



INSTITUTE FOR DEFENSE ANALYSES

Final Report on Integrated Primary Prevention Capacity Building

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Executive Summary

The National Guard Bureau (NGB) Warrior Resilience and Fitness (WRF) Division is leading efforts to establish an Integrated Primary Prevention Workforce (IPPW) across the 54 National Guard states and territories (including the District of Columbia), in accordance with Department of Defense (DoD) policies (DoD Instruction [DoDI] 6400.11, DoDI 6400.09). This workforce is tasked with planning, implementing, and evaluating policies, programs, and practices (referred to collectively as “prevention activities”) to prevent harmful behaviors, such as suicide, sexual assault, harassment, and domestic and child abuse, that threaten warfighter readiness. Newly hired personnel require training and resources to develop knowledge and skills related to prevention subject matter, research and evaluation, and communication to be effective in their roles. WRF asked the Institute for Defense Analyses (IDA) to support these capacity-building efforts.

To understand the IPPW’s capacity-building needs, IDA synthesized information from several sources. Leveraging the organization’s long-term work providing technical assistance to program evaluation efforts within National Guard states and territories, IDA reviewed materials that state program managers had submitted to WRF to propose and document local-level activities addressing prevention-related topics. IDA also examined responses to a brief poll that WRF had administered to prevention personnel that asked them to list their training needs. Finally, IDA administered an informal survey asking IPPW members to self-assess their preparedness to perform various prevention tasks.

Based on the totality of this information, IDA identified several areas of need. Regarding prevention planning, information submitted in program proposals suggested that there was a *limited understanding of prevention strategies* outlined in DoDI 6400.09 and other prevention frameworks, as well as a *lack of awareness of extant prevention activities* in the National Guard and elsewhere in DoD. These limitations may impair the IPPW’s ability to choose appropriate approaches to implement in their local integrated prevention plans. Regarding program design and evaluation, IDA observed *weaknesses in prevention activity logic models* described in proposals submitted to WRF, particularly in state program personnel’s description of outcomes; survey responses from the IPPW also reflected this observation. Finally, challenges arose in communication, including written communication (in IDA’s review of written materials state program personnel submitted) and communication of findings to leaders and collaborators (in WRF and IDA’s collections).

To assist WRF with filling gaps in available prevention-related resources and trainings, IDA pursued three lines of effort. Two entailed revising and expanding previously developed IDA products, the NG Prevention Framework and the *WRF Evaluation Primer and Catalogue of Metrics*. The third entailed developing and presenting a series of Continuing Prevention Education (CPE) trainings covering a range of topics essential to the IPPW’s job responsibilities. The table below provides a brief description of these products.

Product	Description
NG Prevention Framework	Specifies six broad dimensions of activities necessary for a comprehensive approach to prevent harmful behavior, spanning all levels of the social ecology
<i>WRF Evaluation Primer and Catalogue of Metrics</i>	Provides introductory-level guidance for planning and conducting an evaluation and compiles survey measures to use in the evaluation of more than 140 prevention-related outcomes
CPE training series	Two-hour live presentations to support requirements for the IPPW to maintain appropriate credentials for topics related to their line of work

As IPP efforts in the NG mature, the IPPW will require continued capacity-building. IDA outlines several recommended approaches WRF can use to address this need:

- Provide additional CPE training on data literacy, adapting prevention activities, and current prevention efforts. These topics arose in both the information IDA reviewed and audience discussion during the CPE training series.
- Provide refresher trainings with more advanced applications of materials in previously covered CPE trainings to reinforce content and support the growth of the IPPW’s knowledge and skills in support of current DoD priorities.
- Explore more interactive approaches to CPE training, including opportunities to practice skills and workshop in-progress products (e.g., logic models, evaluation surveys, communication materials) and evaluate those approaches’ effectiveness.
- Continue to update and align existing resources (e.g., NG Prevention Framework, WRF Evaluation Primer) with emerging research evidence and new DoD policies.
- Update trainings on military cultural competency and engaging with leadership to include content on linking prevention activities and evaluation findings to the ultimate priorities: warfighting and readiness.

- Provide training on the evaluation of sensitive topics (e.g., substance use, suicide, sexual assault, rape myths), particularly with regard to collecting survey data on these topics.
- Develop additional written resources on evaluation methods and topics, including the use of qualitative methods and secondary data, formative evaluation, and process evaluation.
- Periodically compile and socialize promising prevention activities, using the NG Prevention Framework as an organization framework, for recommended implementation in National Guard states and territories, with particular emphasis on policies and practices.

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1. Introduction and Methodology

A. Warrior Resilience and Fitness

The National Guard Bureau (NGB) Warrior Resilience and Fitness (WRF) Division guides and supports efforts to prevent harmful behavior and promote warfighter well-being, lethality, and readiness across the 54 National Guard (NG) states and territories (including the District of Columbia). Following the publication of Department of Defense Instruction (DoDI) 6400.09¹ and DoDI 6400.11,² which establish policy for the implementation of an integrated primary prevention (IPP) system, WRF has increasingly focused on building capacity among the NG's Integrated Primary Prevention Workforce (IPPW) and other personnel supporting prevention and response activities. As stipulated in DoD's policy instructions, IPP work centers on the planning, implementation, and evaluation of research-based policies, programs, and practices (referred to collectively as "prevention activities"). Performing this work requires significant knowledge and skills related to prevention subject matter, data literacy, research and evaluation methods, and communication. To facilitate success, DoD and WRF provide professional development to the IPPW on a variety of topics.

B. IDA Task

WRF asked the Institute for Defense Analyses (IDA) to develop informational resources, tools, and trainings to build capacity among the IPPW and prevention collaborators for prevention-related work. To fulfill this task, IDA gathered information to understand emergent capacity-building needs, as described in Section 1.C. After consulting with the sponsor, IDA created a series of seven Continuing Prevention Education (CPE) trainings (described in Section 2.A) and revised and expanded upon two resources previously developed for WRF activities (described in Sections 2.B and 2.C) to address identified needs. This report also recommends future directions for ongoing capacity-building efforts.

¹ Department of Defense, "DoD Policy on Integrated Primary Prevention of Self-Directed Harm and Prohibited Abuse or Harm," DoDI 6400.09 (Office of the Under Secretary of Defense for Personnel and Readiness, September 2020).

² Department of Defense, "DoD Integrated Primary Prevention Policy for Prevention Workforce and Leaders," DoDI 6400.11 (Office of the Under Secretary of Defense for Personnel and Readiness, April 2023).

C. Approach to Identifying IPP Capacity-Building Needs

IDA gathered information from several sources to assess IPP capacity-building needs. These include a review of materials submitted to WRF's annual State Programs Submission Process and of materials generated through IDA's technical assistance to current and previous programs operating in NG states and territories, as well as data from an earlier informal survey WRF had conducted among senior personnel in the IPPW on their perceived training needs. IDA also conducted a brief poll among the IPPW.

First, IDA reviewed materials submitted to WRF in July 2024 for its fiscal year (FY) 2025 State Programs Submission Process, a process conducted approximately annually since 2019 to identify and select promising programs within National Guard states and territories to receive funding and technical assistance for implementation and evaluation. Applicants represent a variety of job areas; in the previous cycles, for example, applicants were seated not only in the IPPW but also in their respective services' psychological health, sexual assault prevention and response, suicide prevention, drug reduction, and chaplain programs. As a part of this process, applicants complete a proposal that describes their program, existing research or evidence demonstrating the program's likelihood to achieve intended goals and objectives, and initial plans for evaluation.

Second, IDA reviewed challenges identified through the research team's provision of technical assistance to state programs supported through the aforementioned State Programs Selection Process. Since 2019, IDA has worked closely with WRF-funded state programs to guide the development and execution of evaluation plans. While most of these programs predated DoD's formal IPP policy instructions, many of the programs—and the personnel who manage them—fall under IPP at the local level and/or are managed by the IPPW and its collaborators. IDA's review focused on challenges documented since 2022. As previous IDA reports³ detail, state programs have encountered common challenges in the areas of early program planning and start-up, program implementation and sustainment, and process and outcome evaluation.

Third, IDA reviewed responses to informal surveys in which members of the IPPW indicated what they identified as their professional development needs and confidence in performing particular responsibilities. Specifically, WRF sent IDA results from a brief survey conducted in March and April 2024 to inform the development of NGB's Regional Support Model for the IPPW. The survey asked respondents to rank nine broad areas in

³ Dina Eliezer et al., *National Guard Suicide Prevention and Resilience Innovation Framework*, IDA Paper P-22668 (Institute for Defense Analyses, July 2021); Ashlie M. Williams et al., *State Programs Annual Report: National Guard Bureau Warrior Resilience and Fitness*, IDA Document NS D-33216 (Institute for Defense Analyses, 2023); and Juliana Esposito et al., *State Programs Annual Report: National Guard Bureau Warrior Resilience and Fitness, January–December 2023*, IDA Document NS D-33216 (Institute for Defense Analyses, 2024).




order of priority for future training.⁴ IDA then developed a brief survey, which was sent to all members of the IPPW in July 2024, asking respondents about their preparedness to perform 23 specific tasks in the areas of planning prevention activities, conducting program evaluation activities, and communicating information (see Appendix A). Respondents rated their preparedness on a four-point scale (Low, Medium, High, Very High), and IDA tallied the frequency of “Low” and “Medium” responses on each item. The response rate to this survey was low: Only 26 individuals responded, although the training audience has more than 200 members.

D. Summary of Findings

Based on IDA’s review, submissions to the WRF State Programs Selections Process demonstrated weaknesses across prevention planning, program design, and program evaluation topics and capabilities. The identified weaknesses overlapped with those IDA observed in materials shared with IDA and WRF as part of state programs’ receipt of technical assistance, as well as needs indicated in the survey data IDA and WRF collected from the IPPW. Table 1 provides an overview of our findings and associated capacity-building resources.

⁴ The nine areas were budget, needs assessments, prevention plans, Comprehensive Integrated Primary Prevention plans, DoDIs, materials, credentialing, supervisor/leader/manager skills, and resourcing. Respondents could also write in their own topic.

Table 1. Summary of Challenges, Needs, and Capacity-Building Resources

Domain	IPPW Challenges and Needs	IDA Capacity-Building Resource
Prevention planning 	<ul style="list-style-type: none"> • Lack of understanding of prevention strategies • Focus on training-based prevention strategies, rather than policies and practices • Focus on targeting general audiences, rather than high-risk groups 	<ul style="list-style-type: none"> • CPE on understanding prevention activities • CPE on selecting research-based prevention activities • NG Prevention Framework Resource Guide
Program design and evaluation 	<ul style="list-style-type: none"> • Challenges in specifying program logic • Problems differentiating between process and outcome metrics, outputs, and outcomes • Omission of short-term outcomes • Unrealistic desired outcomes (e.g., unable to attribute the outcome to a single program) 	<ul style="list-style-type: none"> • CPE on identifying and using data for CIPP plans • CPE on outcome evaluation • CPE on process evaluation • <i>WRF Evaluation Primer and Catalogue of Metrics</i>
Communication 	<ul style="list-style-type: none"> • Unclear written communication • Perceived lack of preparation to communicate findings from data 	<ul style="list-style-type: none"> • CPE on engaging with leadership • CPE on presenting findings

CPE slides and other resources were provided separately, as supplements to this document. See Appendix B for information on how to extract those files.

1. Prevention Planning

Finding: Minimal understanding of prevention strategies and a narrow focus on trainings. The materials IDA reviewed appeared to reflect a minimal understanding of **prevention strategies** (as described in DODI 6400.09 and the NG Prevention Framework⁵). Although prevention was a central element of the majority of the submissions to the State Programs Selections Process, submissions rarely aligned the description of the program with an appropriate prevention strategy (e.g., promoting help-seeking, building life skills). Additionally, these submissions and state programs that have been active since 2019 have focused primarily on a narrow selection of prevention strategies and topic areas (e.g., trainings aiming to help Service members build their coping skills and resilience), with particularly limited coverage of prevention strategies that are not training-oriented. **Implications:** There is a need to increase knowledge of key prevention strategies⁶ and to provide practical guidance on how to apply these prevention

⁵ National Guard Bureau, “Integrated Primary Prevention Guide” (National Guard Bureau, May 2024).

⁶ IDA provides a detailed overview of the prevention strategies outlined in the NG Prevention Framework, along with example activities within each, in Section 2.C of this document.

strategies within a unit or installation, particularly in formats that do not rely on universal trainings.

Finding: Limited awareness of extant prevention activities. Relatedly, submissions to the State Programs Selection Process demonstrated limited awareness of the National Guard's programmatic landscape. In response to a question asking applicants to describe any aspects of their proposal that were distinct from or that improved upon existing DoD or National Guard programs, applicants struggled to provide meaningful information. Submissions failed to concretely describe how, when compared with other prevention activities, the proposed program was uniquely positioned to address the problem of interest. Furthermore, responses did not identify other prevention activities that addressed the same problems and gaps. When providing technical assistance to active state programs, IDA observed this as a lack of identification of contextual factors that may influence program outcomes. **Implications:** There is a need to increase capabilities for conducting local needs assessments,⁷ as well as to increase awareness of existing prevention activities used in other components and Services (i.e., DoD, the Army and Air Force) and in the 54 National Guard states and territories (including the District of Columbia).

Finding: Lack of attention to prevention needs for higher-risk subgroups. While this is not fundamentally a weakness, program submissions and active state programs primarily focus on **general target audiences**. Submissions rarely identified specific target populations for their programs, often identifying NG Service members, broadly, as appropriate participants. This suggests that applicants may struggle either to develop programs tailored to a specific audience (e.g., individuals exhibiting certain risk factors, such as binge-drinking behavior) or to identify the specific needs of certain subpopulations (e.g., individuals representing certain military ranks or geographic areas). Few submissions and active programs have identified more specific subgroups.⁸ Active state programs typically target the most accessible individuals to participate, often due to challenges securing enough individuals to volunteer to attend a training.⁹ This contrasts with the intent of DoDI 6400.09, which provides for the identification of target audiences based on their specific risk and protective factors, and DoDI 6400.11, which instructs prevention to include both universal (i.e., directed toward a general population) and selected (i.e., directed toward a particular subgroup) activities. **Implications:** These weaknesses point to

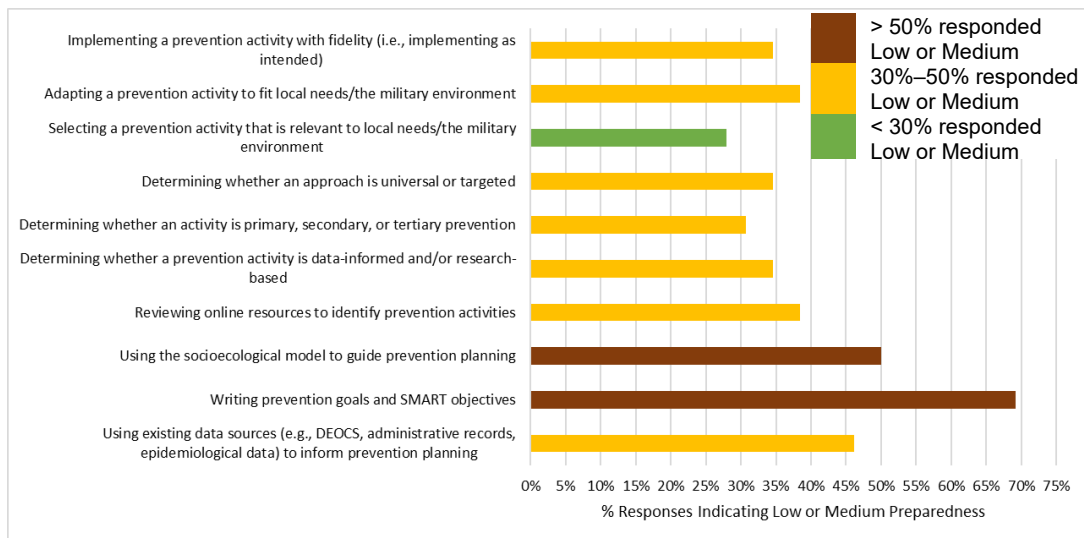
⁷ DoD requires all IPPW personnel to complete training on needs assessment and the development of a Comprehensive Integrated Primary Prevention plan. Capability within the NG may improve over time as more personnel complete and apply this training. More information about IPPW training requirements is available at <https://www.prevention.mil/Workforce/Training/>.

⁸ Programs that have identified specific subgroups have done so on the basis of outcomes (e.g., individuals flagged for substance use).

⁹ Due to a lack of personnel funding, few programs have been able to require or incentivize participation.

a few potential capacity-building needs during program design and prevention planning, including the ability to identify narrower subpopulations (based on identified risk factors and individual or group characteristics—e.g., units with low cohesion or morale), direct prevention activities to relevant subpopulations (e.g., through participant recruitment, outreach, or discussions with leaders), and differentiate between the appropriate uses of universal and targeted prevention activities.

IDA’s observations aligned with feedback gathered from WRF and IDA’s informal surveys of IPPW training and capacity-building needs. After “budget,” needs assessments, prevention plans, and Comprehensive Integrated Primary Prevention (CIPP) plans were the top three topics on which respondents to WRF’s survey indicated wanting more training. The processes associated with each of these topics—conducting a local needs assessment, designing a prevention plan, and writing a formal CIPP plan—require the ability to interpret findings of extant data collection efforts, use those findings to identify specific gaps in local prevention programming and target populations, and apply knowledge of key prevention concepts (e.g., strategies, social ecology, prevention levels) and research-based activities to fill those gaps. Despite needing additional support in these areas, respondents were actively carrying out these processes, or preparing to do so, at the time of data collection. As shown in Figure 1, IDA’s informal survey (though it had a limited response rate) found low preparedness to perform many of the steps involved in these processes.



Note: Results from an IDA-created survey of IPPW preparedness. Bars displayed in orange and red indicate the areas of greatest capacity-building need (i.e., areas with *higher frequencies of low or medium* preparedness).

Figure 1. Preparedness to Conduct Prevention Planning Activities

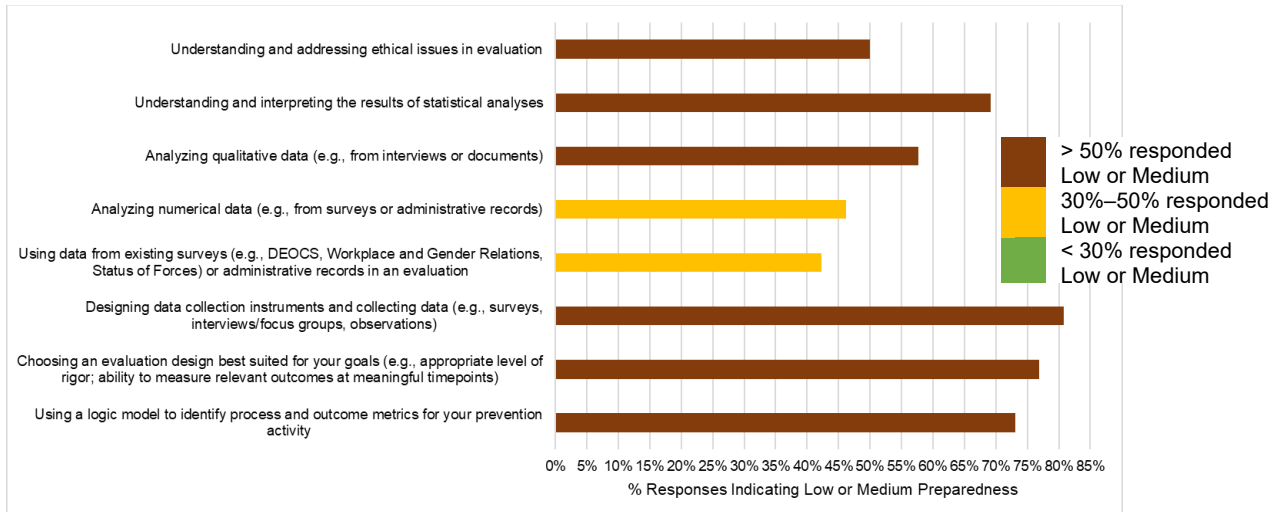
2. Program Design and Evaluation

Finding: Inability to clearly describe program logic or theory of change. In the area of program design, IDA has consistently observed misaligned or poorly described **theory of change** and **program logic** in state program submissions and evaluation planning efforts. Submissions to the State Programs Selection Process were largely ineffective in explaining how key program elements (i.e., inputs, activities, and outputs) would result in the desired outcomes. Submissions were largely characterized by

- Weak descriptions of the **problems and/or gaps** that the program was meant to address. Applicants were able to describe their programs' purpose but struggled to explain the origin of the issue(s) and/or programmatic gaps preventing the unit/installation from addressing the problem with their current resources and prevention activities.
- Inappropriate **process and outcome metrics and measures**. Applicants struggled to distinguish metrics appropriate for a process evaluation from those for an outcome evaluation, often reporting the same metrics and measures for both evaluations. This suggests that applicants have a limited understanding of evaluation types and how to use metrics and measures to demonstrate progress across outcomes and goals.
- Confusion between **outputs and outcomes**. Applicants largely referred to outputs and outcomes interchangeably, struggling to distinguish between them generally and across process and outcome evaluations.
- Unrealistic **desired outcomes**. Specifically, materials described intermediate to long-term desired outcomes that were too high-level or downstream to be affected by or attributed to their program. Materials commonly omitted **short-term outcomes** that are likely to change immediately after a training or exposure to another program element.

Implication: There is a need to increase basic knowledge of logic modeling and to provide practical experience with creating logic models.

WRF's informal survey did not ask respondents to indicate training needs in the areas IDA observed. As shown in Figure 2, however, IDA's informal survey found low preparedness in related areas: writing goals (which should be directly tied to a problem statement or gap) and SMART (specific, measurable, actionable, relevant, and time-bound) objectives (i.e., stated outputs and outcomes), using a logic model to identify appropriate process and outcome metrics, and choosing an evaluation design suited to measuring desired outcomes. Given the centrality of logically designed programs and evaluations to IPPW efforts, the weaknesses IDA observed and that were reported by survey respondents are critical areas of focus for future capacity-building efforts.

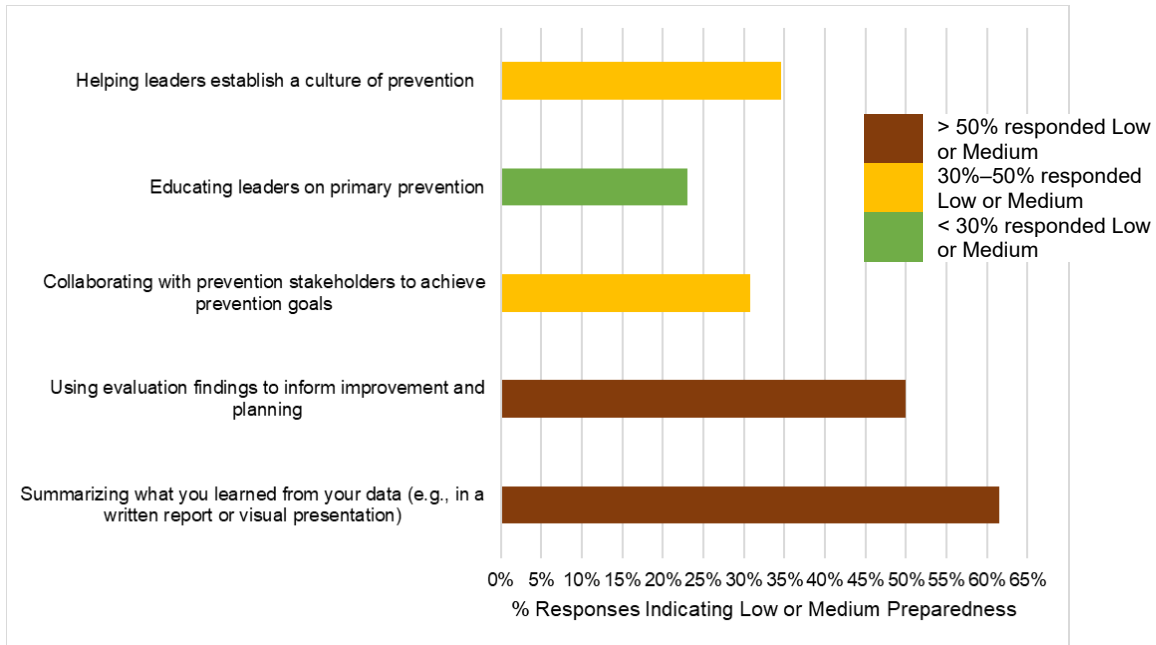


Note: Results from an IDA-created survey of IPPW preparedness. Bars displayed in orange and red indicate areas of greatest capacity-building need (i.e., areas with *higher frequencies* of *low or medium* preparedness).

Figure 2. Preparedness to Conduct Program Evaluation Activities

3. Communication

Finding: Inconsistent written communication skills. A final notable area of weakness in IDA’s review of state program proposals and other materials is difficulty **communicating information** effectively. Many—though not all—submissions were poorly written and unclear. Applicants often failed to answer the prompts and provide specific details of their program, commonly reverting to describing the program in general terms. Similarly, the quarterly reports that active state programs are required to submit often lack substantive information about implementation progress and challenges and struggle to explain evaluation findings. Effectively communicating information to leadership and other prevention collaborators is essential to successful implementation of a prevention system in the National Guard. One respondent to WRF’s internal survey mentioned communication with “higher-ups” as a training need. While few respondents to IDA’s survey indicated low preparedness on communication-related activities generally, a larger proportion indicated low or medium preparedness to summarize findings from their data. **Implication:** Equipping prevention personnel with the ability to convey goals, plans for prevention activities, and evidence and data in a variety of formats is another potential area for capacity-building.



Note: Results from an IDA-created survey of IPPW preparedness. Bars displayed in orange and red indicate areas of greatest capacity-building need (i.e., areas with *higher frequencies* of *low or medium* preparedness).

Figure 3. Preparedness to Conduct Communication-Related Activities

E. Overview of Capacity-Building Efforts Conducted

Ultimately, IDA prioritized capacity-building efforts based upon sponsor-identified needs and tailored the content of resources based upon the assessment described above and IDA’s long-term, collaborative work with NGB and NG stakeholders. Chapter 2 of this report describes three primary resources:

- Seven Continuing Prevention Education trainings, newly developed and delivered to the IPPW to inform current and/or near-term tasks (Section 2.A). Slides from each training were provided separately, as supplements to this report.
- *WRF Evaluation Primer and Catalogue of Metrics*, a revised and expanded version of an IDA product previously developed to assist with IDA’s technical assistance to state programs (Section 2.B). This product may be available upon request from WRF.
- NGB Prevention Framework and the associated Resource Guide, revised and enumerated to support improved application in NG prevention planning (Section 2.C). These materials were provided separately, as supplements to this report.

For each resource, we briefly discuss limitations and future directions for WRF to consider when planning additional prevention capacity-building.

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2. Summary of IDA-Developed Capacity-Building Resources

A. Continuing Prevention Education Trainings

In response to WRF's request for IDA to build capacity among the IPPW, IDA developed a series of Continuing Prevention Education trainings to equip the IPPW with the skills necessary to implement the Prevention Plan of Action 2.0 (PPOA 2.0)¹⁰ and responsibilities outlined in DoDI 6400.11.¹¹ As outlined in DoDI 6400.11, IPPW personnel are required to obtain and annually maintain appropriate training credentials for topics related to their line of work. Topics include Service-specific training, program evaluation, and social science research methods.

To develop these trainings, IDA reviewed PPOA 2.0 and DoDIs 6400.09¹² and 6400.11 to understand DoD's approach to primary prevention and the requirements of prevention personnel at different levels to support this approach. IDA also reviewed existing DoD prevention trainings¹³ (e.g., Joint Knowledge Online courses, DoD SPARX Connection courses) to understand the current training for the IPPW and avoid creating materials that were duplicative or discordant with previous guidance. For more information on priority prevention topics (i.e., domains of harmful behavior), IDA consulted external research literature and resources (e.g., Centers for Disease Control and Prevention [CDC]). As development of CPE materials progressed, IDA solicited feedback from subject matter experts from WRF and the DoD Prevention Technical Assistance Center (PTAC) to ensure relevance to the IPPW.

Although there are a number of DoD-approved trainings that may fulfill the credentialing requirement, the purpose of these IDA-developed CPE trainings is to build upon existing trainings with content that is tailored to the NG IPPW. Given that the audience for these CPE presentations is composed of staff at various IPPW levels (i.e.,

¹⁰ Office of the Under Secretary of Defense, *Prevention Plan of Action 2.0 2022–2024*, Department of Defense, May 2022.

¹¹ Department of Defense, "DoD Integrated Primary Prevention Policy for Prevention Workforce and Leaders."

¹² Department of Defense, "DoD Policy on Integrated Primary Prevention of Self-Directed Harm and Prohibited Abuse or Harm."

¹³ For more information about DoD prevention trainings, see <https://www.prevention.mil/Workforce/Training/>.

prevention specialists, leads, and program managers as defined in DoDI 6400.11¹⁴), IDA developed trainings that fit the needs of a broad audience. The descriptions of these trainings are provided in this section of the report, and the full presentations were provided separately, as supplements (see Appendix B for instructions on how to extract the supplement files).

1. Descriptions of Sessions

a. Engaging Leadership: Building Productive Relationships with Leaders

Leaders are a critical pillar of the military's Primary Prevention System, and engagement with leaders is necessary for the IPPW to successfully implement DoD's prevention process.¹⁵ The intent of this CPE session was to equip the NG IPPW with knowledge and strategies to improve their ability to engage local leaders, such as program managers, brigade/battalion commanders, and Adjutants General, to facilitate support for and effectiveness of prevention efforts. The presentation summarized literature regarding the influence of leader engagement on prevention-related processes and outcomes, reviewed leadership responsibilities and competencies for prevention outlined in DoDI 6400.11 and other supporting policies, and suggested approaches the IPPW can use to build productive relationships with leaders (e.g., aligning prevention communication with leaders' priorities, collaborating with individuals leaders already trust, presenting specific "asks," using data to convey value of prevention activities). After IDA's presentation, NG IPPW representatives offered firsthand examples of best practices and challenges regarding leadership engagement approaches and the value of leadership engagement. These presentations focused on specific opportunities for engaging with leaders, such as during briefings on Defense Organizational Climate Survey (DEOCS) results, the development of required command action plans, and recurring council meetings. Participants also emphasized the importance of developing strong professional relationships with all types of leaders. Slides from this session are provided in Supplement 1.

b. Data-Driven: Identifying and Appropriately Using Available Data Sources for CIPP Planning

DoD IPP policy instructions require the IPPW to conduct needs assessments and develop Comprehensive Integrated Primary Prevention (CIPP) plans using several data

¹⁴ Department of Defense, "DoD Integrated Primary Prevention Policy for Prevention Workforce and Leaders."

¹⁵ Office of the Under Secretary of Defense for Personnel and Readiness, *Prevention Plan of Action 2.0 2022-2024*.

sources.¹⁶ Numerous data sources are available, each with varying relevance to IPPW responsibilities and particular limitations. The intent of this session was to improve attendees' awareness of available data sources and appropriate uses of these sources to fulfill prevention responsibilities. The presentation provided a brief refresher of basic terminology and types of data (e.g., qualitative and quantitative, primary and secondary) before highlighting specific data sources. To help the audience differentiate between the nature and uses of different data sources, IDA presented them in four categories, based upon their application in the Primary Prevention Process step of "Understand the Problem"¹⁷: research on contributing factors, prevalence survey results, climate assessments, and local needs assessments. IDA described appropriate uses and limitations for each category broadly, as well as discussing specific data sources within each.

Following IDA's portion of the presentation, partners from the Uniformed Service University of the Health Sciences presented on WRF's Integrated Primary Prevention Tool (IPPT), which compiles data from numerous sources into a user-friendly dashboard to inform IPPW's needs assessment efforts. IDA then guided the audience through an exercise of using mock IPPT information to write goals and SMART outcomes for a CIPP plan. Audience discussion focused on limitations to accessing raw data, lack of knowledge of how to account for data quality issues, and difficulties formulating realistic goals and outcomes based on data. Slides from the session are available in Supplement 2.

c. Defining Prevention Activities: Characterizing Activities by Prevention Level and Approach

To select appropriate prevention activities (i.e., programs, policies, practices), the IPPW must have a clear understanding of several key prevention concepts and how to use them to align prevention activities into a comprehensive approach, as described in PPOA 2.0.¹⁸ This presentation explained the meaning of two aspects of a comprehensive approach: Activities are integrated and employ a full range of approaches. "Integration" refers to assembling a portfolio of prevention activities that work together to prevent multiple domains of harm by targeting shared risk and protective factors. "Full range" refers to assembling a portfolio of prevention activities that operate at primary/secondary prevention levels, at multiple levels of the social ecology, and by targeting universal/selected population based on identified needs. The presentation aimed to reinforce content covered in other DoD-level trainings and provide an opportunity for attendees to apply the

¹⁶ Department of Defense, "DoD Integrated Primary Prevention Policy for Prevention Workforce and Leaders."

¹⁷ Office of the Under Secretary of Defense for Personnel and Readiness, *Prevention Plan of Action 2.0 2022-2024*.

¹⁸ Office of the Under Secretary of Defense for Personnel and Readiness, *Prevention Plan of Action 2.0 2022-2024*.

content to their own work. It included specific examples of various prevention activities, which participants used to practice identifying and distinguishing between the concepts covered in the presentation. Audience discussion focused on challenges the IPPW experienced with differentiating between prevention levels and socioecological levels in their current planning efforts. Slides from the presentation are provided in Supplement 3.

d. Understanding Evidence: Selecting Research-Based and Research-Informed Prevention Activities

Research-based prevention activities are the third aspect of DoD's comprehensive approach to primary prevention, first discussed in the "Defining Prevention Activities" session. Implementing activities with existing evidence of effectiveness increases confidence that the activity will produce an effect on behavior or contributing risk and protective factors. However, definitions of "research-based" and standards of evidence vary. This presentation reviewed classifications of "evidence of effectiveness" and discussed practical considerations for applying these classifications when selecting prevention activities. Strength of research evidence can be classified into different levels, ranging from "research-informed" to "very strong." The strongest evidence comes from multiple evaluations that include a control or comparison group; these evaluation results may be summarized in a systematic review or meta-analysis. However, prevention activities more commonly have minimal to moderate evidence, meaning they are promising but require further evaluation to increase confidence in their potential effectiveness. In the absence of direct evaluation evidence, prevention activities may still be research-informed (i.e., based on similar activities that have been evaluated and/or informed by the research literature). Identifying an activity as "research-based" involves the consideration of evaluation design, but other factors (e.g., target population, setting, the need for adaptations) add nuance. IDA led the audience through an exercise that required them to consider evaluation evidence and these contextual factors to classify activities by strength of evidence. Audience discussion focused on challenges in finding programs with sufficient levels of evidence that are also appropriate to local target populations. Slides from this presentation are provided in Supplement 4.

e. Outcome Evaluation: Planning Data Collections to Evaluate Outcomes

To continually assess whether their prevention activities are achieving desired outcomes, the IPPW is required to evaluate changes in outcomes resulting from those activities. This presentation aimed to inform the IPPW of basic approaches that can be used to evaluate outcomes. Content covered five broad steps involved in evaluation: using a logic model to describe the prevention activity and desired outcomes, writing relevant evaluation questions, designing an evaluation that is appropriately rigorous and feasible, identifying appropriate sources of data and compiling validated measures into robust evaluation surveys, and preparing for data analysis. With regard to data sources, the

presentation focused on administrative data, secondary survey data, and primary data collection via surveys. The session also highlighted policies and ethical concepts (e.g., transparency, privacy, respect for persons) that should guide the IPPW's evaluation efforts. The presentation included an example of a rigorous evaluation conducted for one prevention activity, the Air Force's Wingman-Connect, with strong evidence of effectiveness.¹⁹ In audience discussion, attendees commented on difficulties accessing and utilizing secondary data sources in their evaluations. Slides from this presentation are provided in Supplement 5.

f. Process Evaluation: Evaluating Implementation for Continuous Improvement

Successful execution of the Primary Prevention Process requires quality implementation of prevention activities that are assessed via continuous evaluation efforts. This session aimed to inform the IPPW about approaches to evaluating the implementation of prevention activities, complementing the previous session on outcome evaluation. It reviewed guidance for developing a logic model, defining evaluation questions that pertain to the processes reflected in the logic model, and selecting appropriate process metrics and measurement approaches. The presentation suggested prioritizing certain aspects of implementation during initial process evaluation efforts, including inputs and outputs, reach and utilization, participant satisfaction, fidelity to protocol, and identifying barriers and facilitators to quality implementation. It also included a discussion of considerations for balancing fidelity to protocol with adaptations based on local context or target population needs. Participants applied information covered in the session, using an example of a prevention activity operating in the National Guard, Project Safe Guard. Audience discussion centered on questions of how best to use process evaluation for activities that do not primarily consist of trainings (e.g., policies and practices, such as establishing working groups). Slides from this presentation are provided in Supplement 6.

g. Presenting Findings and Recommendations: Communicating Results, Implications, and Next Steps to Stakeholders

Presenting findings to key stakeholders is necessary at multiple steps in the Primary Prevention Process. One key role of the IPPW is to engage in proactive communication with prevention stakeholders. This includes clearly communicating findings from community needs assessments, command climate assessments, and evaluations of prevention activities. The presentation focused on presenting findings and engaging with stakeholders at the beginning of the Primary Prevention Process (i.e., during a needs

¹⁹ Peter A. Wyman et al., "Effect of the Wingman-Connect Upstream Suicide Prevention Program for Air Force Personnel in Training: A Cluster Randomized Clinical Trial," *JAMA Network Open* 3, no. 10 (2020): e2022532.

assessment) and during continuous evaluation. It shared best practices for summarizing and interpreting data and evaluation results, understanding and communicating the implications of those results, and formulating actionable next steps or recommendations relevant to a specific audience. To appropriately interpret data from a prevention activity, the presentation advised the audience to look for patterns in the data and connect them to the goals, desired outcomes, and objectives in their prevention activity's logic model. Effectively sharing findings also requires defining the key audience and their needs, the format the findings will be in, the key messages, and the communication's overall goals. Communicating findings ultimately leads to formulation of recommendations aimed at enhancing an activity's effectiveness and informing future decision-making. Discussion focused on the utility of presenting information in different formats tailored to the stakeholder audience receiving the information. Slides from the presentation are provided in Supplement 7.

2. Considerations and Future Directions for CPE Trainings

Based upon feedback IDA received on the completed CPE trainings and the previously described capacity-building needs, IDA suggests three high-priority areas that WRF should consider covering in the future: data literacy, understanding and applying the current evidence on prevention, and adapting programs to fit local needs.

a. Data Literacy

Data literacy is broadly defined as the ability to read, interpret, and communicate about data.²⁰ These skills are prerequisites to implementing DoDI 6400.09 requirements related to taking data-informed actions,²¹ as reflected in IPPW competencies outlined in DoDI 6400.11. The instruction states that IPPW members must “access, interpret, use, and present data on harmful behaviors and the factors that contribute to those behaviors.”²² Indeed, data literacy underpins every step of the Prevention Process described in PPOA 2.0: The IPPW must apply data literacy skills to successfully conduct a needs assessment, identify and select prevention activities based on data supporting their potential effectiveness, conduct evaluations, and apply results to facilitate quality implementation and improved outcomes. Respondents to IDA's informal survey reported low levels of preparedness to design data collection instruments (e.g., surveys) and to interpret and apply

²⁰ For example, see Nathan Truckenbrod, “Data Literacy: A Necessary Pre-Condition for Making Data Driven Decisions,” accessed April 15, 2025, https://www.tradoc.army.mil/wp-content/uploads/2023/08/Data_Literacy_2023-08-08.pdf.

²¹ Department of Defense, “DoD Policy on Integrated Primary Prevention of Self-Directed Harm and Prohibited Abuse or Harm.”

²² Department of Defense, “DoD Integrated Primary Prevention Policy for Prevention Workforce and Leaders,” 18.

results of data analyses. IDA's prior capacity-building work with NG personnel suggests that the availability of these skills may vary at the local level.

WRF is currently planning two trainings on data literacy for the 2025 calendar year. IDA recommends that these trainings aim to establish a common baseline of data literacy skills among all prevention personnel. WRF's planned CPE sessions should focus on critically assessing the quality of data collections/measurement instruments, reading results of data analyses in various formats (e.g., tables, graphs, narrative summaries), interpreting basic analytic outputs and terminology (e.g., frequencies, means, rates and prevalence estimates, statistical significance and *p* values), and accurately summarizing findings and limitations from both internal data collections and external literature/reports. WRF should also considering offering follow-on trainings that go into greater depth on specific skills. WRF's planned trainings on focus groups and surveys should aim to build skills on basic data collection tool design and measurement, using practical exercises (e.g., providing guidance, then asking participants to critique example surveys and construct a new survey). Since developing data analysis skills may require more intensive training, WRF should consider offering CPE training that reviews simple analytic tools (e.g., using Excel to calculate summary statistics and create basic graphs and charts) but should refer individual personnel to other Service or DoD trainings if and when they need more advanced analytic skills to perform their job responsibilities.

b. Understanding and Applying Current Prevention Evidence

As described in PPOA 2.0, the Primary Prevention Process assigns an important role to research that identifies risk and protective factors shared across multiple forms of harmful behavior. To fill gaps in existing research on prevention, the Prevention Research Agenda²³ establishes annual focus areas, which guide DoD-level research efforts. IPP policies require that prevention personnel working at the local level use research findings to inform prevention planning and implement research-based prevention activities.²⁴ To fulfill this requirement, prevention personnel at the local level must have access to research findings. Findings from prevention-related research and evaluations are periodically published on DoD's prevention website (prevention.mil) and other office (e.g., Office of People Analytics) and agency (e.g., CDC) websites. However, prevention personnel may lack access to the most current research findings, particularly those published in the academic literature or databases that require paid access. In IDA's information survey of the IPPW, respondents indicated low preparedness in using online resources to identify

²³ Office of the Under Secretary of Defense for Personnel and Readiness, *FY25 Integrated Prevention Research Agenda*, Department of Defense, October 2024.

²⁴ Department of Defense, "DoD Integrated Primary Prevention Policy for Prevention Workforce and Leaders."

appropriate prevention activities. Similarly, a common theme during audience discussion in IDA's prior CPE sessions was a lack of information about existing research-based prevention activities.

To address these issues, IDA recommends that WRF offer a training that orients prevention personnel to available databases and other resources that provide information on prevention activities and their supporting research. Given that such resources are not specific to the National Guard, including exercises that ask attendees to critically assess the relevance of certain activities to and feasibility of adapting them for use in the National Guard may be beneficial. WRF should also consider incorporating literature reviews of recently published research on key prevention topic areas, including risk and protective factors and domains of harmful behavior, into CPE sessions/handouts. This could mitigate challenges arising from lack of access to academic literature and help ensure that prevention personnel are equipped with the latest information as they refine their own prevention efforts.

c. Adapting Prevention Activities

As PPOA 2.0 notes, prevention activities developed for broad audiences may need to be adapted to improve their relevance to specific target populations.²⁵ Additionally, local implementers may want to adapt activities to fit local resource constraints or other contextual considerations. Such adaptations complement IPP policy directing personnel to implement research-based prevention activities. However, research-based prevention activities were commonly developed for and evaluated in nonmilitary populations,²⁶ and evaluations of military-specific programs may have been restricted to active duty populations.²⁷ Given those factors, activities may need to be adapted to ensure their effectiveness in the National Guard. Both DoDI 6400.09 and 6400.11 task prevention personnel with adapting prevention activities.

Implementation and evaluation experts with whom WRF collaborates indicated that knowledge and skill gaps regarding adaptation are important to address in capacity-

²⁵ Office of the Under Secretary of Defense, *Prevention Plan of Action 2.0 2022–2024*, Department of Defense, May 2022.

²⁶ For example, see Peter A. Wyman, et al., “An Outcome Evaluation of the Sources of Strength Suicide Prevention Program Delivered by Adolescent Peer Leaders in High Schools,” *American Journal of Public Health* 100, no. 9 (2010): 1653–61.

²⁷ For example, see the following:

Emily F. Rothman et al., “Evaluation of the One Love Escalation Workshop for Dating Abuse Prevention: A Randomized Controlled Trial Pilot Study with a Sample of US Navy Sailors,” *Prevention Science* 22, no. 8 (2021): 1060–70; and

Peter A. Wyman et al., “Effect of the Wingman-Connect Upstream Suicide Prevention Program for Air Force Personnel in Training: A Cluster Randomized Clinical Trial,” *JAMA Network Open* 3, no. 10 (2020): e2022532.

building efforts. Based on their feedback and IDA's prior work with local National Guard personnel, IDA recommends that future CPE sessions present specific approaches to balancing adaptation with fidelity to the original design of the activity. IDA's session on process evaluation briefly discussed this balance. To expand upon this discussion, WRF and its collaborators could present a systematic approach and supporting tools to help users identify aspects of a prevention activity that may need to be adapted and estimate the potential positive and negative effects of those adaptations.²⁸ Given the uniqueness of the National Guard context, IDA also recommends that WRF solicit examples of adaptations from National Guard states and territories to highlight in the session. These examples should include areas where prevention personnel did not pursue adaptations; doing so would help prevention personnel identify alternatives to adaptation (e.g., focusing instead on increasing leadership support for an activity to overcome implementation barriers).

d. Considerations

Finally, IDA offers broad considerations to apply across WRF's future CPE trainings. Regarding sequencing of presentations, WRF already aims to align its training calendar with the IPPW's near-term needs (e.g., offering trainings on the Defense Equal Opportunity Survey in the one or two months leading up to the start of the Command Climate Assessment cycle). However, WRF should balance this with the need for continued skill-building on previously covered content. Rather than aiming to cover new topics each month and year after year, WRF can offer refresher sessions and more advanced sessions on an annual basis, applying a hierarchical learning model (i.e., progressing from basic understanding to application and analysis).²⁹ This approach may be particularly relevant as IPP efforts mature and the IPPW has more opportunities to put training content into practice. Similarly, WRF will need to update trainings to align with DoD priorities. For example, trainings on military cultural competency and engaging with leadership should be updated to include content on communicating the connection between IPPW efforts and ultimate priorities of warfighting and readiness.

IDA recommends all sessions include interactive exercises that allow attendees to practice applying content and reflect upon their own work. Handouts or worksheets that attendees can use in practice should be provided during or after training. This aligns with best practices in adult learning and allows WRF's CPE sessions to go beyond the

²⁸ Notably, CDC's Select, Adapt, Evaluate framework covers adaptations to programs, as well as policies and various types of practices, which are WRF and PPOA priorities. See <https://web.archive.org/web/20250120101656/https://vetoviolence.cdc.gov/apps/adaptation-guidance/> for more information on this framework.

²⁹ In Bloom's taxonomy, for example, learners progress from lower-order behaviors of basic recall and understanding to high-order behaviors, such as application and analysis. See David R. Krathwohl, "A Revision of Bloom's Taxonomy: An Overview," *Theory Into Practice* 41, no. 4 (2002): 212–8.

foundational trainings all IPPW are required to complete.³⁰ Notably, attendees in prior sessions had provided feedback indicating that they preferred exercises built into the sessions over seeing and hearing examples highlighting the experiences of their colleagues in other states and territories. Given the large number of attendees (ranging from around 150 to more than 220) at each session IDA described above, audience participation was sometimes limited. Exploring different approaches to interaction, such as breakout rooms or worksheets to complete during the sessions, may support increased participation. As with all prevention efforts, WRF should evaluate the effectiveness of CPE content, format, and sequencing in improving capacity among the IPPW.

B. WRF Evaluation Primer and Catalogue of Metrics

1. Description

The *WRF Evaluation Primer and Catalogue of Metrics* (the “Evaluation Primer”) provides guidance for planning and conducting an evaluation.³¹ The document serves to support knowledge- and skill-building among the National Guard’s IPPW and, more broadly, to align evaluation and measurement across the National Guard. Recognizing that prevention personnel possess varying levels of expertise in evaluation and that there are many detailed resources available to guide evaluation, the document targets introductory-level readers; individual with experience in research and evaluation may find it valuable to consult more advanced resources. Personnel in any role may benefit from the information in the document, but it is not intended to guide the evaluation of clinical interventions.

The Evaluation Primer discusses developing logic models to describe a prevention activity, defining evaluation questions the evaluation will address, selecting among evaluation designs, and identifying relevant outcome metrics and data sources. To facilitate data collection from both primary and secondary sources, the document provides a menu of survey measures and administrative data sources from which users can select to measure prevention-related outcomes. These outcomes span six dimensions: psychological, social, financial, ideological and spiritual, nutritional, and physical. For readers planning to collect data via evaluation surveys, the document provides basic guidance on assembling measures into a robust survey form and effectively and ethically administering a survey.

³⁰ For more information about DoD prevention trainings, see <https://www.prevention.mil/Workforce/Training/>.

³¹ Ashlie M. Williams et al., *Warrior Resilience and Fitness Evaluation Primer and Catalogue of Metrics*, IDA Product 3000753 (Institute for Defense Analyses, 2025).

2. Considerations and Future Directions

IDA designed the Evaluation Primer to be a working document that should be updated periodically. Some updates will be necessary to ensure that the content in the document is current, including links to external websites and references to the most recent versions of DoD surveys (e.g., the Status of Forces Survey) or data systems. Other updates require more effort; for example, as researchers continue to develop new measures, revise or shorten existing measures, and validate them among military populations, replacing outdated measures suggested in the Catalogue of Metrics will be appropriate. As new research findings on risk and protective factors and research-based prevention activities become available, removing/adding items to the list of suggested outcome metrics may also be necessary. Finally, as IPP efforts continue to mature across DoD, WRF should ensure that the Evaluation Primer aligns with other DoD/service trainings and resources and new guidance from NGB.

IDA also designed the Evaluation Primer to **complement a suite of other resources and trainings**. In other words, the document is not a comprehensive, one-stop-shop resource. While the document includes broad discussion of a variety of topics and methods, IDA received feedback from IPP personnel and external research experts on areas where the IPPW would benefit from more in-depth guidance. IDA recommends WRF prioritize creating written resources or trainings to address these needs, as described in Sections 2.B.2.a through 2.B.2.d of this document.

a. Provide additional guidance on policy and ethical considerations pertaining to evaluation.

When collecting data, evaluators must comply with DoD and Service-level policies, as well as ethical standards for research. The Evaluation Primer notes examples of areas of ethical concern (e.g., privacy, transparency, honesty, confidentiality, consent) and refers readers to DoDI 3216.02³² and other ethical guidance.³³ IDA recommends that WRF produce an authoritative document compiling DoD and Service guidance and National Guard-specific considerations relevant to the IPPW's evaluation activities.

b. Provide hands-on training on survey design and administration.

To collect high-quality data using surveys, evaluators must both assemble a robust survey and use best practices when administering it. The Evaluation Primer provides a list

³² Department of Defense, "Protection of Human Subjects and Adherence to Ethical Standards in DoD-Conducted and -Supported Research," DoDI 3216.02 (Office of the Under Secretary of Defense for Research and Engineering, June 2022).

³³ American Evaluation Association, "Guiding Principles," accessed April 17, 2025, https://www.eval.org/Portals/0/Docs/AEA_289398-18_GuidingPrinciples_Brochure_2.pdf.

of basic approaches evaluators can use to facilitate high-quality survey design and data collection. However, this guidance may be more impactful if complemented by practical training, as discussed in Section 2.A.2.d. Given that prevention personnel and leadership also have responsibility for facilitating other required data collections (e.g., the DEOCS, the Unit Risk Inventory), such training may have benefits beyond the evaluation efforts discussed in the Evaluation Primer.

c. Provide training on evaluating sensitive topics.

After reviewing the Evaluation Primer, WRF personnel provided IDA with questions on the use of survey measures that cover sensitive topics (e.g., substance use, suicide, sexual assault, rape myths) and expressed concern that some prevention personnel may be uncomfortable or require additional guidance to evaluate these topics. The Evaluation Primer includes content to support such preparedness. Its general discussions of ethics and survey administration best practices (described above) apply to evaluations of sensitive topics. Additionally, a section on considerations for selecting metrics summarizes research findings regarding the potential harm—specifically, the lack of harmful effects—resulting from survey research on suicide and sexual violence. However, some prevention personnel may still have concerns about or lack confidence in their ability to navigate evaluation of sensitive topics. In line with IDA’s recommendations regarding incorporating interactive elements into CPE trainings (see Section 2.A.2.d), IDA recommends providing live lecture- and discussion-based training to directly address misperceptions about the potential harms of measuring sensitive topics and ensure that prevention personnel do not inappropriately alter data collection plans. Such training could be complemented by additional training on trauma-informed practice.

d. Develop additional documents to guide certain evaluation methods

When developing the Evaluation Primer, IDA aimed to keep the content relatively narrow to support its use as an introductory guide. To assist prevention personnel with expanding their evaluation activities, IDA recommends that WRF identify or create additional informational documents on other topics of interest. High-priority topics may include the following:

- Using qualitative or mixed-methods approaches to evaluate implementation and outcomes
- Using secondary data (e.g., routine surveys, administrative data) to measure changes in intermediate- and long-term prevention outcomes (i.e., impact evaluation)
- Conducting formative evaluations to help prevention personnel identify key program elements and tailor activities to a target population

- Conducting process evaluations of various types of prevention activities, including interactions between policies, programs, and practices in a prevention portfolio, to complement outcome evaluation efforts

The Evaluation Primer contains links to external resources that address several of these topics, but WRF may find it beneficial to tailor these resources to the unique context of the National Guard.

C. NG Prevention Framework and Resource Guide

1. Description

The NG Prevention Framework specifies six broad dimensions of prevention activities necessary for a comprehensive approach to prevent harmful behavior.³⁴ IDA developed the framework to help WRF identify gaps in its current approach to preventing harmful behavior and prioritize future activities to fill those gaps. The framework spans all levels of prevention (primary, secondary, and tertiary), including activities meant to address risk/protective factors for harmful behavior, as well as activities to respond to harmful behavior. Further, the activities span the social ecology, with strategies that address personal characteristics, attitudes, and behavior (individual); relationships (interpersonal); and physical and social environments, community organizations, social norms, and policies (community, organizational, and societal). Along with the Framework, IDA provided a selection of specific programs, practices, and policies that corresponded with the six prevention dimensions, which are shown in bold below. The list of prevention activities is not complete but rather is meant to provide illustrative and easily accessible examples. The Prevention Framework is provided in Supplement 8; see Appendix B for information on how to extract the file.

To begin, the Prevention Framework describes activities to **identify populations at risk**; this includes strategies at the individual level to screen for risk factors and target prevention to affected subgroups, as well as activities at the interpersonal level to train gatekeepers or bystanders to identify and respond to those at risk. Once individuals or populations are identified as being at risk, prevention and response personnel can **provide resources and support** by connecting at-risk individuals or groups to support personnel, help lines, and mental health care. Related approaches at the interpersonal level involve family members and other sources of social support to ensure follow-through with care, as well as activities at the community level to expand access to care. Lack of awareness and stigma associated with seeking help can deter people from doing so, so activities to

³⁴ This description of the framework is adapted from a previous IDA publication: Dina Eliezer et al., *National Guard Suicide Prevention and Resilience Innovation Framework*, IDA Paper P-22668 (Institute for Defense Analyses, July 2021).

promote help-seeking are critical. This may include activities at the interpersonal level to leverage leaders and peers to challenge harmful social norms about help-seeking, as well as community-level strategies to develop awareness/social marketing campaigns to change the culture and resource-coordination efforts that ease access to support (i.e., “no wrong door” approaches).

Beyond identifying and responding to risk, the Prevention Framework also describes activities to protect against harmful behavior, both by **creating protective environments** and **enhancing life skills and connectedness**. To create protective environments, community-level activities should ensure that physical environments are safe (e.g., lighting and security), access to lethal means and alcohol are appropriately managed (e.g., safe storage options available for firearms, policies to limit density of alcohol retailers), and people have access to resources to meet their basic needs (e.g., economic support, housing, childcare). To enhance life skills and connectedness, activities at the individual level teach coping skills, financial literacy, and responsible alcohol use; activities at the interpersonal level aim to develop relationship skills and enhance social support; and activities at the community level create environments that bring people together to foster connectedness.

Finally, when harmful behavior does occur, the Prevention Framework describes activities to **lessen secondary and future harm** for all those involved. This includes strategies to mobilize communities and deploy postvention approaches to support people exposed to harmful events and ensure they receive appropriate care.

2. Considerations and Future Directions

While originally intended to inform NGB’s development of a comprehensive portfolio of prevention activities, the Prevention Framework may also assist National Guard prevention personnel with compiling activities into a comprehensive approach to prevention, as described in PPOA 2.0. As discussed in earlier sections of this report, the IPPW has had difficulty identifying appropriate prevention activities to include in CIPP plans. Efforts often overutilize trainings and underutilize programs and practices. To help address these issues, IDA provides a template for a NG Prevention Framework Resource Guide in Supplement 8 and recommends regular updates to this template with a menu of prevention activities appropriate to include in local CIPP plans. Such a menu can be compiled by reviewing databases and literature and conducting a landscape scan of activities across the Services and National Guard. Given the limited availability of research-based primary prevention activities evaluated in military populations, however, IDA recommends providing clear information about existing evidence for each activity and considerations for implementation or adaptation, rather than restricting the menu to “proven” activities.

Appendix A.

IPPW Capacity-Building Survey

We are collecting your input to help us plan a series of educational presentations for the Integrated Prevention Workforce.

Think about your job in the Integrated Prevention Workforce. For each topic below, indicate your level of preparedness (knowledge and skills) to perform each activity *at the level required for your job responsibilities*.

1. How prepared are you to conduct the following *planning activities*?

- a. Conducting a community needs assessment
- b. Using existing data sources (e.g., DEOCS, administrative records, epidemiological data) to inform prevention planning
- c. Writing prevention goals and SMART objectives (i.e., Specific, Measurable, Achievable, Realistic, Time-bound)
- d. Using the socioecological model (e.g., individual, interpersonal, community levels) to guide prevention planning
- e. Reviewing online resources to identify prevention activities
- f. Determining whether a prevention activity is data-informed and/or research-based
- g. Determining whether an activity is primary, secondary, or tertiary prevention
- h. Determining whether an approach is universal or targeted
- i. Selecting a prevention activity that is relevant to local needs/the military environment
- j. Adapting a prevention activity to fit local needs/the military environment
- k. Implementing a prevention activity with fidelity (i.e., implementing as intended)

2. How prepared are you to conduct the following *program evaluation activities*?

- a. Using a logic model to identify process and outcome metrics (i.e., measures of performance and effectiveness) for your prevention activity
- b. Choosing an evaluation design best suited for your goals (e.g., appropriate level of rigor; ability to measure relevant outcomes at meaningful timepoints)

- c. Designing data collection instruments and collecting data (e.g., surveys, interview/focus groups, observations)
 - d. Using data from existing surveys (e.g., DEOCS, DOCP, URI, Workplace and Gender Relations, Status of Forces) or administrative records (e.g., personnel data, program records) in an evaluation
 - e. Analyzing numerical data (e.g., from surveys or administrative records)
 - f. Analyzing qualitative data (e.g., from interviews or documents)
 - g. Using evaluation findings to inform improvement and planning
 - h. Understanding and addressing ethical issues in evaluation
- 3. How prepared are you to conduct the following activities related to *communicating information*?**
- a. Understanding and interpreting the results of statistical analyses
 - b. Summarizing what you learned from your data (e.g., in a written report or visual presentation)
 - c. Briefing leaders on what you learned from your data (e.g., results and implications)
 - d. Collaborating with prevention stakeholders to achieve prevention goals
 - e. Educating leaders on primary prevention
 - f. Helping leaders establish a culture of prevention

Appendix B.

Portfolio Extraction Instructions

To access Supplements 1 through 8 in the portfolio, follow these instructions:

1. In the file list on the left side of the portfolio, click the name of the item you would like to open.
2. Click the Extract button (circled in blue in Figure B-1).
3. Once the dialogue box opens, save the file to a folder on your computer.
4. Open the saved item from its saved location.

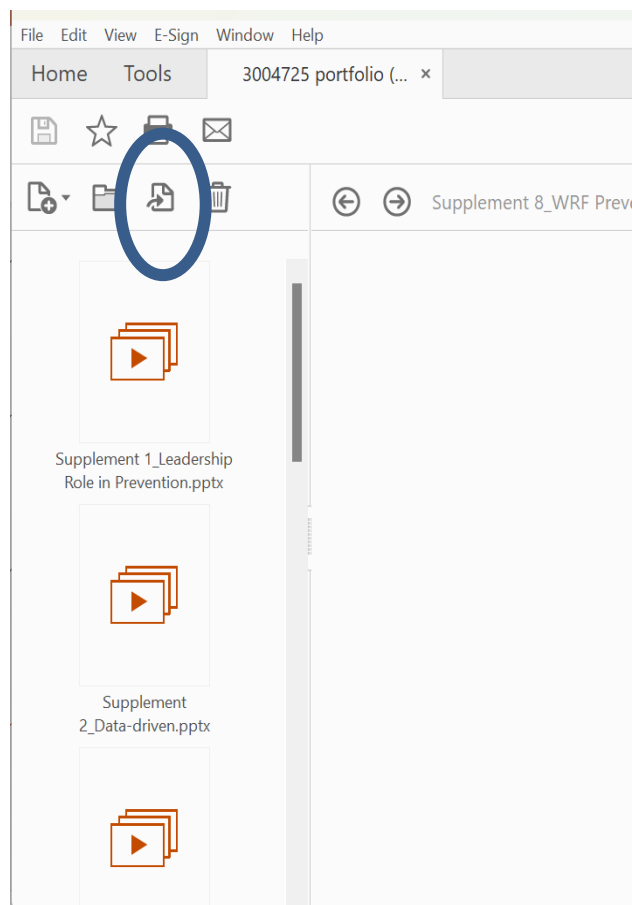


Figure B-1. Screenshot of File Extraction Tool for Adobe Portfolio

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Appendix C.

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Appendix D. Abbreviations

CDC	Centers for Disease Control and Prevention
CIPP	Comprehensive Integrated Primary Prevention
CPE	Continuing Prevention Education
DEOCS	Defense Organizational Climate Survey
DoD	Department of Defense
DoDI	Department of Defense Instruction
FY	Fiscal Year
IDA	Institute for Defense Analyses
IPP	Integrated Primary Prevention
IPPW	Integrated Primary Prevention Workforce
NG	National Guard
NGB	National Guard Bureau
PPOA	Primary Prevention Plan of Action
PTAC	Prevention Technical Assistance Center
SMART	Specific, Measurable, Achievable, Relevant, Time-Bound

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Appendix E. Illustrations

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