLs).
4. Project staff will receive training on project-specific data sensitivity and data safeguarding practices. Staff will review sensitive data inventory and data safeguards annually.
5. All serious violations of this DSP must be reported in writing to the Principal Investigator and to the relevant RAND HSPC. Reportable serious violations include, but are not limited to, the exposure of a systematic flaw in the data safeguarding procedures.
6. An encrypted link file will be created for each data source and stored in the cold room. The link file will include any obvious identifier, like name, SSN, and date of birth. Other variables—sex, race/ethnicity, rank, and location—will also be candidates. We will run frequencies in the cold room and any subgroup that could be identified by inference based on these variables (group size less than 30) will then also be included in the link file and replaced with a more general, less identifiable value.

Client and Respondent Agreements

Each participant will have the assessment explained to them and be given the option to not participate, per any regulations or orders they operate under at their location. They will be told that their data will be kept confidential, but will be reported to the DoD VPC. It will be explained that findings from all sources will be reported in a memo to VPC to inform their future prevention planning. Data will not be reported individually, the data from all sources will be grouped together. No individual names will appear in any documents. Notes will be taken during all meetings during the site visit discussions, but they will not have names on them. Participants will be reminded that there will be no discussion of open cases so as to respect the privacy of all participating individuals.

Data Safeguarding Procedures

Any inadvertent or intentional disclosure of private information to unauthorized parties will be reported to the RAND Human Subjects Protection Committee using the Adverse Event Reporting Form. This includes situations in which private information is not disclosed but potentially might be. All reports and publications will be reviewed by the PIs for adherence to the statistical publication standards. These standards are designated such that tabular and graphical presentations of the data do not compromise the confidentiality of individuals. In addition, the basic set of procedures which are generally utilized to protect identifiable, private and proprietary data will be used by this project. This includes:

1. Training staff on data sensitivity and data safeguards being employed.

2. Removing all names, addresses, and other direct identifiers from computer readable analysis files.
3. Restricting access to shared disk files through appropriate use of user account-based file permissions. Employing systematic monitoring procedures to ensure that file permissions are correctly set for all files.
4. Utilizing encryption, password protection, or storing removable media containing files in secure, locked containers when not in use
5. Printing sensitive materials only when absolutely necessary. When it is necessary, ensure that an authorized person is at the printer when the sensitive material appears. Always print the materials on a dedicated printer.

Disclosure Risks

There are no physical risks to participants. Regarding the preventionist hiring data (Source 1), survey of preventionists and their resumes (Source 2), and prevention activity tracking (Source 5), media outlets may have some interest in seeing how different DoD sites are hiring preventionists and conducting prevention activities. It is possible that service members at participating DoD installations may be embarrassed if it is widely revealed that they are conducting prevention activities poorly. However, the data about prevention is already public, just not well known. Even though Preventionists will be asked to remove personal information, it is still possible that the Resumes will contain identifiable, sensitive information (e.g., name, address, social security number, date of birth). In that case, Research Programmers will delete this information before storing the Resume on a secure RAND server.

For the site visits and interviews, it will be specifically stated that “under no circumstances are you to provide RAND individual information about active or closed cases involving sexual harassment and assault, domestic abuse, substance abuse, or suicide.” Despite these instructions, it is possible that confidential information about individuals will be provided. In that case, RAND will destroy that data. This could include wiping from email servers (and asking the sender to do the same) and destroying any notes taken (although note takers will be instructed to disregard that information if provided).

All the data that is collected will be aggregated. RAND research team members engaged in analysis of the data will receive files with a unique respondent identifier, not name or email. Hence the data will be de-identified. However, despite this, they are potentially identifiable by inference based on some combination of data elements assessed in the survey itself (e.g., race/ethnicity, gender, age, pay grade). Our study team will not make any attempt to identify individuals in the data. Moreover, the study team will not present results in a manner that conveys private information in a potentially identifiable way. For example, we would adopt a rule whereby any reportable subgroup of 30 or less would not be reported on by themselves and would have to be folded into another larger subgrouping.

Data Destruction

For the purposes of this project, this will be one year after all study reports are submitted and manuscripts published. However, the link file will be destroyed as soon as all data collection is complete (or whenever all data are linked and de-identified).

Audit and Monitoring Plans

Each time data files are accessed, staff will ensure that there are no identifying information present. Any inadvertent or intentional disclosure of private information to unauthorized parties will be reported to the HSPC using the Reportable Event Form in RHINO. This includes situations in which private information is not disclosed but potentially might be. If the incident occurs in a field location where project staff do not have access to RAND's intranet or to email for some time, a preliminary report will be made to the HSPC by phone and followed by a full written report.

Memo sent from DoD to encourage participation in RAND's evaluation

Standard Memo Formatting

Standard greeting

As you know, the Department of Defense (DoD) and military components are engaging in an unprecedented initiative to hire 2,000 personnel to conduct activities to mitigate self-directed harm and prohibited abusive or harmful acts. That initiative is called the Integrated Primary Prevention Workforce or IPPW. You are receiving this memo because your position has been identified as part of the IPPW.

While DoD is carrying out this initiative, DoD has contracted with the non-profit, non-partisan RAND Corporation to conduct an evaluation of how well the initiative is progressing, what impacts it is having on the quality of the prevention activities being conducted. This evaluation is critical to give DoD information needed to improve the initiative over time, ensuring the military community receives the highest quality prevention efforts.

As a member of the IPPW, you will be asked to participate in evaluation activities conducted by RAND. I want to point out two specific activities:

- *Survey of the entire IPPW.* Starting in the Fall of 2024 and repeated annually through 2026, all IPPW personnel will be emailed a link to complete the survey online. This survey is important because it will collect information about the support you are receiving to complete your prevention mission. The first time you complete the survey, the RAND evaluation will also ask that you upload your resume to a secure portal.
- *The Integrated-Prevention Activity Tracker, or I-PAcT.* One member of the IPPW at each organization (e.g., installation, ship) will be asked to complete an online form about prevention activities completed over the previous six months. This data collection is also very important because it will allow DoD to track the level of effort devoted to prevention.
- *Interviews and discussions.* A subset of the IPPW will be asked to participate in interviews conducted by the RAND team about your beliefs on how well the IPPW is fulfilling their prevention mission.

Note that your participation in the evaluation is voluntary, but I strongly encourage that you do participate. Your data will be kept strictly confidential, and you will not be named in any report. I realize that participating in the evaluation will take some time, but the information it yields will be vital to better equip you with the tools and support you need to improve the lives of Service members across the enterprise. I thank you in advance for your participation and for your prevention work.

Standard sign off

Case Study Recruitment Messages

For the Cohort Study, we expect that we will work with a specific point of contact (POC) at each site/military organization to identify the right people to interview and schedule interviews during the “virtual site visits.” Though we use the term “site visit,” this is meant to reflect our focus on a particular military organization for a limited period of time (e.g., 4 weeks), during which we will aim to interview as many people as possible from our recruitment pool. However, it is possible that we may conduct some interviews outside this limited window, particularly if it is a perspective that is important to obtain for the evaluation.

In line with this approach, we have developed the following types of recruitment messages, which appear below:

- Initial outreach from RAND to the military organization POC to explain the study and schedule an initial planning call;
- Language that the military organization POC can use to communicate with relevant personnel at the military organization about the RAND evaluation;
- Language that RAND staff can use to communicate with relevant personnel at the military organization about the RAND evaluation.

Draft Cohort Study Initial Email:

RAND Corporation, a non-profit, independent research organization, is partnering with the Department of Defense’s Office of Force Resiliency to assess the DoD’s initiative to hire Integrated Primary Prevention (IPP) personnel across the Services and Components. As part of our work, we will be working with a sample of military organizations to learn more about the roles of IPP personnel; how they fit into the broader infrastructure for prevention at the military organization; how they collaborate with local leadership and other prevention personnel; and the types of activities that they have implemented. We are including military organizations that have hired their IPP personnel already, as well as those that have not yet hired their IPP personnel. This will allow us to learn more about how military organizations prepare to hire IPP personnel and then integrate them fully into local prevention efforts.

In collaboration with DoD, your military organization has been selected to participate in this project. As part of this, members of our team will be working directly with you to identify personnel with roles relevant to integrated primary prevention. Specifically, we would like to speak to the following types of personnel:

- Integrated primary preventionists, if they have already been hired;
- Other prevention staff, such as Family Advocacy and SAPR-VAs
- Installation commanders or unit commanders
- Other military organization-level supervisors or managers that have some role in overseeing the work of preventionists.

We will be conducting these interviews virtually. Later in the project, we will be conducting another round of virtual interviews, and there’s a chance we will conduct a site visit to observe a

prevention activity. For the moment, though, we are focused on identifying the right people to participate in these initial interviews with our team over the next 4 weeks or so.

We would like to find a time for an initial call to discuss the logistics of this work, including determining who we should speak to from your installation. Here are some potential dates and times that our team is available:

[INCLUDE DATES/TIMES]

Could you please let us know who from your military organization should attend this call, and if any of these times work for you? If not, please let us know if there are different days/times that work for you.

We look forward to discussing this further!

Very respectfully,

[RAND Team Member]

Draft Recruitment Information for Military Organization POC to Use with Integrated Primary Preventionists Participating in Case Study Interviews:

RAND Corporation, a non-profit, independent research organization, is partnering with the Department of Defense to assess the DoD's initiative to hire Integrated Primary Prevention (IPP) personnel across the Services and Components. As part of their work, they will be working with a sample of military organizations to learn more about the roles of IPP personnel; how they fit into the broader infrastructure for prevention; how they collaborate with local leadership and other prevention personnel; and the types of activities that they have implemented.

As part of their work, RAND will be scheduling virtual interviews with a range of people at this military organization whose work relates to integrated primary prevention. They are hoping to schedule 60 minute interviews with integrated primary preventionists. Could you please let us know what times you're available on [DATE] and [DATE] [*alternatively: Are you available at [X DATE/TIME] or [Y DATE/TIME] for an interview?*] I have included the RAND team on this message, and they can help to provide more date or time options if needed.

Draft Recruitment Information for Military Organization POC to Use with Installation or Unit Command:

RAND Corporation, a non-profit, independent research organization, is partnering with the Department of Defense to assess the DoD's initiative to hire Integrated Primary Prevention (IPP) personnel across the Services and Components. As part of their work, they will be working with

a sample of military organizations to learn more about the roles of IPP personnel; how they fit into the broader infrastructure for prevention; how they collaborate with local leadership and other prevention personnel; and the types of activities that they have implemented.

As part of their work, RAND will be scheduling virtual interviews with a range of people at this military organization whose work relates to integrated primary prevention, including 30 minute interviews with commanders. Could you please let us know what times you're available on [DATE] and [DATE] *[alternatively: Are you available at [X DATE/TIME] or [Y DATE/TIME] for an interview?]* I have included the RAND team on this message, and they can help to provide more date or time options if needed.

Draft Recruitment Information for Other Prevention Personnel and Other Military Organization-Level Managers:

RAND Corporation, a non-profit, independent research organization, is partnering with the Department of Defense to assess the DoD's initiative to hire Integrated Primary Prevention (IPP) personnel across the Services and Components. As part of their work, they will be working with a sample of military organizations to learn more about the roles of IPP personnel; how they fit into the broader infrastructure for prevention; how they collaborate with local leadership and other prevention personnel; and the types of activities that they have implemented.

As part of their work, RAND will be scheduling virtual interviews with a range of people at this military organization whose work relates to integrated primary prevention, including 60 minute interviews with [other prevention personnel/other local-level managers who have roles overseeing the integrative primary preventionists]. Could you please let us know what times you're available on [DATE] and [DATE] *[alternatively: Are you available at [X DATE/TIME] or [Y DATE/TIME] for an interview?]* I have included the RAND team on this message, and they can help to provide more date or time options if needed.

Draft Follow-Up Information for RAND to Use To Schedule Interviews:

Dear XXX,

Thank you for considering participating in an interview about the hiring of Integrated Primary Prevention [IPP] personnel across the Services and Components. I wanted to send a follow-up message to see if you are willing to participate in a virtual interview with our team so that we can learn more about plans for IPP personnel at your military organization [if not yet hired]/the roles of IPP personnel at your military organization [if hired].

Here are some potential dates and times that work for our team to schedule a virtual interview:

[LIST DATES/TIMES]

If these do not work for you, let us know if there is a different option that would work better for your schedule. We are hoping to complete all interviews by [DATE].

Very respectfully,

[RAND Team Member]

Prevention Workforce Evaluation – Site Visit

Consent protocol

This evaluation is being sponsored by the Department of Defense (DoD) to learn about the recent hiring of new prevention personnel at DoD installations. The RAND Corporation, a non-profit research organization, is conducting the assessment. The Violence Prevention Cell (VPC) is overseeing the assessment. You are being asked to participate because of your role in at your location or because you oversee someone with a prevention role.

Participation includes participating in discussions during a virtual site visit, twice, two years apart. “Virtual” in this context means all the discussions will take place by video call, with RAND staff not being physically present at the site. The site visit asks a series of questions about your perceptions about how the hiring of the new prevention staff is progressing and what barriers and facilitators you have observed regarding their hiring, along with additional questions about prevention at your location. The site visit will also include questions about how the work of the new prevention staff is impacting the health of service members at your location. The site visit will involve staff from the RAND Corporation asking questions. The site visits will last between one and two days (if it is two days, it will only be on parts of two days). Depending upon your role at your location, you may be asked to participate in all discussions of the visit, or a subset of discussions. While the evaluation is targeting all branches and installations within DoD, only a subset will be chosen to participate in the site visits.

In addition to the virtual visits, there will also be physical visit by RAND staff to observe the implementation of a prevention activity. This physical visit would take place over one or two days, depending on the prevention activity, and would be arranged in collaboration with you. This visit would take place in the year between the virtual site visits at a time that is convenient and coincides with the implementation of a prevention activity.

Findings from all the visits will be reported in a memo to VPC to inform their future prevention planning. We will keep your responses confidential. We will not report your responses individually, the data from all discussions will be grouped together with others; and we will not name you specifically in any documents. We will be taking notes during all meetings during the site visit discussions, but they will not have your name on them. [If discussion takes place in a group] All participants will be asked to keep what is said during the group discussion between the participants only. However, complete confidentiality cannot be guaranteed so don't feel you need to share information about yourself or others that is very private or sensitive. [All participants] Do not share any details about any active or closed cases of sexual harassment or assault, about individual instances of substance abuse, individual instances of suicide or suicide attempts, or domestic abuse.

Your participation is completely voluntary. Refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled. You may discontinue participation at any time without penalty or loss of benefits, to which you are otherwise entitled.

If you have questions about your rights as a participant or need to report a participation-related injury or concern, you can contact RAND's Human Subjects Protection Committee toll-free at (866) 697-5620 or by emailing hspcinfo@rand.org. When you contact the Committee, please reference Study #2022-N0289.

Case Study Protocols

INTRODUCTION/CONSENT TO BE USED BEFORE EACH PROTOCOL:

Hello, my name is _____ and I am accompanied by [INTRODUCE OTHERS IN THE ROOM AND THEIR ROLES]. We're researchers at RAND Corporation, which is a non-profit, policy research organization. We are working with Office of the Secretary of Defense for Personnel and Readiness and the Office of Force Resiliency's Violence Prevention Cell, to evaluate the Department of Defense's prevention workforce initiative. Thank you for taking the time to talk today about how [FILL IN SITE/MILITARY ORGANIZATION NAME] approaches integrated primary prevention. Our questions today are going to focus on how integrated primary prevention is organized at this [military organization]; your role and how you've been integrated into this [military organization's] prevention work; how you plan and solicit feedback on prevention activities; and strengths and challenges related to integrated primary prevention here.

Before we begin, I want to assure you that your answers will be held in confidence by RAND to the extent allowed by law and DoD policy. [If more than one person participating in the discussion: However, there are others participating in this discussion so please do not say anything you do not want others to know.] We are having discussions with many folks who are involved in prevention at this [military organization]. Our team will also be reviewing documents, data, and other information collected from your [military organization]. Findings from across these sources will be reported in briefings and reports to DoD, but we would not be naming you specifically in any of those documents. We will be taking notes during all meetings during the discussions, but they will not have your name on them. There should be no discussion of open cases or investigations so as to respect the privacy of individuals who may participate in integrated primary prevention activities at this [military organization].

Your participation is voluntary, but may be subject to regulations and orders at your location. Refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled. You may discontinue participation at any time without penalty or loss of benefits, to which you are otherwise entitled. If you have questions about your rights as a participant or need to report a participation-related injury or concern, you can contact RAND's Human Subjects Protection Committee using the contact information provided to you in the materials shared by email in advance of this discussion.

Any questions before we begin?

Protocol #1: Integrated Primary Prevention Personnel

NOTE: Bolded language in parentheses maps questions onto the evaluation metrics.

Background

Before we dive in, I wanted to highlight that our interviews are focused specifically on primary prevention activities, rather than any role you might plan in intervention or response efforts. We're especially interested in prevention of suicide, sexual assault, harassment, domestic violence, child abuse, substance use, and retaliation. And in particular, we're interested in *integrated primary prevention* activities (meaning, activities that are meant to stop two or more harmful behaviors before they start). In these first few questions, I'll be asking you more about your role, so you'll be able to tell me about how your time is spent on prevention versus other activities – but then we'll be switching gears to really focus on primary prevention.

1. Can you start by telling me a bit about yourself– what is your official title, and how long have you been in the role? **(Background)**
 - a. What percentage of your time is spent on primary prevention-related activities?
 - i. Potential probes: Percentage of time understanding integrated prevention; conducting needs assessments; planning activities; evaluating activities

Prevention Efforts at this Site/Military Organization

2. Now I'm going to ask some questions to learn more about how prevention efforts are organized at this [military organization]. **(2.1.5)**
 - a. How many new integrated primary prevention personnel are there at this [military organization] – that is, personnel whose work is focused on integrated primary prevention?
 - b. (For more senior preventionists) Have all the Integrated Primary Prevention personnel billets been filled at this [military organization]?
 - i. If no, which ones are vacant? For how long?
 - ii. When those additional billets get filled, what duties will those personnel be responsible for?
 - c. Is the number of Integrated Primary Prevention personnel enough to properly accomplish the prevention goals here?
 - d. [If there are multiple Integrated Primary Prevention personnel] How do you work together with other Integrated Primary Prevention personnel?
 - i. Probe: Do you meet regularly?
3. What types of other offices or positions are involved in prevention work? Which of these are involved in integrated primary prevention? **(Background)**
 - a. How much do you work with them?
 - b. In what ways do you work with them?
4. If there are multiple commands at this [military organization], who leads prevention efforts? For example, do Integrated Primary Prevention personnel from across commands collaborate, or do they focus on prevention for their

command (rather than the [military organization] or installation)? (For joint installations) How does collaboration happen across branches? **(Background)**

5. Who oversees prevention efforts at this [military organization]? **(Background)**

- a. What position does your direct supervisor hold – that is, the position of the person to whom you report? (Potential options: installation commander, other installation-level staff, prevention personnel or commander located at a different installation or higher level)

Note: If interviewee describes having a supervisor at this [military organization] who is someone other than the commander (e.g., someone within the Fleet and Family Support Center or another prevention/intervention program), we should interview that person using Protocol #4.

6. How prepared were you to start as an Integrated Primary Prevention personnel? **(3.2.4)**

- a. What types of trainings did you have, if any, as you started in your role? What topics did they cover?
- b. What topics do you wish had been covered to help you be more prepared in your role?
- c. What topics were most relevant or helpful in the work you're now performing?
- d. What suggestions do you have for improving the training?

7. What are your responsibilities as part of the Integrated Primary Prevention Workforce? **(2.1.5)**

- a. What percentage of your role is focused on primary prevention?
- b. Potential probes: Develop integrated prevention plan, Support command climate assessment, Plan and execute prevention activities, Collect and analyze data to evaluate prevention efforts, Collaborate with key stakeholders

Readiness for Preventionists and Site/Military Organization Climate

8. When you were hired, how prepared did it seem [this [military organization]] was to incorporate Integrated Primary Prevention personnel into the [military organization]? **(3.1.3)**

- a. Was your role well understood by senior leaders?
- b. Was your role well understood by other prevention staff or leadership (e.g., from other programs, such as Family Programs, SAPR, etc.)?
- c. How were you oriented to your role?
- d. How well are IPP personnel currently integrated? How has this changed over time?

9. Have you had all the resources you need to **plan** high quality prevention activities (Resources can include having the budget, staff, materials, space, or time with service members needed for prevention) **(3.1.3)**

- a. What about to **deliver** high quality prevention activities within your normal duty hours? (Potential probes: Budget, installation resources or facilities, time availability)

- b. What types of resources have been most beneficial?
 - c. What types of resources are missing? Are you going to be able to get these resources? Why or why not?

- 10. How do you interact with your [military organization]'s leadership -for example, [military organization] command? About what types of topics or situations? **(6.2.3)**
 - a. For example, do they provide input or feedback on the [military organization]'s prevention needs?
 - i. If so, what is their input based on? (Potential probes: Data-informed, observation, opinion)
 - b. Do you brief [leader] on the progress of your prevention efforts? Do they review evaluation findings?
 - c. Has the relationship between [military organization] leadership and Integrated Primary Prevention personnel changed over time? How so?

- 11. How supportive has the leadership of this [military organization] been of prevention activities? **(6.2.3)**
 - a. What types of leaders have been most supportive of prevention activities?
 - b. What kind of support, if any, have they given you? Can you provide specific examples?
 - c. Have they put up any barriers? If yes, what are examples?
 - d. Have leaders been receptive to the prevention activities that have occurred since you entered this role?

- 12. How have you and your efforts been incorporated into any prevention processes that were already in place at this [military organization] before you started? For example, this could include meetings of all prevention staff, running prevention efforts, collection of data related to prevention, or things like that? **(3.1.3)**

- 13. What type of communication and/or support do you receive from Integrated Primary Prevention personnel at other levels – for example, those at the operational or strategic level [major command or headquarters level]? **(4.3.4)**
 - a. How do they communicate with you?
 - b. What types of things do they communicate with you?
 - c. Do you feel like you have enough support from Integrated Primary Prevention personnel at those levels? Why or why not?

- 14. How receptive are service members at this [military organization] to prevention activities? **(3.1.4)**
 - a. Can you give an example of a time that they were particularly receptive? Can you give an example of a time that it seemed that they were not receptive?
 - b. Are there certain types of activities that seem to be better received? Can you give me an example?

Overarching Barriers and Facilitators

15. Has the hiring of the Integrated Primary Prevention personnel been implemented according to plan at this [military organization]? Has your role been consistent with the guidance you've received? **(5.5.1)**
 - a. What has made implementation easier? What has made implementation successful?
 - b. What has gotten in the way?
 - c. What hasn't gone to plan?
 - d. How has the initiative evolved over time at this [military organization]?
16. What are the most significant challenges to providing high-quality integrated primary prevention activities at this [military organization]? **(5.5.1)**
17. What have been the most important factors facilitating your efforts to provide high-quality integrated primary prevention activities (e.g., leadership support, centralized preventionist resources, collaborations with other [military organization] staff **(5.5.1)**

Additional Questions for Sites/Military Organizations/Commands Without Full Complement of Integrated Primary Prevention Personnel

18. What do you know about the plans to hire the remaining prevention staff? (Potential probes: Number of people to be hired, levels, timeline) **(2.1.5)**
19. What types of things are the [military organization]/command doing to prepare for hiring those additional Integrated Primary Prevention personnel? **(2.1.5)**
20. How do you expect your role will change after the remaining Integrated Primary Prevention personnel have been hired, if at all? **(2.1.5)**
21. Are there things you haven't been able to accomplish because the [military organization] does not have all its prevention roles filled? What are those things? What do you expect to be able to accomplish once all the Integrated Primary Prevention personnel have been hired? **(2.1.5)**

Conclusion

22. Is there anything that I haven't asked already that you think would be helpful for me to know about your work or about prevention at this [military organization]?

Protocol #2: Other Prevention Staff (e.g., Family Advocacy, SAPR-VA)

NOTE: Bolded language in parentheses maps questions onto the evaluation metrics.

Background

Before we dive in, I wanted to highlight that our interviews are focused specifically on *integrated primary prevention* activities (meaning, activities that are meant to stop two or more harmful behaviors before they start) – so please keep that framing in mind when answering these questions.

1. Can you start by telling me a bit about yourself – what is your role, and how long have you been in the role? (Background)
2. How is prevention organized at this [military organization]? **(2.1.5)**
 - a. How does integrated primary prevention fit into this?
3. How many Integrated Primary Prevention personnel are there at this [military organization] – that is, preventionists whose work is focused on integrated primary prevention? **(2.1.5)**
 - a. Is the number of integrated primary preventionists enough to properly accomplish the integrated prevention goals here?
 - b. How do you work together?
4. What types of other offices or positions are involved in prevention work? **(2.1.5)**
5. What is your role in prevention? **(2.1.5)**
6. Has your role in prevention changed since the hiring of the Integrated Primary Prevention personnel? Do you expect your role in prevention will change with the hiring of the Integrated Primary Prevention personnel? How so? **(2.1.5)**
7. Did the Integrated Primary Prevention personnel replace any of the responsibilities or roles that used to be held by other prevention staff? If so, what? **(2.1.5)**
8. Will you be/Have you been collaborating with the Integrated Primary Prevention personnel in any way? Can you give me some examples? **(Background)**

9. How have the Integrated Primary Prevention personnel and their efforts been incorporated into current processes here? **(3.1.3)**
 - a. Do they have an opportunity to collaborate with other prevention staff at this [military organization], if there are any?
 - b. Are they invited to regular meetings of prevention staff, if those exist? For example, we're thinking about meetings that are used to plan events or evaluate prevention needs, not simply case management meetings.

Readiness for Preventionists and Site/Military Organization Climate

10. How prepared is/was [military organization] to integrate Integrated Primary Prevention personnel into this [military organization]? **(3.1.3)**
11. Is there a comprehensive integrated prevention plan in place? **(3.1.3)**
12. Does the [military organization] have all the resources it needs to incorporate the Integrated Primary Prevention personnel and host high quality prevention activities? These can include having the budget, staff, materials, space, or time with service members needed for prevention. **(3.1.3)**
 - a. Potential probe: What about integrated prevention? Are there any additional resource needs specific to that type of prevention?
13. What types of communication have there been about the Integrated Primary Prevention personnel and their role to other prevention and intervention staff at the [military organization]? **(3.1.3)**
14. What types of communication have there been about the Integrated Primary Prevention personnel and their role to service members at this [military organization]? **(3.1.3)**
15. How supportive has the leadership of your [military organization] been of prevention activities? **(6.2.3)**
 - a. Has this varied by type of leader – for example, installation leadership versus [program] leadership?
 - b. What kind of support, if any have they given you? Can you provide specific examples?
 - c. Have they put up any barriers? If yes, what are examples?
 - d. Has leadership provided any more or less support for prevention since the hiring of the Integrated Primary Prevention personnel?
 - e. Does leadership provide different types of support for integrated primary prevention compared to other prevention activities?

16. How receptive are service members at this [military organization] to prevention activities? **(3.1.4)**
 - a. Are there certain types of activities that seem to be better received? What are they?
 - b. Have you noticed any change in the service members' receptiveness of prevention since the hiring of the Integrated Primary Prevention personnel?
17. Is there a strong need for dedicated prevention personnel at this [military organization] – that is, prevention staff whose roles are fully focused on primary prevention? **(3.1.5)**
 - a. Why or why not?
 - b. Do others see a need for it?

Perceptions of Preventionists and Prevention Activities

18. How effective do you think the Integrated Primary Prevention personnel have been? **(4.4.1)**
 - a. How do you know if they've been an effective addition to this location? What sources of data?
 - b. What has been the most effective impact of the Integrated Primary Prevention personnel at this [military organization]?
 - c. The least effective?
19. Are there still gaps related to prevention that are not being addressed? What are those? Are there barriers that are getting in the way? If yes, what are they? **(5.5.1)**
20. What are the most significant challenges to providing high-quality prevention activities at this [military organization]? **(5.5.1)**

Protocol #3 : Installation Command/Unit Commanders

NOTE: Bolded language in parentheses maps questions onto the evaluation metrics.

With this interview, we're interested in asking some questions about prevention efforts at this [military organization], as well as some questions about the Integrated Primary Prevention personnel who have been hired/are being hired. Before we dive in, if I ask any questions that you don't know the answer to because they're too "in the weeds," let me know and we can skip those. I also wanted to highlight that when we refer to "prevention," we are focused specifically on primary prevention activities, meaning activities intended to stop harmful behaviors before they start. And when we talk about "integrated primary prevention," we're specifically referring to activities that are meant to stop two or more harmful behaviors before they start.

1. Can you start by telling me what your role is/will be in overseeing the work of the Integrated Primary Prevention personnel at this [military organization]?

(Background)

- a. For example, are you responsible for setting prevention priorities, working with Integrated Primary Prevention personnel to ensure their activities are meeting the needs of service members, evaluating the effectiveness of their activities?
- b. Do you have any role in their hiring?

Implementation Climate

2. How much of a need is there for full-time prevention personnel at this [military organization]? **(3.1.5)**
 - a. Why or why not?
 - b. Do others see a need for it?
 - c. Are any prevention activities required? Or strictly voluntary?
 - d. Have there been any changes in the need for prevention staff over time over the last couple of years?
 - e. Have the Integrated Primary Prevention personnel filled a gap on this [military organization] when it comes to the prevention strategy? Why or why not?
3. How essential are the Integrated Primary Prevention personnel and their prevention activities, in terms of meeting the needs of service members at this [military organization] and helping to maintain their readiness? **(3.1.5)**
 - a. Are the Integrated Primary Prevention personnel filling a role/will they fill a role that wasn't previously filled at this [military organization]? Who was previously responsible for the activities that that the Integrated Primary Prevention personnel are now filling?
 - b. What aspects of readiness do you think will be affected by having these new roles at this [military organization]?
4. How have the prevention activities been received? **(3.1.4)**

- a. How do you think service members will respond/are responding to the Integrated Primary Prevention personnel and prevention activities?
- b. Are the Integrated Primary Prevention personnel and their activities addressing needs that weren't previously being met at this [military organization]?

Readiness for Implementation

- 5. Do you feel you have enough resources to support the Integrated Primary Prevention personnel? **(3.4.3, 6.2.3)**
 - a. What resources do you need?
- 6. Do you feel you have enough information to support the Integrated Primary Prevention personnel? **(6.2.3)**
 - a. Has there been any briefing or training to prepare you?
 - b. [If yes] What training?
- 7. How are you supporting the Integrated Primary Prevention personnel and their efforts to becoming incorporated into existing prevention processes and workflows at this [military organization] – for example, planning of events or evaluating the [military organization]'s prevention needs? **(6.2.3)**
- 8. What kinds of information and materials about the Integrated Primary Prevention personnel have been made available to you/were made available to you? **(3.1.3)**
 - a. Has it been timely? Relevant? Sufficient?

Feedback and Evaluation

- 9. How effective do you think that the Integrated Primary Prevention personnel have been? **(4.4.1)**
 - a. How do you know if they've been an effective addition to this [military organization]? Has there been any evaluation of the prevention activities? What sources of data?
 - b. What has been most effective?
 - c. What has been least effective?
- 10. Are there still gaps related to prevention that are not being addressed? What are those? Are there barriers getting in the way? If yes, what barriers? **(5.5.1)**

11. What are the most significant challenges to providing high-quality prevention activities at this [military organization]? **(5.5.1)**

Protocol #4: Site/Military Organization-Level Supervisors/Managers, non-Command

NOTE: Bolded language in parentheses maps questions onto the evaluation metrics.

With this interview, we're interested in understanding the roles of the Integrated Primary Prevention personnel at this [military organization], and how their role fits with other prevention activities at the [military organization]. When we talk about "integrated primary prevention," we're specifically referring to activities that are meant to stop two or more harmful behaviors before they start.

1. Can you start by telling me a bit about yourself – what is your role, and how long have you been in the role? (**Background**)
2. How many Integrated Primary Prevention personnel do you have here now and how long have they been here? (**2.1.5**)
 - a. Do you think there are enough Integrated Primary Prevention personnel here to accomplish the prevention goals here?
 - b. Are you planning to hire more? If yes, how many and by when?
 - c. What factors have influenced your [military organization]'s hiring efforts? (Probes: DoD policy, availability of qualified candidates)
3. What type of role do you have in overseeing the work of the Integrated Primary Prevention personnel and/or collaborating with them? (**2.1.5**)
 - a. For example, are you responsible for setting prevention priorities, working with Integrated Primary Prevention personnel to ensure their activities are meeting the needs of service members, evaluating the effectiveness of their activities?
 - b. Do you make budgeting or resource allocation decisions for Integrated Primary Prevention personnel or their activities (e.g., facilities, supplies, licenses, money)? If yes, what is the budget for them?
4. Has your role in prevention changed since the hiring of the Integrated Primary Prevention personnel /do you expect your role in prevention will change with their hiring? How so? (**2.1.5**)
5. Did the Integrated Primary Prevention personnel replace any of the responsibilities or roles that used to be held by other prevention staff? If so, what? (**2.1.5**)

Readiness for Implementation

6. Given [INFO FROM #2—i.e., based on their experience with their Integrated Primary Prevention personnel], do you think there is a need for dedicated prevention personnel at this [military organization]? (**3.1.5**)
 - a. Why or why not?
 - b. Do others see a need for it?

7. How ready was/is your [military organization] to hire Integrated Primary Prevention personnel? **(3.1.3)**
8. What have you done (or what do you plan to do) to get a plan in place to prepare for their hiring? **(3.1.3)**
9. What role, if any, have you had in orienting or onboarding Integrated Primary Prevention personnel? **(3.1.3)**
 - a. Are there any standard orientation/onboarding processes or materials for Integrated Primary Prevention personnel? If so, what was the approach in designing them, and are there materials we may review?
10. Do you have enough resources to support the Integrated Primary Prevention personnel? **(3.1.3)**
11. Do you feel you have enough information about the purpose of the Integrated Primary Prevention personnel or the scope of their role to support them? **(6.2.3)**
12. What kinds of information and materials about the Integrated Primary Prevention personnel have been made available to you/were made available to you? **(6.2.3)**
 - a. Has it been timely? Relevant? Sufficient?
13. How have the Integrated Primary Prevention personnel and their efforts been incorporated into current processes? **(3.1.3)**
 - a. Do they have an opportunity to collaborate with other prevention staff at this [military organization], if there are any?
 - b. Are they invited to regular meetings?
 - c. Do they brief you on progress of their prevention efforts?
 - d. What kinds of changes or alterations do you think you will need to make to the prevention workforce initiative so it will work effectively at this [military organization]?
14. Have you encountered any differing perspectives between the [military organization] and HQ level management and oversight on incorporating the Integrated Primary Prevention personnel and their activities? **(4.3.4)**
 - a. If so, what were they? Were they complementary or at odds? How have those differences been addressed (if they have)?

15. How do service members on this installation feel about current prevention activities? (3.1.5)

- a. To what extent did previous prevention activities fail to meet existing needs? Are the Integrated Primary Prevention personnel and their efforts meeting these needs? If so, how?

Impact

16. What do you anticipate the impact of the Integrated Primary Prevention personnel will be? (4.4.1)

17. What impact have you seen thus far? How were you able to identify that impact? (4.4.1)

- a. Probe for types of impacts: Was any kind of evaluation conducted? Was any data collected on frequency and quality of prevention efforts, reach, ability to integrate violence prevention efforts, improved data collection and monitoring, impact on harmful behaviors

LEADER AND SUPERVISOR INTERVIEW INITIAL EMAIL INVITATION

SUBJECT LINE: Request for an Interview about Your Efforts Supporting the DoD Integrated Primary Prevention Workforce

Dear [INSERT NAME],

We need your help! The DoD Office of Force Resiliency has asked the RAND Corporation, an independent, non-profit research organization, to evaluate the hiring of Integrated Primary Prevention (IPP) personnel over the next five years. This evaluation is being conducted to learn about the hiring, activities, and impact of the IPP workforce.

This is a chance to make your voice heard about how the rollout of the IPP workforce is going! We are interested in learning your thoughts about what barriers and facilitators are influencing hiring and what could be done to improve it, stakeholder interaction, evaluation of prevention personnel efforts, and the impact of this workforce. Thus, this email is an invitation to complete a brief interview by phone, virtually, or in person. If you agree, click on the link at the bottom of this email to schedule a time.

We would like you to complete the interview two times: once now and a second time in about two years. [*Optional:* NAME recommended we talk to you due to your role as ROLE.]

Your answers could really help make integrated primary prevention better in DoD. We really appreciate your help!

Best,

The RAND Team

LEADER AND SUPERVISOR INTERVIEW REMINDER EMAIL INVITATION

SUBJECT LINE: Reminder of Request for an Interview about Your Efforts Supporting the DoD Integrated Primary Prevention Workforce

[Date]

Hello,

We need your help! In *[insert time frame initial invitation or last reminder email (e.g., a few weeks ago)]*, we sent you an email inviting you to participate in an interview about your experiences with the rollout of the Integrated Primary Prevention (IPP) workforce. The DoD Office of Force Resiliency has asked the RAND Corporation, an independent, non-profit research organization, to evaluate the hiring of new prevention personnel over the next five years. This evaluation is being conducted to learn about the hiring, activities, and impact of the primary prevention workforce.

This is a chance to make your voice heard about how the rollout of the IPP workforce is going! We are interested in learning your thoughts about what barriers and facilitators are influencing hiring and what could be done to improve it, stakeholder interaction, evaluation of prevention personnel efforts, and the impact of this workforce. Thus, this email is an invitation to complete a brief interview by phone, virtually, or in person. If you agree, click on the link at the bottom of this email to schedule a time.

We would like you to complete the interview two times: once now and a second time in about two years. *[Optional: NAME recommended we talk to you due to your role as ROLE.]*

Your answers could really help make integrated primary prevention better in DoD. We really appreciate your help!

Best,

The RAND Team

Prevention Workforce Evaluation - Command

Consent protocol

This evaluation is being sponsored by the Department of Defense (DoD) to learn about the recent hiring of new prevention personnel at DoD installations. The RAND Corporation, a non-profit research organization, is conducting the assessment. The Violence Prevention Cell (VPC) is overseeing the assessment. You are being asked to participate because of your role in at your location or because you oversee someone with a prevention role.

Participation includes one or more of the following: 1) participating in an interview two times, two years apart. The interview asks a series of questions about your perceptions about how the hiring of the new prevention staff is progressing and what barriers and facilitators you have observed regarding their hiring. The interview will also include questions about how the work of the new prevention staff is impacting the health of service members in your Branch. While the evaluation is targeting all branches and installations within DoD, only a subset will be chosen to participate in the interviews.

Findings from the interviews will be reported in a memo to VPC to inform their future prevention planning. We will keep your responses confidential. We will not report your responses individually, the data from multiple sources will be grouped together with others; and we will not name you specifically in any documents. We will be taking notes during all meetings during the interviews, but they will not have your name on them. Do not share any details about any active or closed cases of sexual harassment or assault, about individual instances of substance abuse, individual instances of suicide or suicide attempts, or domestic abuse.

Your participation is completely voluntary. Refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled. You may discontinue participation at any time without penalty or loss of benefits, to which you are otherwise entitled.

If you have questions about your rights as a participant or need to report a participation-related injury or concern, you can contact RAND's Human Subjects Protection Committee toll-free at (866) 697-5620 or by emailing hspcinfo@rand.org. When you contact the Committee, please reference Study #2022-N0289.

Summary of Leader and Supervisor Interview Protocols

Notes:

- Protocols are designed to be used at both baseline and follow-up interviews, and are designed flexibly to be adapted based on how components structure the prevention workforce.
- Protocols were designed to align with the Task 4 cohort study and provide additional insight into how both the prevention workforce leadership chain and other senior leaders view their role.
- Components of these protocols were designed to be complementary to other data collection efforts.

Interview Topic	Protocol #1: Operational Level Prevention Personnel	Protocol #2: Strategic Level Prevention Staff	Protocol #3: Prevention Collaboration Forum and Other Leaders
Background	X	X	X
Role in Prevention (tailored questions by level/role)	X	X	X
Understanding of prevention	X	X	
Interaction with prevention workforce	X	X	
Interaction with other stakeholders		X	X
Budgeting / planning process	X	X	
Evaluation of prevention personnel efforts	X	X	X
Assessment of Impact	X	X	X
Overarching barriers and facilitators	X	X	X
Perceived differences in perspectives	X	X	

INTRODUCTION/CONSENT TO BE READ BEFORE ALL PROTOCOLS:

Hello, my name is _____ and I am a researcher at RAND Corporation, which is a non-profit, policy research organization. We are working with Office of the Secretary of Defense for Personnel and Readiness in collaboration with the Office of Force Resiliency's Violence Prevention Cell to evaluate the Department of Defense's integrated primary prevention workforce initiative. Thank you for taking the time to talk today. Our questions today are going to focus on your role supporting integrated primary prevention and strengths and challenges you have encountered in that role.

Before we begin, I want to assure you that your answers will be held in confidence by RAND to the extent allowed by law and DoD policy. [If more than one person in the virtual 'room': However, there are others on the line so please do not say anything you do not want others to know.] We are speaking with a variety of leaders and supervisors for the integrated primary prevention workforce. Findings from across these sources will be reported in briefings and reports to DoD, but we would not be naming you specifically in any of those documents. We will be taking notes during this discussion, but they will not have your name on them. There should be no discussion of open cases or investigations so as to respect the privacy of individuals who may participate in integrated primary prevention activities at this site.

Your participation is voluntary. Refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled. You may discontinue participation at any time without penalty or loss of benefits, to which you are otherwise entitled. If you have questions about your rights as a participant or need to report a participation-related injury or concern, you can contact RAND's Human Subjects Protection Committee using the contact information we emailed you about this study.

Any questions before we begin?

Task 5 Protocol #1: Operational Level Prevention Personnel

Audience: Leaders at the Operational Level. For example, prevention program managers who develop and oversee prevention program activities and budgets, determine and provide resources to meet identified need areas, and provide tools and technical assistance to prevention professionals at the tactical level. (NOTE: May run these as focus groups.)

1. Can you start by telling me a bit about yourself – what is your specific title, and how long have you been in the role?
2. How is the prevention workforce in your organization organized, and how are you applying the prevention approach? (Note: This could be either all IPP Personnel or the IPPW specifically, as the respondent prefers.)
 - a. How are IPP teams composed here at the operational level?
 - b. How do you see prevention personnel fitting into the existing system / process? [Note: Consider having visual of process/system from PPOA 2.0 available during discussion.]
 - c. What do you see as the most significant risk factors and harmful behaviors that prevention personnel should be addressing in your organization?

1.9.2

3. What types of tools and technical assistance do you provide to prevention personnel at the tactical level?

- a. Do you do this proactively? Or do prevention personnel request support only when needed?

1.9.1

4. How have you helped to translate or apply the strategic guidance from DoD and [your DoD component] to your work or to the work of the tactical prevention personnel?

- a. Examples could include: provided brief summaries of the integrated prevention policy or PPOA 2.0, provided easy to understand guidance on how to complete various steps in the prevention process (design, implement, evaluate prevention); summarized best practice approaches that sites could use.

1.1.1
1.1.2

5. Can you describe what data sources you use to prioritize prevention efforts and gauge resource needs?

- a. What are the prevention needs of service members (in your component / at the tactical level / in your major command)?

6. How do you make budgeting or resource allocation decisions for prevention personnel or their activities (e.g., facilities, supplies, licenses, money) at the *operational* level?

a. Can you share the budget with us?

7. How do you make budgeting or resource allocation decisions for prevention personnel or their activities (e.g., facilities, supplies, licenses, money) at the *tactical* level?

a. Can you share the budget with us?

1.5.2

8. What role, if any, have you had in orienting or onboarding new prevention personnel?

a. Are there any component-specific standard orientation/onboarding processes or materials for new prevention personnel? If so, what was the approach in designing them? Were you directly involved in creating the materials / in what way? Are there materials we may review?

1.2.1
1.2.2

9. What challenges and successes have you faced with incorporating the new prevention staff at the *operational* level?

a. And at the *tactical* level?

1.1.1
1.1.2

10. Do you receive briefings, quarterly updates, or other types of information about the prevention staff or their activities?

a. If so, what do you receive and how is it provided?

b. What do you do with that information?

c. May we have any samples or blank templates as examples?

1.1.1
1.1.22

11. How do you interact with the prevention personnel at the tactical level (e.g., periodic VTCs or webinars)?

a. Please describe these interactions and outcomes (e.g., goals, activity, feedback thus far, lessons learned).

b. Do they ask you for help or resources?

c. Do you provide feedback on their plans, activities, or processes?

1.3.1

12. What impact of the new prevention personnel at the *operational* level do you anticipate (have you seen)? How do (will) they contribute to prevention across the enterprise?

- a. Probe for types of impacts: frequency and quality of prevention efforts, reach, ability to integrate violence prevention efforts, improved data collection and monitoring.

1.3.1

13. What impact have you seen for service members thus far from the work of prevention personnel at the *tactical* level? How were you able to identify that impact?

- a. Probe for types of impacts: frequency and quality of prevention efforts, reach, ability to integrate violence prevention efforts, improved data collection and monitoring.

1.2.1
1.2.2

14. What barriers do you see or anticipate to incorporating the new prevention staff at the *tactical* level?

- a. Probe for types of barriers (views about prevention activities, challenges adapting activities, funding, resources, collaboration, policies).

1.2.1
1.2.2

15. What facilitators do you see as potentially supporting this effort?

- a. Probe for types of facilitators (leadership engagement, local champions, knowledge and beliefs about prevention, supportive policies).

1.1.1

16. We understand that you should have some functional oversight from the strategic level prevention personnel for your component – how and how often do you interact? How has that helped you to do your job better, if at all?

1.1.2

17. Have you encountered any differing perspectives between the installation and HQ level management and oversight on integrating the new prevention personnel and their activities?

- a. If so, what were they? Were they complementary or at odds? How have those differences been addressed (if they have)?

Task 5 Protocol #2: Strategic Level Prevention Personnel

Audience: Leaders at the Strategic Level. For example: Military Department Prevention Director / Program Head, Prevention Researcher / Prevention Policy Analyst.

1. Can you start by telling me a bit about yourself – what is your specific title, and how long have you been in the role?

a. How do you interact with prevention personnel at the operational and/or tactical levels?

b. How is the rest of the IPP team at the strategic level composed?

1.9.1

2. How do you use prevention research to develop training materials?

1.9.1

3. Can you describe how you synthesize and translate and/or disseminate prevention policy and research to operational and tactical IPP personnel?

a. (Note: This could include best practice summaries, DoD or component-specific policy, and military-specific or broader research).

1.1.1
1.1.2

4. How do you use data to prioritize prevention efforts and gauge resource needs?

a. How was your strategic plan informed by that data? What can you tell me about your strategic plan? Can you provide a copy to us?

b. What do you see as the most significant risk and protective factors for servicemembers? (Note: Respondents can answer for their military department/service or overall.) Why?

c. How do you assess the implementation and evaluation of prevention activities?

i. What unit of analysis do you use when evaluating outcomes (aggregated by unit or installation, component-wide, other, a combination of different views)?

5. How did/do you make budgeting or resource allocation decisions for prevention personnel or their activities (e.g., facilities, supplies, licenses, money)?

1.1.1
1.1.2

6. What policies do you have or have you made specifically about prevention staff responsibilities, roles, policies, procedures, processes, etc.?

a. How you envision these will contribute to more integration across prevention efforts?

1.7.3

7. Did you have/are you having input into creating prevention job positions? And making hiring decisions? If yes, what did you consider when creating job titles and descriptions and making hiring decisions? Did you need to make any adjustments to their original approach?

1.5.2

8. What role, if any, have you or your HQ-level staff had a role in orienting or onboarding new prevention personnel?

a. Did your team develop standard orientation/onboarding processes or materials for new prevention personnel? If so, what was the approach in designing them, and are there materials we may review?

1.2.1
1.2.2

9. What challenges and successes have you faced in fulfilling your role?

1.2.1
1.2.2

10. What challenges and successes have you faced with incorporating the new prevention staff?

1.1.1
1.1.2

11. Do you receive briefings, quarterly updates, or other types of information about the prevention staff or their activities?

a. If so, what do you receive and how is it provided?

b. What do you do with that information?

c. May we have any samples or blank templates as examples?

1.1.1
1.1.2

12. Do you or your HQ-level staff interact with the prevention personnel (e.g., periodic VTCs or webinars)?

a. Do you have visibility on their activities?

b. Please describe these interactions and outcomes (e.g., goals, activity, feedback thus far, lessons learned).

2.1.2

13. Who are the other strategic-level stakeholders / partners with whom you collaborate outside your organization? **[Assess strength of relationship using OSIE Integration scale, for each named relationship]**

2.1.2

14. Can you describe your relationship with strategic leadership outside the prevention workforce (e.g. military commanders, P&R leadership, M&RA leadership)? **[Assess strength of relationship using OSIE Integration scale, for each named relationship]**

1.3.1

15. What impact of the new / expanded prevention workforce do you anticipate? Why?

1.3.1

16. What impact have you seen thus far from the prevention staff's work at the *tactical* level? How were you able to identify that impact?

- a. Probe for types of impacts: frequency and quality of prevention efforts, reach, ability to integrate violence prevention efforts, improved data collection and monitoring.

1.3.1

17. What impact have you seen thus far from the prevention staff's work at the *operational* level? How were you able to identify that impact?

- a. Probe for types of impacts: frequency and quality of prevention efforts, reach, ability to integrate violence prevention efforts, improved data collection and monitoring.

1.2.1

1.2.2

18. What barriers to you see or anticipate to incorporating the new prevention personnel at the *tactical* level?

- a. Probe for types of barriers (views about prevention activities, challenges adapting activities, funding, resources, collaboration, policies)

1.2.1

1.2.2

19. What facilitators do you see as potentially supporting this effort?

- a. Probe for types of facilitators (leadership engagement, local champions, knowledge and beliefs about prevention, supportive policies)

1.1.2

20. Have you encountered any differing perspectives between the installation and HQ level management and oversight on integrating the new prevention workforce and their activities?

- a. If so, what were they? Were they complementary or at odds? How have those differences been addressed (if they have)?

Task 5 Protocol #3: OSD/Strategic Leaders (not Prevention Personnel)

Audience: Leaders at the Strategic Level who do not directly oversee prevention personnel or programming. For example: Members of the Prevention Collaborative Forum; leaders with a role in coordinating with prevention workforce in prevention activities.

Proposed OSD Level HQ Organizations

Personnel & Readiness
Force Resiliency
Defense Suicide Prevention Office (OFR/DHRA)
Sexual Assault Prevention and Response Office (OFR/DHRA)
Office of People Analytics (DHRA)
Office of Diversity Equity and Inclusion (OFR)
Office of Drug Demand Reduction (OFR)
Military Community and Family Programs (M&RA)
DoD Education Activity (M&RA)
Defense Human Resources Activity
Special Operations / Low-Intensity Conflict (SOLIC)
Joint Staff

1. Can you start by telling me a bit about yourself – what is your specific title, how long have you been in the role, and how long have you been participating in prevention activities (either as part of the Prevention Collaboration Forum or more broadly)?
2. How would you describe the role and functioning of the Prevention Collaboration Forum and your participation on it? Probe on PCF activities related to:
 - a. Developing common definitions and collaborative strategies for prevention
 - b. Developing policies
 - c. Directing research

- d. Aligning resources
- e. Analyzing gaps
- f. Synchronizing stakeholder activities
- g. Conducting oversight on implementation of DoDI 6400.09 (*Note: Update as needed*)

3. How is your organization applying primary prevention principles?

2.1.2

4. At the operational and/or tactical level, what type of relationship is envisioned between members of the Integrated Primary Prevention Workforce and members of your organization?

- a. (Ex: Informing, networking, coordinating, cooperating, collaborating; bring visual from SPARX training in case would be helpful)

1.3.1

5. What impact of the new / expanded prevention workforce, if any, do you anticipate on your staff / area of responsibility?

1.3.1

6. What impact have you seen thus far? How were you able to identify that impact?

1.2.1
1.2.2

7. What barriers do you think the prevention effort will face/is facing/has faced?

1.2.1
1.2.2

8. What facilitators do you see as potentially supporting this effort?

1.2.1
1.2.2

9. Do you have any suggestions for improving the rollout of the integrated primary prevention workforce?

Emails to Team Lead:

Shorthand	Emails:	Frequency
TeamLead_1	Introducing the IPACT + Interview/Zoom call + live data entry	Once
TeamLead_1R	Reminder: Introducing the IPACT + Interview/Zoom call + live data entry	Up to twice (as needed)
TeamLeadReg	Website-generated registration email to team lead to register IPPW team/site/installation (initiated by RAND prior to interview)	Once, can be re-sent

Emails to Team Members:

Shorthand	Emails:	Frequency
TeamMbr_1	Introducing the IPACT	Once, for first submission
TeamMbrReg	Individual team member registration email. Initiated by Team Lead when individual is added to the Team	Once, can be re-sent

Emails to All (Team Lead and Team Members):

Shorthand	Emails:	Frequency
All_1	"I-PACT open soon"	Once for each of IPACT submissions 2-7
All_2	"IPACT now open + IPACT due date"	Once a week for 8 weeks, starting the date I-PACT opens, for each of the 7 IPACT submissions
All_3	"IPACT overdue"	Up to once a week for one month following due date (as applicable)

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TeamLead_1

IPPW TEAM LEAD INITIAL EMAIL INVITATION/REGISTRATION EMAIL

SUBJECT LINE: Please Complete the Integrated Primary Prevention Activity Tracker!

Dear **[INSERT NAME OF IPP PERSONNEL AT A SITE],**

Please note: You are receiving this email because you have been identified as the Integrated Primary Prevention Workforce (IPPW) Program Manager or Team Lead at your organization (we are using the term 'organization' to mean any kind of military facility or ship for which you are the IPPW). If you are not the IPPW Program Manager or Team Lead, please forward this email to the Program Manager/team lead at your site; if you are not the appropriate recipient and are unsure who is, please reply to this email.

We are requesting your participation in completing the Integrated Primary Prevention Activity Tracker (I-PaCT). The I-PaCT is an online, semi-annual (every six months) log of the prevention activity tasks that Integrated Primary Prevention (IPP) personnel at your organization (e.g., installation, base, ship, unit) have completed in the last six months.

The I-PaCT is part of an evaluation that the Department of Defense Office of Force Resiliency has asked the RAND Corporation, an independent, non-profit research organization, to conduct to assess the hiring, onboarding, and implementation of the new IPPW Workforce, of which you are a member.

As a member of the new IPPW workforce, this is your chance to highlight all the important work you have been doing!

We are asking that you submit **one completed I-PaCT on behalf of all IPPW personnel** (including full-time IPP personnel and IPP Support, as defined in DODI 6400.11) for your organization **every six months**, through 2027. Depending on your hire date that means your organization could be asked to complete the I-PaCT between 2 and 7 times. Because the I-PaCT is an online web portal, once your prevention activities are entered – they remain. Updates will be quick and easy! You will receive an email reminder every six months to make updates.

The first I-PaCT submission is requested by **[DATE]**.

To help get your team started, the first I-PaCT submission will be completed on a video call with a trained RAND researcher walking you through the steps. We anticipate that the call should take no more than 60 minutes to complete. After that, all other times you will enter in information yourself, at your convenience.

As the IPPW Program Manager/team lead at your site, you will be sent a registration link for the I-PaCT prior to the call. On the call, the RAND researcher will ask you questions that are found in the I-PaCT and record your answers. These answers will be saved so that when you return to the web portal, you can update the information, rather than enter all new information.

Please reply to this email with 3 times that you are available for a 60 minute video call in the next two weeks. If you would like others on your IPPW to join the call as well, please provide your joint availability.

To complete future I-PACT submissions, we recommend printing copies to discuss with IPPW personnel, and designating one IPPW personnel to aggregate and submit responses via the online submission site once all questions have been discussed and answered. The I-PACT has a print function that will allow you to print out your information.

In addition to the I-PACT, we are also interested in your experiences as IPPW personnel and whether you have the support needed to carry out effective prevention activities. We will contact you separately to invite you to complete a survey regarding those activities.

Your answers are critical to improve the support for IPPW personnel, make prevention better in DoD, and ultimately to make the lives of our Service members better! We really appreciate your help!

To learn more about the I-PACT and how to use it, please view this instructional video:

[insert video link]

IPPW TEAM LEAD EMAIL INVITATION REMINDER

SUBJECT LINE: Reminder to Complete the Integrated Primary Prevention Activity Tracker!

Dear **[INSERT NAMES OF IPPW PERSONNEL AT A SITE]**,

In **[insert time frame initial invitation or last reminder email (e.g., a few weeks ago)]**, we sent you an email inviting you to register your IPPW team to be able to complete the Integrated Primary Prevention Activity Tracker (I-PaCT). The I-PaCT is an online, semi-annual (every six months) log of the prevention activity tasks that Integrated Primary Prevention (IPP) personnel at your organization (e.g., installation, base, ship, unit) have completed in the last six months.

Please note: You received this email because you were identified as the Integrated Primary Prevention (IPP) Program Manager/team lead at your organization. If you are not the IPP Program Manager/team lead, please forward this email to the Program Manager/team lead at your site; if you are not the appropriate recipient and are unsure who is, please reply to this email. The I-PaCT is part of an evaluation that the Department of Defense Office of Force Resiliency has asked the RAND Corporation, an independent, non-profit research organization, to conduct to assess the hiring, onboarding, and implementation of the new IPP Workforce, of which you are a member.

As a member of the new IPP workforce, this is your chance to highlight all the important work you have been doing!

We are asking that you submit **one completed I-PaCT on behalf of all IPPW personnel** (including full-time IPPW personnel and IPPW Support, as defined in DODI 6400.11) for your organization **every six months**, through 2027. Depending on your hire date that means your site could be asked to complete the I-PaCT between 2 and 7 times. Because the I-PaCT is an online web portal, once you plug in your prevention activities – they remain. Updates will be quick and easy! You will receive an email reminder each year to make updates.

I-PaCT submission is requested by **[DATE]**.

To help get your team started, the first I-PaCT submission will be completed on a Zoom call with a trained RAND researcher walking you through the steps. We anticipate that the call should take no more than 60 minutes to complete. After that, all other times you will enter in information yourself, at your convenience.

As the IPPW Program Manager/team lead at your site, you will be sent a registration link for the I-PaCT prior to the call. On the call, the RAND researcher will ask you questions that are found in the I-PaCT and record your answers. These answers will be saved so that when you return to the web portal, you can update the information, rather than enter all new information.

Please reply to this email with 3 times that you are available for a 60 minute Zoom video call in the next two weeks. If you would like others on your IPPW to join the call as well, please provide your joint availability.

To complete future I-PACT submissions, we recommend printing copies to discuss with IPPW personnel, and designating one IPPW personnel to aggregate and submit responses via the online submission site once all questions have been discussed and answered.

In addition to the I-PACT, we are also interested in your experiences as IPPW personnel and whether you have the support needed to carry out effective prevention activities. We will contact you separately to invite you to complete a survey regarding those activities.

Your answers are critical to improve the support for IPP personnel, make prevention better in DoD, and ultimately to make the lives of our Service members better! We really appreciate your help!

To learn more about the I-PACT and how to use it, please view this instructional video:

[insert video link]

IPPW Team Lead Registration email

Subject: Register Your IPPW Team to Complete the I-PAcT

To register your IPPW team, please click the link below. Please note – only the IPPW Program Manager/Team Lead should complete this registration form (i.e., only one form per site/team). Once you have registered your team, you may add additional team members, who will receive their own registration link.

After you have registered your team, click the link below to access and complete the I-PAcT:

[I-PACT LINK]

If you have any questions about the I-PAcT content please contact: [insert appropriate email address]

For technical difficulties accessing the I-PAcT online submission, please contact: [Insert our technical partners name and contact information, key POC for this is TBD]

IPPW TEAM MEMBER INFORMATIONAL EMAIL

SUBJECT LINE: Coming Soon! The Integrated Primary Prevention Activity Tracker

Dear IPPW Personnel:

We are requesting your participation in completing the Integrated Primary Prevention Activity Tracker (I-PACT). The I-PACT is an online, semi-annual (every six months) log of the prevention activity tasks that Integrated Primary Prevention Workforce (IPPW) personnel at your organization (e.g., installation, organization, base, ship, unit) have completed in the last six months.

The I-PACT is part of an evaluation that the Department of Defense Office of Force Resiliency has asked the RAND Corporation, an independent, non-profit research organization, to conduct to assess the hiring, onboarding, and implementation of the new IPP Workforce, of which you are a member.

As a member of the new IPP workforce, this is your chance to highlight all the important work you have been doing!

Your IPPW team will submit **one completed I-PACT on behalf of all IPPW personnel** (including full-time IPP personnel and IPPW Support, as defined in DODI 6400.11) for your organization **every six months**, through 2027. Depending on your hire date that means your organization could be asked to complete the I-PACT between 2 and 7 times. Because the I-PACT is an online web portal, once your prevention activities are entered – they remain. Updates will be quick and easy! You will receive an email reminder every six months to make updates. The first I-PACT submission is requested by [DATE].

To help get your team started, the first I-PACT submission will be completed by a RAND researcher through a virtual interview via Zoom. Prior to the Zoom virtual interview, the IPPW Program Manager/team lead at your organization will be sent a registration link for the I-PACT. Once they have registered your team and added you as a team member, you will receive a registration link to be able to view and edit your team's I-PACT.

In addition to the I-PACT, we are also interested in your experiences as IPPW personnel and whether you have the support needed to carry out effective prevention activities. We will contact you separately to invite you to complete a survey regarding those activities.

Your answers are critical to improve the support for IPPW personnel, make prevention better in DoD, and ultimately to make the lives of our Service members better! We really appreciate your help!

To learn more about the I-PACT and how to use it, please view this instructional video:

[insert video link]

TeamMbrReg

IPPW Team Member Registration Email

Subject: I-PAcT Registration Email

Please click the link below to register to join your IPPW Team's I-PAcT submission portal.

[\[Link\]](#)

Subject: IPPW Team: Your Team's I-PaCT Opens Soon

Dear IPPW Team Members,

Your Team's I-PaCT will open on [DATE], and will be due on [DATE].

I-PaCT is the Integrated Primary Prevention Activity Tracker (I-PaCT).

The I-PaCT is:

- An online log of the prevention activity tasks that Integrated Primary Prevention (IPP) personnel at your organization have completed in the last six months (one I-PaCT submission per team)
- Completed twice a year
- Designed to be quick and easy to update
- An opportunity to highlight all the important work your team has undertaken

The I-PaCT is part of an evaluation that the Department of Defense Office of Force Resiliency has asked the RAND Corporation, an independent, non-profit research organization, to conduct to assess the hiring, onboarding, and implementation of the new IPPW Workforce, of which you are a member.

We are asking that you submit **one completed I-PaCT on behalf of all IPP personnel** (including full-time IPP personnel and IPP Support, as defined in DODI 6400.11) for your organization **every six months**, through 2027.

The I-PaCT portal will open to begin completing your Team's I-PaCT on [repeat DATE].

The first I-PaCT submission is due on [repeat DATE].

How do we access the I-PaCT?

- Your Team Lead must first register your team using the link that was emailed to them.
- Your Team Lead must then add you as a Team Member to the I-PaCT and generate a registration email for you.
- You will then receive a registration email. Follow the link to register and join your team I-PaCT.
- If you have already registered, access the I-PaCT here: **[I-PaCT LINK]**

For technical difficulties accessing the I-PaCT, please contact: [Insert our technical partners name and contact information, key POC for this is TBD]

If you have any questions about the I-PaCT content please contact: [insert appropriate email address]

Subject: IPPW Team: Your Team's I-PacT is Open!

Dear IPPW Team Members,

Your Team's I-PacT is open now, and will be due on [DATE].

I-PacT is the Integrated Primary Prevention Activity Tracker (I-PacT).

The I-PacT is:

- An online log of the prevention activity tasks that Integrated Primary Prevention (IPP) personnel at your organization have completed in the last six months (one I-PacT submission per team)
- Completed twice a year
- Designed to be quick and easy to update
- An opportunity to highlight all the important work your team has undertaken

The I-PacT is part of an evaluation that the Department of Defense Office of Force Resiliency has asked the RAND Corporation, an independent, non-profit research organization, to conduct to assess the hiring, onboarding, and implementation of the new IPPW Workforce, of which you are a member.

We are asking that you submit **one completed I-PacT on behalf of all IPP personnel** (including full-time IPP personnel and IPP Support, as defined in DODI 6400.11) for your organization **every six months**, through 2027.

The I-PacT portal is open to begin completing your Team's I-PacT.

The first I-PacT submission is due on [repeat DATE].

How do we access the I-PacT?

- Your Team Lead must first register your team using the link that was emailed to them.
- Your Team Lead must then add you as a Team Member to the I-PacT and generate a registration email for you.
- You will then receive a registration email. Follow the link to register and join your team I-PacT.
- If you have already registered, access the I-PacT here: [I-PACT LINK]

For technical difficulties accessing the I-PacT, please contact: [Insert our technical partners name and contact information, key POC for this is TBD]

If you have any questions about the I-PacT content please contact: [insert appropriate email address]

Subject: IPPW Team: Your Team's I-PacT is Overdue

Dear IPPW Team Members,

Your Team's I-PacT was due on [DATE].

The I-PacT portal will remain open until [DATE]. You will not be able to modify your I-PacT after this date. Please submit your Team's I-PacT as soon as possible.

I-PacT is the Integrated Primary Prevention Activity Tracker (I-PacT).

The I-PacT is:

- An online log of the prevention activity tasks that Integrated Primary Prevention (IPP) personnel at your organization have completed in the last six months (one I-PacT submission per team)
- Completed twice a year
- Designed to be quick and easy to update
- An opportunity to highlight all the important work your team has undertaken

The I-PacT is part of an evaluation that the Department of Defense Office of Force Resiliency has asked the RAND Corporation, an independent, non-profit research organization, to conduct to assess the hiring, onboarding, and implementation of the new IPPW Workforce, of which you are a member.

We are asking that you submit **one completed I-PacT on behalf of all IPP personnel** (including full-time IPP personnel and IPP Support, as defined in DODI 6400.11) for your organization **every six months**, through 2027.

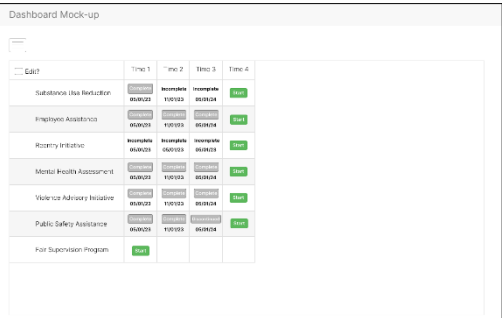
How do we access the I-PacT?

- Your Team Lead must first register your team using the link that was emailed to them.
- Your Team Lead must then add you as a Team Member to the I-PacT and generate a registration email for you.
- You will then receive a registration email. Follow the link to register and join your team I-PacT.
- If you have already registered, access the I-PacT here: **[I-PACT LINK]**

*For technical difficulties accessing the I-PacT, please contact: **[Insert our technical partners name and contact information, key POC for this is TBD]***

*If you have any questions about the I-PacT content please contact: **[insert appropriate email address]***

I-PaCT Video Script

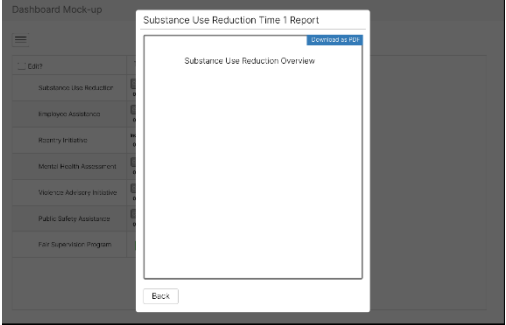
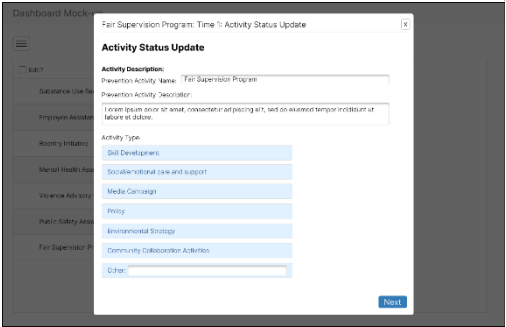
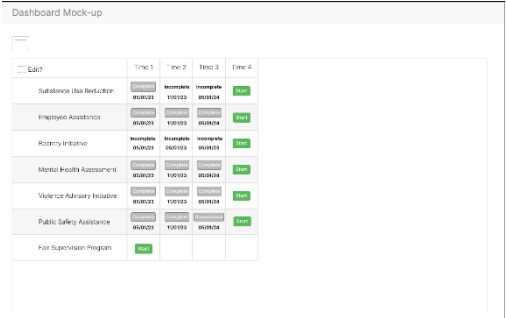
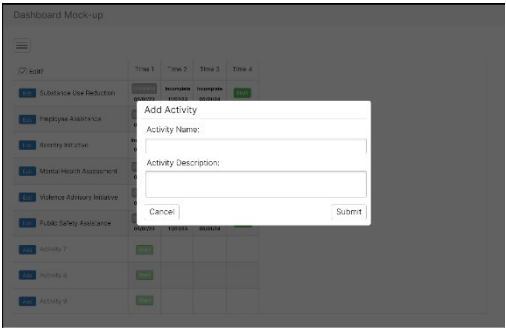
Label	Script	Art Notes
Introduction	Welcome to the Integrated Primary Prevention Activity Tracker, or I-PaCT! The I-PaCT is a collaboration between the Department of Defense Office of Force Resiliency and the RAND Corporation to evaluate the hiring, onboarding, and implementation of the Integrated Primary Prevention workforce. The RAND Corporation has partnered with 3C Institute to create an online platform for Prevention Teams to fill out the I-PaCT. In this video, we'll go over the information needed to fill out the I-PaCT and how to access and submit surveys.	Any branding we decide on should be incorporated here.
I-PaCT Overview: Purpose	The I-PaCT is a semi-annual survey of the prevention activities that Integrated Primary Prevention, or IPP, personnel at your organization, installation, base ship, or unit have planned, implemented, and evaluated over the last six months. An I-PaCT for each activity is completed by the IPP Program Manager or team lead for an organization every six months, in collaboration with other IPP personnel. Each I-PaCT submission will contain information on different prevention activities your IPP team has worked on.	Screenshot of the final Welcome/landing page or slide listing key points about the I-PaCT.
I-PaCT Overview: Dashboard	This online platform features a dashboard that allows you to easily view activities your team has previously reported and track your current reporting progress. Each activity your team is reporting on will appear in its own row in this table. You can add new activities to your dashboard at any time by selecting the	Dashboard mockup photos, screenshot mockup progression. 

Edit box in the left corner of the table and then selecting the next available row and clicking the Add button. A modal window will pop up, allowing you to type in the name of the activity and a one- to two-sentence description. Click Submit to add this activity to your dashboard. Each team will be able to add up to 20 activities.

In the columns of the dashboard table are the timepoints at which your team will submit an I-PaCT survey for each activity. Team members will receive e-mails notifying them of upcoming data collection times. When your team signs in, a new timepoint column will display. Click the Start button in each row to fill out the survey for that row's activity.

If your team has already filled out the I-PaCT for a previous timepoint, the information you reported will be saved to the next timepoint. This will allow teams to review, edit, or add information, rather than start the I-PaCT over again.

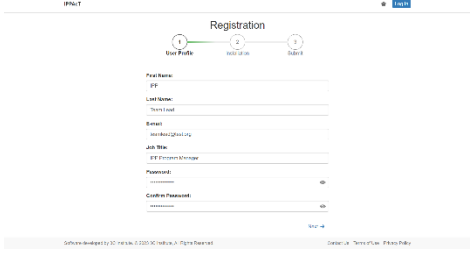
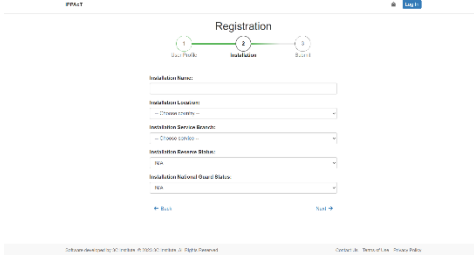
You can click the buttons for previous timepoints to view a PDF copy of those responses.



I-PaCT Survey: Information

The I-PaCT survey should be completed in collaboration with other IPP personnel in your organization. To facilitate your reporting experience, we recommend you first review and discuss the I-PaCT content with your IPP personnel, and then designate one team member to

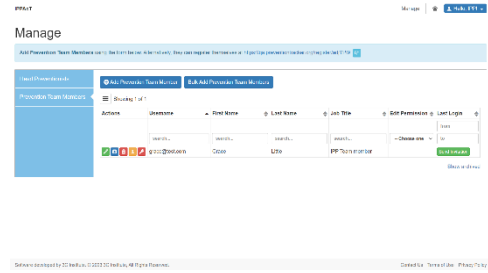
- Slide with simplified, bulleted list of the information needed to complete the I-PaCT:
- List of prevention activities
 - Activity type
 - Status of each activity

	aggregate responses and complete the I-PAcT for that activity. You will need the following information for each activity you are reporting on: • A complete list of the prevention activities your team has worked on in the last six months, even if an activity was a time-limited event or has been discontinued within the last six months. • The activity type. For example, skill development, social/emotional care and support, media campaign, policy, environmental strategy, or community collaboration. • The implementation status of each activity. • The prevention domains that are related to each of the prevention activities, as well as risk and protective factors associated with each prevention activity.	- Prevention domains and risk/protective factors related to each activity *Terms fade on as mentioned
Registration: Head Preventionist	If this is your team's first time completing the I-PAcT and you are the IPP Program Manager or team lead for your organization, you will receive an e-mail invitation to register your installation and IPP team. First, you will click the link in this e-mail to register your organization. You'll use this form to create your account and enter your installation name, location, and military service. After entering information about your installation, you will then be asked to enter the country you are in and your military branch. After creating your account and organization, you can add other IPP team	First page of registration form  Second page of registration form  Second page of Team Lead registration form>Manage Page

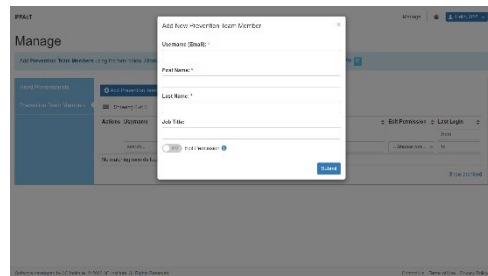
members via the Manage page. Access the Manage page by clicking "Manage" at the top of the screen. Here, you can add team members individually or bulk upload a list of team members.

To add individual IPP team members from the Manage page, click the Prevention Team Members tab in the left menu and select "Add Prevention Team Member." Then click "Send Invitation" to invite that team member to create their account.

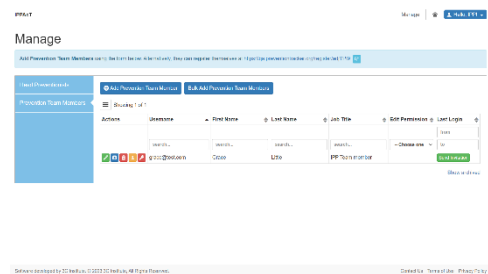
If adding several IPP team members, you can use the "Bulk Add Prevention Team Members" feature on the Manage page to upload a .csv file with their information.



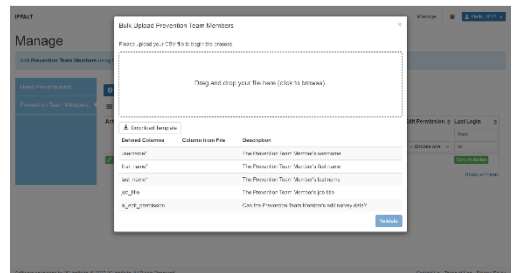
Show clicking over to Prevention Team Members tab > Add Prevention Team Members form without/with information



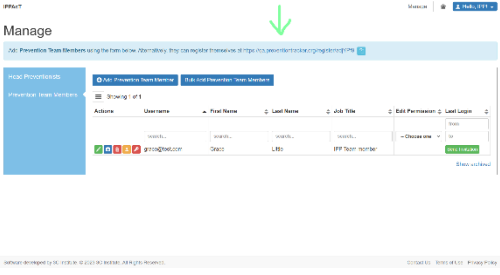
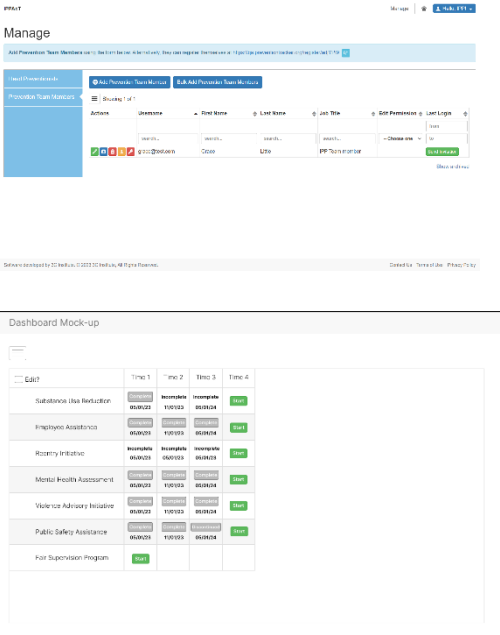
Show Manage page with some information from the form added



Manage Page (Prevention Team Members) > Bulk Upload form



Some sort of animation highlighting where this link is found on the Prevention Team Member tab.

	If you would like team members to self-register, select the Prevention Team Members tab and copy and distribute the link to your team. This link is unique to your organization and team, so please only share it with members of your IPP team.	 The screenshot shows the 'Manage' page for Prevention Team Members. At the top, there are two tabs: 'Add Prevention Team Member' (selected) and 'Add Prevention Team Manager'. Below the tabs is a table with columns: Actions, Username, First Name, Last Name, Job Title, Edit Permission, and Last Login. There is one row with a user named 'jdoe@ipact.com' and a green 'Add' button next to it.
Registration: Preventionist	If you are a member of the IPP team, you will receive an e-mail invitation with a link to create your individual account after you or your IPP Program Manager registers your organization for the I-PaCT. After you create your account, you will then be asked to enter the country you are in and your military branch. Depending on the permissions selected for you by your IPP Manager, you will either be able to edit and submit information for the I-PaCT surveys or you will just be able to view and download previously submitted surveys.	 The top screenshot is similar to the first one, but the 'Add Prevention Team Manager' tab is selected. Below it is a 'Dashboard Mock-up' showing a table with columns: Each, Time 1, Time 2, Time 3, and Time 4. The table has rows for various activities like 'Substance Use Reduction', 'Injury Prevention', 'Mental Health Assessment', etc., with status indicators like 'Completed' or 'In Progress'.
Personnel Time: Information	Along with completing the I-PaCT every six months, you will also report on the percentages of total personnel time spent planning, implementing, and evaluating activities in each of the primary prevention domains. Each team will report their total personnel time as a percentage, adding up to 100 percent, between all prevention domains and other non-prevention work. Each personnel's time reported must equal 100 percent to complete the I-PaCT. The personnel time survey is located on the dashboard. In this survey, you will report the total personnel time spent on projects related to each of the specified prevention domains. You should complete the personnel time survey	Screenshot of Personnel Time survey (currently in development).

	every six months when you are notified to complete the I-PaCT for your team.	
Conclusion	Thank you for your interest in the I-PaCT survey! We look forward to working with your Prevention Team.	This is placeholder text until we know exactly how users will access the survey and next steps they should take. Will add those details when finalized.

Prevention Workforce Evaluation – Integrated Primary Prevention Activity Tracker (I-PAcT)

Consent protocol

We are requesting your participation in completing the Integrated Primary Prevention Activity Tracker (I-PAcT). The I-PAcT is a semi-annual (every six months) log of the prevention activity tasks that Integrated Primary Prevention (IPP) personnel at your organization (e.g., installation, organization, base, ship, unit) have completed in the last six months.

The I-PAcT is part of an evaluation that the Department of Defense Office of Force Resiliency has asked the RAND Corporation, an independent, non-profit research organization, to conduct to assess the hiring, onboarding, and implementation of the new IPP Workforce, of which you are a member.

This evaluation is being sponsored by the Department of Defense (DoD) to learn about the recent hiring of new prevention personnel at DoD installations. The RAND Corporation, a non-profit research organization, is conducting the assessment. The Violence Prevention Cell (VPC) is overseeing the assessment. You are being asked to participate because of your role in prevention at your location. All prevention personnel are being asked to take part.

Participation includes completing the I-PAcT survey every 6 months. The I-PAcT will be completed online. The I-PAcT asks what kind of prevention activities you conduct, with who, and how much time you spend on prevention.

The I-PAcT will be administered twice each year from 2025-2026 and once in 2027. How many times you will be asked to complete the I-PAcT depends on your hire date. That means you could be asked to complete the I-PAcT between 1 to 5 times. The first time your site is asked to complete the I-PAcT, a RAND staffperson will interview you by video call and enter the information into the online system on your behalf in order to ensure the information is entered correctly from the start. This information will be saved in the I-PAcT. All subsequent administrations of the I-PAcT will involve you logging onto the I-PAcT and entering the information yourself. There will not be financial compensation for completing the prevention tracking.

Findings from the I-PAcT will be reported in a memo to VPC to inform their future prevention planning. We will keep your responses confidential. We will not report your responses individually, the data from all three sources will be grouped together with others; and we will not name you specifically in any documents.

Your participation is completely voluntary. Refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled. You may discontinue participation at any time without penalty or loss of benefits, to which you are otherwise entitled.

If you have questions about your rights as a participant or need to report a participation-related injury or concern, you can contact RAND's Human Subjects Protection Committee toll-free at (866) 697-5620 or by emailing hspcinfo@rand.org. When you contact the Committee, please reference Study #2022-N0289.

Integrated Primary Prevention Activity Tracker (I-PACT)

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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		
[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 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:		N/A

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**.

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.

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.

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%]

Will be used for to support an eventual Cost-Benefit Analysis

Domains are from list provided by Andra Tharp on 1/5/23

4.1.1;
4.1.2;
2.2.4

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?
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				
...				

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 Type Descriptions

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

A. Skill development	• <u>Interactive</u> 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.
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	A multi-session program would be considered one activity.		
B. Social/emotional care and support	Programs or activities that provide social and emotional support to Service members and their families (e.g., social connectedness interventions)		
C. Media campaign	- 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	- 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	- 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	- 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 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 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.	2.3.1; 2.3.2; 2.5.1

			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) - Unit or workplace climate (e.g., fair, inclusive, hostile, respect, cohesive) - Leadership (e.g., passive, toxic, supportive, transformational) - Everyday stressors (e.g., parenting, chronic pain, legal problems, acculturation)/Coping skills - Prior traumas (e.g., sexual, combat related) - Violent crime - Social skills (e.g., problem solving skills, empathy, emotional regulation) - 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) - Use of alcohol or other substances (e.g., binge drinking) - Mental health (e.g., history of depression) - Hope/hopelessness or morale - 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) - Access to lethal means/Safe storage of lethal means - Consistent access/lack access to high quality behavioral health and medical services - Finances/employment - Child neglect - Financial readiness - Problematic sexual behavior in children and youth - Stalking - Collaboration - Health equity			Risk and protective factors From Andra Tharp 1/5/23: DEOCS Risk and Protective Factors CDC Technical Packages Suicide Sexual violence Intimate partner violence Child abuse	2.3.1; 2.3.2; 2.5.1
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.			Used for Task 8, Cost-Benefit Analysis	4.1.1; 4.1.2
Rank	4. In the last six months, how many individuals participated* in the prevention activity? *Participated means completed at least 75% of the activity.	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.		
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?

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

IF g. DISCONTINUED:

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

- Activity was not data-informed, research-based, or evaluation results showed it was not achieving desired outcomes
- Activity was scheduled to end (i.e., not a continuous activity)
- Other: Please describe the reason for discontinuation: _____

Ecological levels

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

- 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)
- 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)
- 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).

Planning

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.

- Held a meeting to coordinate implementation tasks
- Actively involved stakeholders (i.e., individuals outside of the prevention team) in planning activities (for example, by inclusion in working groups)
- 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		
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. 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		
12. 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 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 c. Abbreviated the length of the activity d. Removed interactive components e. Removed opportunities to practice skills f. Other, please describe _____	Used to assess Quality implementation • Tailoring Strategies/Adapting (CFIR 2.0)	

Dosage		
ONLY ASKED FOR INTERACTIVE WORKSHOP/SKILL BUILDING SESSION		
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? - Yes - No	Quality Component 5. Of sufficient dose Used to assess Quality implementation	2.3.1; 2.3.2; 2.5.1
Evaluation and Continuous Quality Improvement		
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 Used to assess Quality implementation - Evaluation and reflection (CFIR 2.0) - Continuous evaluation (PPOA 2.0)	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. a. Participation and reach data (e.g., who participated, how many individuals were reached, which groups were represented, etc.). 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). 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 targeting. Yes/No		
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. a. 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) i. Name the outcomes b. Attitude outcomes (i.e., changes in participants' beliefs, perspectives or attitudes that are related to the targeted risk or protective factors) i. Name the outcomes c. 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) i. Name the outcomes d. Behavioral intention outcomes (i.e., changes in what participants intend to do as a result of the prevention activity) i. Name the outcomes e. 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) i. Name the outcomes f. Other, please describe:		
Response options in a table format with headings: - Positive change (outcome improved); - Negative change (outcome worsened);		

• No change (outcome did not improve or worsen); • Mixed outcomes (tracked multiple outcomes in this category and some improved, some worsened, and/or some did not change); • Did not collect this outcome 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. - Reviewed evaluation data with leadership, including unit commanders and/or organizational leaders - What leaders did you meet with? - Shared evaluation data with other IPPW personnel - What other IPPW personnel did you share data with? - Shared evaluation data with local or community partners - Which partners did you share data with? - Made changes to future implementation plans based on evaluation findings - Briefly summarize the changes - Made changes to how the activity is currently implemented based on evaluation findings - Briefly summarize the changes - None of the above - Other, please describe:		
Sustainability		
20. Regarding sustainability of the activity, which, if any, of the following apply to this activity? • 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 • Level of Institutionalization 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

INITIAL EMAIL INVITATION

SUBJECT LINE: DoD Integrated Primary Prevention Workforce, \$40 for a brief survey

Dear [INSERT NAME],

The DoD Office of Force Resiliency has asked the RAND Corporation, an independent, non-profit research organization, to evaluate the hiring, onboarding, and implementation of the new Integrated Primary Prevention Workforce (IPPW), of which you are a member.

As part of the overall evaluation, we are conducting a survey about the experiences of the IPPW and how much support you receive. The survey also asks about your background and expertise in prevention to provide a better sense of the characteristics of the DoD IPPW as a whole.

As a member of the IPPW, this is your chance to make your voice heard about how your job is going!

Your time is valuable, and we will provide you with a link to a \$40.00 Amazon Gift Card when you complete the survey outside your duty hours to compensate you for your time.

If you are interested in participating, please click on the link below.

[SURVEY LINK]

We would like you to complete the survey once each year, through 2026. Depending on your hire date, that means you could be asked to complete the survey between 1 to 3 times. You will receive an email reminder each year. You will be given an Amazon Gift Card for each survey you complete.

You also have the opportunity to earn an additional \$20.00 Amazon Gift Card for participating in our resume review. This request is included as part of the survey questions you will complete.

In addition to the survey, we are also interested in what prevention activities you are doing. We will contact you separately to invite you to complete an Integrated Primary Prevention Tracker or I-PACT regarding those activities.

Your answers could really help make prevention better in DoD, so we really appreciate your help!

For more information about this project or questions about the survey, please contact [\[insert appropriate email address\]](#).

REMINDER EMAIL INVITATION

SUBJECT LINE: Reminder re: DoD Integrated Primary Prevention Workforce, \$40 for a brief survey

We recently sent you an email inviting you to participate in a survey about your experience as a member of Integrated Primary Prevention Workforce. The DoD Office of Force Resiliency has asked the RAND Corporation, an independent, non-profit research organization, to evaluate the hiring, onboarding, and implementation of the new Integrated Primary Prevention Workforce (IPPW), of which you are a member.

As part of the overall evaluation, we are conducting a survey about the experiences of the IPPW and how much support you receive. The survey also asks about your background and expertise in prevention to provide a better sense of the characteristics of the DoD IPPW as a whole.

As a member of the IPPW, this is your chance to make your voice heard about how your job is going!

Your time is valuable, and we will provide you with a link to a \$40.00 Amazon Gift Card when you complete the survey outside your duty hours to compensate you for your time.

If you are interested in participating, please click on the link below.

[SURVEY LINK]

We would like you to complete the survey once each year, through 2026. Depending on your hire date, that means you could be asked to complete the survey between 1 to 3 times. You will receive an email reminder each year. You will be given an Amazon Gift Card for each survey you complete.

You also have the opportunity to earn an additional Amazon Gift Card for participating in our resume review. This request is included as part of the survey questions you will complete.

In addition to the survey, we are also interested in what prevention activities you are doing. We will contact you separately to invite you to complete an Integrated Primary Prevention Tracker or I-PACT regarding those activities.

Your answers could really help make prevention better in DoD, so we really appreciate your help!

For more information about this project or questions about the survey, please contact [\[insert appropriate email address\]](#).

ADC

AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information, [Insert OMB Control Number], is estimated to average 30 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.

CON1

Survey of the DoD Integrated Primary Prevention Workforce

Before continuing, please read the following information about the purpose of this survey and why it is important for you and for the Department of Defense (DoD).

WHAT IS THIS SURVEY ABOUT? This survey is part of an evaluation being conducted for DoD to learn about the recent deployment of Integrated Primary Prevention workforce (IPPW) personnel at DoD installations in support of the prevention of harmful behaviors, including sexual assault and harassment, substance abuse, suicide, and domestic violence. The survey contains questions about your experiences as a member of the Integrated Primary Prevention Workforce (IPPW) and the extent to which you believe you have the support needed to carry out effective prevention activities. The survey also asks about your background and expertise in prevention to provide a better sense of the characteristics of the DoD IPPW as a whole.

WHO IS CONDUCTING THIS SURVEY? This survey is being conducted on behalf of the DoD by the RAND Corporation. The RAND Corporation is a non-profit, independent research institution. The DoD Violence Prevention Cell (VPC) is overseeing the assessment.

HOW WAS I CHOSEN? You are being asked to participate because of your role in prevention at your location or because you oversee someone with a prevention role. All those who are part of the IPPW are being asked to participate.

WHAT DOES PARTICIPATION INVOLVE? The web-based survey is expected to take 30 minutes to complete. Depending on your responses, it may take you more or less time. The survey will be administered each year, from 2023-2026. Therefore, you may be asked to take the survey again in the future. How many times you will receive the survey depends on when you came into your role. If you complete the survey outside your duty hours, you have the option of electing to receive a \$40 Amazon gift certificate for participating in the survey.

DO I HAVE TO PARTICIPATE? The survey is completely voluntary, and you may stop at any time. You may skip any item you do not wish to answer. There is no penalty if you decide not to complete the survey or choose not to respond to certain questions within the survey. You have been asked to participate because of your role in the IPPW. The findings from this survey will be used to help ensure that those in the IPPW have the support they need for implementing effective integrated primary prevention activities.

WILL MY RESPONSES BE KEPT PRIVATE? Yes, we will only report the survey results for groups large enough that no one can infer what a certain individual said on the survey. No one in your unit or any other DoD officials will see your individual survey responses, nor will any data be released that could identify you to anyone in your unit, any DoD officials, or anyone else.

CST1. I have read the information, and I want to continue.

Yes **1**

No **2**

[Programming note: Those who respond “No” (2) to CST1 should proceed to Exit1. Others should proceed to CON2]

CON2

For more information about this project, please contact [\[insert appropriate email address\]](#).

If you have questions about your rights as a research participant, you can contact RAND's Human Subjects Protection Committee toll-free at (866) 697-5620 or by emailing hspcinfo@rand.org. When you contact the Committee, please reference Study #2022-N0289.

[New Screen: Exit Screen 1. SHOW IF CST1=2]

Exit1

We appreciate you reviewing the information about this survey and considering participating. If you have questions about this project, please contact the project team at [\[insert appropriate email address\]](#) or the office sponsoring the study at [\[insert appropriate email address\]](#). Thank you very much for your time.

[CODE AS QUOTA FILLED]

[New Screen]

BINTRO

Your Background

Thank you for agreeing to participate in this important study. Please answer each question thoughtfully and truthfully. This will allow us to provide an accurate picture of the experiences and background of the DoD IPPW.

If you prefer not to answer a specific question for any reason, just leave it blank. Please note, there are a few background questions that require a response in order to make sure the questions you receive are appropriate for your job and Service. These questions are noted with an asterisk *.

[Programming note: Item S1 requires a response]

S1. Are you currently employed as a member of the Department of Defense Integrated Primary Prevention Workforce or IPPW (either full time or part time)?*

[PROGRAMMER: PROGRAM THE ASTERISKS AS RED AND FORCE ANSWER TO THIS Q]

Yes **1**

No **2**

[Programming note: If respondent responds ‘No,’ 2, to S1 they should proceed to Exit Screen 2. All others should proceed to B1.]

[New Screen: Exit2. SHOW IF S1=2]

Exit2

Thank you very much for your interest in participating in this survey. This survey is for current members of the DoD IPPW only. Therefore, we are not able to include you in this survey at this time.

If you have questions about this project, please contact the project team at [insert appropriate email address] or the office sponsoring the study at [insert appropriate email address]. Thank you very much for your time.
[CODE AS SCREENED]

[\[New Screen\]](#)

B1. What organization are you employed by?*

[\[PROGRAMMER: PROGRAM THE ASTERISK AND FORCE ANSWER TO THIS Q\]](#)

Army **1**
Army Reserve **2**
Navy **3**
Navy Reserve **4**
Air Force **5**
Air Force Reserve **6**
Space Force **7**
Marine Corps **8**
Air National Guard **9**
Army National Guard **10**
DoD or Joint Staff **11**

B2. What is your current location (e.g., installation, unit, ship)?* (Please do not include any personal identifiable information in your response) [\[provide an open-ended text-box\]](#)

[\[PROGRAMMER: PROGRAM THE ASTERISK AND FORCE ANSWER TO THIS Q\]](#)

B3. How long have you been employed in the IPWW?*

[\[PROGRAMMER: PROGRAM THE ASTERISK AND FORCE ANSWER TO THIS Q\]](#)

____ Years ____ Months [\[include numerically fixed text box for years and months with a min of 0 and a max of 99 for years; and a min of 0 and a max 11 for months\]](#)

B4. What is your current job?*

[\[PROGRAMMER: PROGRAM THE ASTERISK AND FORCE ANSWER TO THIS Q\]](#)

[\[provide the following response options in a drop-down box\]](#)

[\[IF B1=1 or 2, SHOW THIS DROP DOWN\]](#)

ARMY

Prevention Implementation Specialist **1**
Prevention Support Specialist **2**
Prevention Evaluation Specialist **3**
Prevention Integrator **4**
Lead Prevention Specialist **5**
Supervisory Prevention Specialist **6**
Prevention Program Manager **7**
Data Scientist **8**
Investigative Analyst **9**
Other **10** **(please do not include any personal identifiable information in your response)** [\[ADD OPEN TEXT BOX\]](#) oth

[IF B1=3 or 4, SHOW THIS DROP DOWN]

NAVY

Section Lead **1**
Deputy Section Lead **2**
Research and Evaluation Specialist **3**
Training and Education Manager **4**
Policy and Programs Analyst **5**
Assessment and Public Health Analyst **6**
Primary Prevention Program Manager **7**
Primary Prevention Research Analyst **8**
Statistician **9**
Data Management Analyst **10**
Training and Institutional Specialist **11**
Integrated Primary Prevention Coordinator **12**
Supervisory Integrated Primary Prevention Coordinator **13**
Integrated Prevention Specialist **14**
Embedded Integrated Prevention Coordinator **15**
Embedded Integrated Prevention Supervisor **16**
Other **17** (please do not include any personal identifiable information in your response) [ADD OPEN TEXT BOX] oth

[IF B1=8, SHOW THIS DROP DOWN]

USMC

Primary Prevention Integrator **1**
Prevention Specialist **2**
Embedded Preventive Behavioral Health Capability Program Coordinator **3**
Embedded Preventive Behavioral Health Capability and Combat and Operational Stress Capability Section Head **4**
Behavioral Health Program Manager **5**
Program Manager **6**
Public Health Advisor **7**
Public Health Analyst **8**
Marine Expeditionary Force Prevention Specialist **9**
Marine Expeditionary Force Program Manager **10**
Program Analyst **11**
Other **12** (please do not include any personal identifiable information in your response) [ADD OPEN TEXT BOX] oth

[IF B1=5, 6 or 7, SHOW THIS DROP DOWN]

DEPARTMENT OF THE AIR FORCE

Integrated Prevention and Response Director **1**
Integrated Prevention Chief **2**
Integrated Care Coordinator **3**
Prevention Specialist **4**
Prevention Coordinator Specialist **5**
Prevention Analyst **6**
Prevention Program Manager **7**
Other **8** (please do not include any personal identifiable information in your response) [ADD OPEN TEXT BOX] oth

[IF B1=9 or 10, SHOW THIS DROP DOWN]

NATIONAL GUARD BUREAU

Prevention Program Manager **1**

Senior Prevention Analyst **2**

Prevention Lead (Domestic Abuse) **3**

Prevention Lead (Sexual Assault) **4**

Prevention Lead (Harassment) **5**

Prevention Lead (Self-Directed Harm) **6**

Prevention Lead (All Four Domains) **7**

Attorney Advisor **8**

Other **9** (please do not include any personal identifiable information in your response) [\[ADD OPEN TEXT BOX\]](#) oth

[\[IF B1=11, SHOW THIS DROP DOWN\]](#)

DOD

Implementation Support **1**

Prevention Support **2**

Prevention Specialist **3**

Prevention Lead **4**

Prevention Program Manager **5**

Prevention Researcher **6**

Policy Analyst **7**

Prevention Director/Program Head **8**

Other **9** (please do not include any personal identifiable information in your response) [\[ADD OPEN TEXT BOX\]](#) oth

B5. Are you a full-time or part-time employee?*

[PROGRAMMER: PROGRAM THE ASTERISK AND FORCE ANSWER TO THIS Q]

Full-time **1**

Part-time **2**

B6. Are prevention activities you perform a collateral duty?*

[PROGRAMMER: PROGRAM THE ASTERISK AND FORCE ANSWER TO THIS Q]

Yes **1**

No **2**

B7. Do you supervise other Integrated Primary Prevention personnel as part of your job duties?*

[PROGRAMMER: PROGRAM THE ASTERISK AND FORCE ANSWER TO THIS Q]

Yes **1**

No **2**

B8. What is your current paygrade (e.g., GS-9)?

[\[provide an open-ended text-box\]](#)

B9. What level credential do you hold for the IPPW?

Level 1 **1**

Level 2 **2**

Level 3 **3**

Level 4 **4**

Level 5 **5**

[\[New Screen\]](#)

Education and Professional Development

EP

The next series of questions asks you about your education and professional development prior to taking your current job as a member of the IPPW as well as your continued training and professional development activities in your current role.

EP1. What is your highest level of education?

High school/GED **1**

Bachelor's Degree **2**

Master's Degree **3**

Doctorate or other Terminal Degree **4**

Juris Doctor **5**

Other **6** (please do not include any personal identifiable information in your response) [\[ADD OPEN TEXT BOX\]](#) oth

EP2. Please indicate the discipline(s) that best describes your highest degree (select all that apply).

[\[PROGRAMMER: MAKE THIS A MARK ALL THAT APPLY\]](#)

Prevention **1**

Social Work **2**

Psychology **3**

Sociology **4**

Nursing **5**

Medicine **6**

Public Health **7**

Criminal Justice **8**

Law **9**

Other **10** (please do not include any personal identifiable information in your response) [\[ADD OPEN TEXT BOX\]](#) oth

EP3. Do you hold any of the following professional certifications related to prevention (select all that apply)?

[\[PROGRAMMER: MAKE THIS A MARK ALL THAT APPLY\]](#)

Certified Prevention Professional (CPP) **1**

Certified Prevention Specialist (CPS) **2**

Certified Health Education Specialist (CHES®) **3**

Other **4** (please do not include any personal identifiable information in your response) [\[ADD OPEN TEXT BOX\]](#) oth

[1.6.1] EP4. In the past 12 months, how many hours did you spend on continuing education related to your role in the IPPW? If you have been employed in the IPPW for less than 12 months, how many hours since you have been in your current position?

Please do *not* include any general training required for all DoD employees.

None **1**

1 – 10 hours **2**

11 – 20 hours **3**

21 – 30 hours **4**

More than 30 hours **5**

[1.5.1] EP5. Which of the following trainings have you completed (check all that apply)?

[PROGRAMMER: MAKE THIS A MARK ALL THAT APPLY]

PREV-001 Violence: A Preventable Public Health Issue 1

PREV-002 Sexual Assault in the military and the Way Forward 2

PREV-003 Prevention of Harmful Behaviors in the Military 3

PREV-004 How to Conduct a Command Climate Assessment and Administer the Defense Organizational Climate Survey 4

PREV-005 Development of a Comprehensive Integrated Primary Prevention Plan 5

Webinar: Achieving Integrated Primary Prevention Through Collaborative Relationships 6

Webinar: Addressing and Preventing Adverse Childhood Experiences in the Military 7

Webinar: Creating Safe Online Spaces to Prevent Cyber Harassment 8

Webinar: Preventing Harmful Behaviors at the Community and Organizational Level 9

Webinar: Innovative Approaches to Connectedness 10

Webinar: Measuring Performance and Effectiveness of Prevention Activities 11

Webinar: Getting to Outcomes Guide for Strengthening Sexual Assault Prevention Activities in the Military 12

Webinar: Putting Policy into Practice - Strategies to Prevent Harmful Behaviors 13

Webinar: The Role of Alcohol in Sexual Violence 14

Webinar: Tailoring and Adapting Prevention Programs for Military 15

Webinar: Understanding Sexual Harassment and Shifting the Paradigm Towards Civility 16

Webinar: Lessons Learned from Implementing Sexual Violence Prevention Activities 17

Webinar: Planning for SAAPM in a Virtual World 18

Webinar: Adapting Prevention Activities to Fit Your Context 19

Webinar: Beyond the Individual - Implementing Primary Prevention at the Community and Organizational Levels of the Military 20

Webinar: Community-Based Participatory Research in The Military 21

Webinar: ETAC Webinars 1 and 2 22

Your service or component specific training [if check, include an open text box with the following prompt: Please list titles of specific training] 23

I have not completed any of the trainings listed 24

[New Screen]

[Programming note: Items EP6 d-e should only be provided to participants indicating they have been in their position for less than 12 months in item B3]

EP6. The following questions ask about your satisfaction with your training and onboarding experiences. Please indicate your level of agreement or disagreement with each of the below statements.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
[1.6.2] EP6a. I am satisfied with the mandatory preventionist training I have received.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
[1.6.2] EP6b. I have adequate time to complete my required training.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
[1.6.2] EP6c. I have the opportunities I want for further professional development.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
[1.6.2] EP6d. [IF B3_Years=BLANK OR 0 AND B3_MONTHS IS LESS THAN 12, SHOW. ELSE, SUPPRESS THIS Q] The training we are required to take enhances my ability to do my job in the IPPW.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

[1.5.3] EP6e. [IF B3_Years=BLANK OR 0 AND B3_MONTHS IS LESS THAN 12, SHOW. ELSE, SUPPRESS THIS Q]

I am satisfied with the information I received as part of onboarding to my job in the IPPW.

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

[1.5.3] EP6f. My role and responsibilities were clearly outlined during my onboarding experience.

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

[1.10.1] EP7. Please indicate whether any of the following were barriers to you completing training or professional development activities (check all that apply).

[PROGRAMMER: MARK ALL THAT APPLY, EXCEPT NONE]

None, I was able to complete all my required training 1

I did not have enough time during my duty hours 2

My organization did not have funding to pay for the CE 3

The courses I needed or wanted were not available 4

Other 5 (please do not include any personal identifiable information in your response) [Insert open text box] oth

[New Screen]

EP8. To help us better understand the education and professional background of the workforce, we are also interested in reviewing resumes of IPPW personnel (names and contact information removed). You can earn another \$20 amazon gift card by including your resume.

Upload resume now (please remove all your names and all contact information prior to uploading) [insert upload button]

If you wish to submit your resume at a later date, please click here to receive an email link for later upload. [insert button to receive a separate email link]

[New Screen]

Support and Infrastructure for Prevention Activities

LS

The next set of questions asks you about leadership support for your role in the IPPW and in implementing integrated primary prevention activities. By “leadership” we mean the leaders you work most closely with who can influence your day-to-day job functions and/or resources put towards integrated primary prevention activities.

[Project Note: LS1 items are intended to measure Leadership Support of Prevention Activities]

[1.9.3] LS1. Please read each item and indicate the extent to which the item is true of your work environment.

	To no extent	To a limited extent	To some extent	To a considerable extent	To a great extent
LS1a. My leadership is very committed to improving the quality of primary prevention activities.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
LS1b. My leadership recognizes and appreciates high quality work related to primary prevention activities.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
LS1c. My leadership would remove obstacles that prevent me from implementing high quality primary prevention activities.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
LS1d. My leadership has established clear standards for the quality of primary prevention activities.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

[1.9.3] [Project Note: LS2 items are intended to measure Leadership Interest in Evidence and Quality of Prevention Programs]

LS2. Please read each item and indicate the extent to which the item is true of your leadership.

	To no extent	To a limited extent	To some extent	To a considerable extent	To a great extent
LS2a. My leadership consults with me for decisions that involve primary prevention activities.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
LS2b. My leadership ensures there is a high quality evaluation of our primary prevention activities.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
LS2c. My leadership asks to review prevention plans.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
LS2d. My leadership asks me for results from evaluations of primary prevention activities.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

[1.9.3] [Project Note: LS3 items are intended to measure Leadership Support of Preventionists (i.e., support of the individual); items LS3f and g are reverse scored items]

LS3. Please indicate your level of agreement or disagreement with each of the below statements.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
LS3a. My leadership cares about my opinions.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
LS3b. My leadership really cares about my personal well-being.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
LS3c. My leadership strongly considers my professional goals and values.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
LS3d. Help is available from my leadership when I have a problem.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
LS3e. My leadership would forgive an honest mistake on my part.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
LS3f. If given the opportunity, my leadership would take advantage of me.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
LS3g. My leadership shows little concern for me.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
LS3h. My leadership is willing to help me if I need a special favor.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

[Project Note: IS1 items are intended to measure overall Climate in Support of Prevention Activities]

[1.8.1; 6.2.2] IS1. Please indicate your level of agreement or disagreement with each of the below statements.

In my installation...	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
IS1a. Prevention of harmful behaviors is viewed as critical to maintaining mission readiness.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
IS1b. Integrated Primary Prevention personnel are viewed as playing an important role in supporting the mission.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
IS1c. Integrated Primary Prevention personnel are recognized for their contributions to the installation/unit.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
IS1d. Members of my unit/installation frequently discuss the importance of preventing harmful behaviors.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
IS1e. Activities designed to prevent harmful behavior are considered important.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

[New Screen]

[Project Note: IS2 items are intended to measure [Infrastructure Support](#)]

IS2INTRO

The next questions ask you about the extent to which you feel you have the necessary infrastructure support to implement prevention activities.

[1.8.6; 6.2.1] IS2. Please indicate your level of agreement or disagreement with each of the below statements.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
IS2a. I have adequate staffing to conduct primary prevention activities.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
IS2b. I have an adequate budget to conduct primary prevention activities.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
IS2c. I have access to the installation facilities needed to conduct primary prevention activities.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
IS2d. I have access to the technology resources needed to conduct primary prevention activities.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
IS2e. I have the time required to conduct primary prevention activities within my normal duty hours.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
IS2f. I have access to the data (e.g., needs of target population) I need to implement primary prevention activities.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
IS2g. I have access to the data I need to evaluate the success of primary prevention activities.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

[Project Note: IS3 items are intended to measure [Resource Sustainment](#)]

[Programming note: IS3 items should only be provided to participants indicating they are prevention leads in item B4]

[2.5.6] IS3. Please indicate your level of agreement or disagreement with each of the below statements.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
IS3a. Clear plans exist for sustaining the resources needed for primary prevention activities.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
IS3b. Clear plans exist for how to prioritize and distribute resources for primary prevention activities.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
IS3c. Leadership is committed to providing continued resources for primary prevention activities.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
IS3d. Leadership is committed to ensuring smooth transitions when there has been turnover among Integrated Primary Prevention personnel.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

[New Screen]

[Project Note: CC1 items are intended to measure Team Cohesion]

CC1INTRO

The next items are about your experience working with others in developing and implementing prevention activities. When you see the term “team” in the upcoming items, we mean the people you work most closely with on a day-to-day basis to carry out your required prevention activities.

[2.2.4] **CC1.** Please indicate your level of agreement or disagreement with each of the below statements.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
CC1a. My team has a common sense of purpose about our primary prevention activities.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
CC1b. My team has common goals for our primary prevention activities.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
CC1c. My team takes responsibility for the performance of our primary prevention activities.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

[Project Note: CC2 items are intended to measure Communication]

CC2. Please indicate your level of agreement or disagreement with each of the below statements.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
CC2a. There is regular communication between the IPPW at the same unit or installation.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
CC2b. There is regular communication between the IPPW in the field and preventionists at headquarters.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
CC2c. There is regular communication between the IPPW across my Service.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
CC2d. There are established methods for sharing information among the IPPW across my service.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
CC2e. There are established methods for providing feedback from the field to headquarters IPPW.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

CC2f. There are established methods for receiving feedback from service members about prevention activities. 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

[Project Note: CC3 items are intended to measure Collaboration]

[2.1.4] **CC3.** Please indicate your level of agreement or disagreement with each of the below statements.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
CC3a. I consult with other DoD Integrated Primary Prevention personnel about the prevention activities we are planning.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
CC3b. I consult with key stakeholders about the primary prevention activities we are planning.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
CC3c. I consult with leadership about the primary prevention activities we are planning.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
CC3d. I consult with outside experts (e.g., universities) about the primary prevention activities we are planning.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

[New Screen]

Potential Barriers to Implementing Prevention Activities

[Project Note: PB1 items are intended to measure Barriers to Implementation]

[2.6.1; 6.3.1] **PB1.** The next series of questions asks you about potential barriers to successfully implementing primary prevention activities. This will help the DoD better understand what barriers may exist in your service, installation, or unit. Please indicate your level of agreement or disagreement with each of the below statements.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
PB1a. Service members have negative views about primary prevention activities that were developed by external sources (i.e., they feel that they were “forced” on our units or are inappropriate for our units).	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
PB1b. Service members have doubts about of the quality of evidence supporting the interventions we use.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
PB1c. There are challenges adapting primary prevention activities to meet the needs at my installation/unit.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
PB1d. There are funding challenges related to implementing primary prevention activities.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
PB1e. There are challenges to understanding what types of primary prevention activities are needed where I work.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
PB1f. There are challenges related to collaboration with other departments or organizations when implementing primary prevention activities.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
PB1g. There are policy requirements that make implementation of primary prevention activities difficult.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

[New Screen]

Job Attitudes

JS1INTRO

The next series of questions asks you about your satisfaction and feelings toward your job in the IPPW.

[Project Note: JS1 items are intended to measure Psychological Empowerment]

[2.1.5] JS1. Please indicate your level of agreement or disagreement with each of the below statements.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
JS1a. The work I do is very important to me.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
JS1b. My job activities are personally meaningful to me.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
JS1c. The work I do is meaningful to me.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
JS1d. I am confident about my ability to do my job.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
JS1e. I am self-assured about my capabilities to perform my work activities.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
JS1f. I have mastered the skill necessary for my job.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
JS1g. My impact on what happens in my team is large	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
JS1h. I have a great deal of control over what happens in my team.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
JS1i. I have a significant influence over what happens in my team.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

[Project Note: JS2 is intended to measure Job Satisfaction]

[2.1.5] JS2. Considering everything, how would you rate your overall satisfaction with your job in the IPPW?

Very dissatisfied 1

Dissatisfied 2

Neither dissatisfied nor satisfied 3

Satisfied 4

Very satisfied 5

[New Screen]

Areas of Expertise and Need for Further Professional Development

Project Note: The following items are intended to measure whether preventionists have the required knowledge and experiences

To help DoD better understand where additional continuing education or professional development may be needed across the prevention workforce, the next series of questions asks about your knowledge and experience in various topics in prevention. These are multiple choice questions, so please choose the best answer.

If left unaddressed over the long-term, high levels of risk factors can:

- a. Reduce military readiness.
- b. Be difficult to address.
- c. Reduce protective factors.
- d. Get easier to address.

In prevention planning, identifying shared risk factors is important because it:

- a. eliminates competition for grants and funds in a community.
- b. saves planning time by eliminating the need to do community assessment.
- c. maximizes opportunities to address multiple harmful behaviors in a population.
- d. makes it easy to select effective prevention activities, policies, and practices.

The Public Health Model attributes the development of harmful behaviors to an interaction between:

- a. availability, risk, and resiliency.
- b. availability, development, and policy.
- c. environment, agent, and host.
- d. biological, sociological, and psychological.

In planning a selective prevention activity for any high-risk group of Service members, it is MOST important to consider the:

- a. goals of referring participants.
- b. use of universal methods to reach the widest audience.
- c. need for comprehensive individual assessment.
- d. specific risk factors within the target group

What is an example of a selective prevention effort?

- a. A targeted intervention geared towards Service members at risk of engaging in harmful behaviors
- b. An organization-wide IPP effort
- c. An anonymous survey to get feedback on harmful behaviors within an organization
- d. Increasing policing within a military organization

Which of the following are not primary prevention activities?

1-Improving healthy work climates

2-Providing victim advocacy services

3-Bringing a unit together to try and understand the factors that led to a sexual assault

4-Bystander intervention training

- a. 1 and 2
- b. 2 and 3
- c. 2 and 4
- d. All of the above

The key components of a logic model are:

- a. Inputs, outcomes, impact
- b. Inputs, outputs, outcomes
- c. Inputs outputs, activities, outcomes
- d. Inputs, functions, outcomes, impact

Viewing the unit and the organizational environment as interconnected parts, each affected by the other and needing to work together to prevent harmful behaviors, is called the:

- a. Systems approach.
- b. Risk and protective factor theory.
- c. Team approach.
- d. Social learning theory.

Which of the following can bias data on harmful behaviors of military Service members:

- a. Low response rates on surveys
- b. Underreporting of harmful behaviors like sexual assault and harassment
- c. Interpreting the data without input from the Service members that participated
- d. All of the above

Which of the following BEST describes the function of a needs assessment?

- a. Identify potential partners needed to implement IPP efforts
- b. Uncover trends that determine the IPP efforts to implement
- c. Track the progress of an IPP activity's fidelity
- d. Justify the continuation of an existing IPP activity

Which of the following represents the MOST rigorous level of evidence for a prevention activity?

- a. A solid theory or theoretical perspective validated by similar research
- b. A documented body of empirical evidence generated from multiple replications of the activity
- c. A long-held tradition, convention, or belief
- d. A consensus among informed experts (e.g., Primary Prevention Research Coordinator, subject matter experts)

To most effectively address a specific harmful behavior, what is the best use of prevention activities?

- a. A single activity focusing on environmental risk factors
- b. Multiple activities targeting skill development
- c. Several activities at more than one level of impact
- d. The activity that has the most available resources

Prevention activities are MOST effective when they include:

- a. interactive techniques.
- b. quality incentives.
- c. assertive facilitators.
- d. safe environments.

To know whether a prevention activity has met its objectives it is important to:

- a. Monitor upstream and downstream indicators of harmful behaviors
- b. Conduct an outcome evaluation
- c. Plan the activity at least 6 months after you start an evaluation
- d. Adapt the prevention activity to the intended audience

Service members completed a prevention activity targeting a specific harmful behavior. Those Service members were found to exhibit no signs of engaging in the behavior for five years after the conclusion of the activity. This is an example of which of the following?

- a. Intermediate outcome
- b. Process evaluation
- c. Long-term outcome
- d. Formative evaluation

During a prevention activity debriefing session, the participating Service members tells the facilitator the activity sessions were too short and did not allow enough time for questions. This feedback on the activity is an example of what type of evaluation?

- a. External Evaluation
- b. Outcome evaluation
- c. Process evaluation
- d. Participatory evaluation

When should IPP personnel address sustainability during the IPP planning process?

- a. Beginning
- b. Middle
- c. End
- d. Throughout

Reviewing various types of resources that an organization has at its disposal to meet implementation demands is the FIRST step of:

- a. capacity building.
- b. evaluation.
- c. planning.
- d. implementation.

What are two important factors that IPP personnel must consider when developing messages about IPP efforts?

- a. Partnership responsibilities and their financial contributions
- b. Using a one-approach model and tactics to remove barriers
- c. Identifying the audience and desired behavioral change
- d. Public policies and local ordinances that will be impacted

Which of the following factors will contribute MOST to the effectiveness of a media message?

- a. Employs repeated exposure in multiple forms
- b. Reaches the widest and most diverse audience
- c. Provides the most detailed content
- d. Depicts celebrities or recognizable characters

Effective partnerships between IPP personnel and other professionals working on prevention should begin with:

- a. defining a shared mission, vision, and goals.
- b. selecting a lead agency.
- c. dividing up tasks by skill sets in each group.
- d. choosing an evaluator, instrument, and methods.

When adapting an IPP activity, having military leaders up and down the chain of command give input will help to ensure:

- a. the adapted activity is reliable and valid.
- b. concerns about military relevance are addressed.
- c. fidelity of the activity is maintained.
- d. the sustainability of the activity.

In order to best coordinate the implementation of interdisciplinary prevention activities, it is BEST to:

- a. discuss what needs to happen in a meeting and assign tasks for each IPP personnel.
- b. have the lead IPP personnel coordinate all activities for the partners.
- c. have a multidisciplinary team create an action plan that identifies what is to occur, when it will happen, and who is responsible.

- d. let the roles and responsibilities of the partners fall into place naturally.

Messages that are culturally relevant to the military should be based on which of the following?

- a. The communication requirements specified by the local commander
- b. The types of formats available to disseminate the message
- c. The means by which Service members are most likely to access information
- d. The communication strategy that would reach the largest number of Service members

Recommendations to policy makers for an improved infrastructure to address harmful behaviors should cover three domains; research and innovation, training, and...

- a. information dissemination.
- b. alternative strategies.
- c. delivery of successful interventions.
- d. referrals to appropriate activities.

When translating DoD policy into prevention plans and activities, the key steps, in order, are

- a. analyze the policy, set clear objectives, break the policy into concrete tasks for planning, monitor the completion of the plan and activities
- b. research the policy's origin, monitor the completion of the plan and activities, set clear objectives
- c. break the policy into concrete tasks for planning, set clear objectives, analyze the policy
- d. monitor the completion of the plan and activities, break the policy into concrete tasks for planning, set clear objectives

When conflict arises in the group, the facilitator should:

- a. interrupt the conflict because conflict will damage the group process.
- b. interrupt the conflict and move on to the next topic.
- c. allow conflict as long as it is respectful and all opinions are being heard.
- d. allow conflict for as long as it remains on topic.

When facilitating a prevention planning group, which of the following is one of the PRIMARY tasks to help conclude a meeting?

- a. Isolate different goals
- b. Identify next steps
- c. Reconsider decisions made
- d. Recall areas of disagreement

Active listening is BEST described as a communication technique that requires listeners to:

- a. offer suggestions on a positive course of action to take.
- b. restate in their own words to confirm what they heard.
- c. maintain eye contact during the entire conversation.
- d. D. form conclusions about what the speaker is saying.

Working with a mentor, attending continuing education conferences, and receiving supervision are ways for an IPP personnel to:

- a. develop and maintain competency.
- b. expand into intervention and treatment.
- c. earn continuing education hours.
- d. maintain confidentiality standards.

What are positive ways to effectively work with senior leaders?

- a. Find ways to get 'face time' with your leadership and speak to them frequently

- b. Implement solutions that you believe your leaders will value
- c. Understand leaders' priorities and come prepared with proposed solutions
- d. Familiarize yourself with DoD regulations

Comprehensive integrated primary prevention means:

- a. Delivering prevention to all service members
- b. Delivering prevention to service members with the greatest risks
- c. Delivering universal prevention to all service members and indicated prevention to those that are high-risk
- d. Deterring harmful behaviors from happening by increasing the consequences associated

Which of the following is NOT important to do when developing an integrated primary prevention plan?

- a. Consulting service members
- b. Reviewing DEOCS and other data
- c. Identifying research-based prevention strategies
- d. Planning awareness activities

What sets integrated primary prevention apart from primary prevention?

- a. Focus on multiple risk and protective factors
- b. Focus on comprehensive prevention
- c. Focus on shared risk and protective factors
- d. Focus on stopping a harmful behavior before it occurs

[Programming note: Baseline questions should be asked of participants the first round of the survey and Follow-up questions should be asked for subsequent years of the survey]

Baseline: Have you ever accessed scientific journals to obtain information about a prevention activity?

- A. Yes (if yes, please list the journals you have accessed)
- B. No

Follow-up: In the past year, have you accessed scientific journals to obtain information about a prevention activity?

- A. Yes (if yes, please list the journals you have accessed)
- B. No

Baseline: Have you ever presented data about harmful behaviors to a military audience (e.g., trends, evaluation data)?

- A. Yes (If yes, please briefly describe the data you presented and to what audience)
- B. No

Follow-up: Over the past year, have you presented data on Service members harmful behaviors to your unit commander or organizational leadership?

- A. Yes (If yes, please briefly describe the data you presented and to what audience)
- B. No

Baseline: Have you ever led or developed a plan to guide personnel hiring, training, or promoting the professional development?

- A. Yes (If yes, please briefly describe the plan and for which personnel)
- B. No

Follow-up: Over the past year, have you led or developed a plan to guide IPP personnel hiring, training, or promoting the professional development?

- A. Yes (If yes, please briefly describe the plan and for which personnel)
- B. No

Baseline: Have you participated in the preparation of a professional report or publication that presented on a prevention topic (e.g., data, frameworks)?

- A. Yes (If yes, please provide the title of the report or briefly describe it)
- B. No

Follow-up: In the past 12 months, have you participated in the preparation of a professional report or publication that presented on a prevention topic (e.g., data, frameworks)?

- A. Yes (If yes, please provide the title of the report or briefly describe it)
- B. No

Baseline: Are you a current member of a professional organization (e.g., American Public Health Association, American Psychological Association, Society for Prevention Research, Society for Public Health Education, state-level Prevention Professionals Association)?

- A. Yes (If yes, please name the professional organization(s))
- B. No

Follow-up: Over the past 12 months, have you been a member of a professional organization (e.g., American Public Health Association, American Psychological Association, Society for Prevention Research, Society for Public Health Education, state-level Prevention Professionals Association)?

- A. Yes (If yes, please name the professional organization(s))
- B. No

[\[New Screen\]](#)

THANK YOU FOR PARTICIPATING IN THIS SURVEY