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3280 RUSSELL ROAD  
QUANTICO, VIRGINIA 22134-5103

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From: Commandant of the Marine Corps  
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Subj: MARINE CORPS DEDICATED PREVENTION WORKFORCE

Ref: (a) DoD Instruction 6400.09, "DoD Policy on Integrated Primary Prevention of Self-Directed Harm and Prohibited Abuse or Harm," September 11, 2020  
(b) DoD Prevention Plan of Action (PPOA) 2.0 2022-2024  
(c) MCO 1700.29  
(d) MCO 1700.41  
(e) 5 U.S.C. 552a (Privacy Act of 1974)  
(f) DoD Instruction 1342.22 "Military Family Readiness," August 5, 2021  
(g) MCO 3900.18  
(h) MCO 5300.18  
(i) MF LOI 24-21 "Letter of Instruction for Marine and Family Programs Research/Study Review Procedures for CY 20," December 13, 2021

Encl: (1) Marine Corps Dedicated Prevention Workforce Guidance

1. Purpose. To provide guidance for the Marine Corps Dedicated Prevention Workforce. The Dedicated Prevention Workforce integrates primary prevention functions as required by references (a) and (b) and outlined in Chapter 1 of this NAVMC.

2. Background. The Marine Corps Dedicated Prevention Workforce includes Semper Fit Fitness and Health Promotions personnel and Embedded Preventive Behavioral Health Capability (EPBHC) personnel. The Marine Corps is adding EPBHC Primary Prevention Integrators (PPIs) to organizations/units who currently do not have EPBHC capability. Semper Fit Fitness and Health Promotions are governed by reference (c), and roles and responsibilities do not change as a result of this NAVMC. This NAVMC provides information necessary for commands and EPBHC PPIs to understand the Marine Corps Integrated Primary Prevention system, roles and responsibilities, and best practices related to data collection, analysis, and reporting. Reference (d) is under review and update to reflect the addition of EPBHC PPIs.

3. Information. Manpower and Reserve Affairs (M&RA), Marine and Family Programs Division (MF), Behavioral Programs Branch will update this NAVMC as necessary. Direct all questions related to the content of this NAVMC to: M&RA, MF, Behavioral Programs Branch, 3280 Russell Road, Quantico, VA 22134, (703) 784-0275.

4. Applicability. This NAVMC is applicable to Marine Corps commands with EPBHC and EPBHC PPIs.

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5. Certification. This NAVMC is effective the date signed.

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M. C. Balocki  
Director  
Marine and Family  
Programs Division

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**MARINE CORPS DEDICATED PREVENTION WORKFORCE GUIDANCE**

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## Chapter 1

Integrated Primary Prevention System

1. Purpose. Define the Marine Corps Dedicated Prevention Workforce and stakeholders, and outline the strategic approach to primary prevention.
2. Levels of Prevention. Primary prevention focuses on increasing protective factors and decreasing risk factors in order to develop a more resilient Marine who in turn experiences balance and overall wellness. Secondary prevention describes the actions taken after a Marine is exposed to a trauma, is dealing with escalating stressors, or is progressively engaging in unhealthy stress responses; but before the Marine's state develops into a mental health crisis. When secondary prevention interventions are leveraged early, they are more effective than interventions applied after the Marines' holistic health has notably deteriorated. These prevention activities focus on the immediate needs of the Marine to minimize the threat of behaviors associated with a mental health crisis that will cause harm to the Marine or others. Tertiary prevention is the comprehensive care that occurs after a Marine experiences a mental health crisis and/or the associated harmful behavior. The intent of tertiary prevention is to return the Marine to a healthy status, reintegration, and minimize the likelihood of additional harmful behaviors.
3. Dedicated Prevention Workforce. The Dedicated Prevention Workforce supports Marine Corps efforts to promote total force fitness and resilience. The Dedicated Prevention Workforce includes EPBHC Directors, Analysts, Specialists and Coordinators; EPBHC Primary Prevention Integrators (PPIs); and Health Promotion Directors and Health Educators. These Primary Prevention personnel coordinate and collaborate directly with and across Prevention stakeholders. EPBHC roles and responsibilities are contained in reference (d). EPBHC PPI and roles and responsibilities are outlined in Chapter 2 of this NAVMC.
4. Prevention Stakeholders. Integrated Prevention Stakeholders are individuals who enable direct support and services to Marines and Sailors. Such personnel include (but are not limited to):
  - a. Marine leaders
  - b. Alcohol Prevention Specialists
  - c. Chaplains and religious ministry team members
  - d. Child and Youth Programs Training and Curriculum Specialists
  - e. Combat and Operational Stress Control Representatives
  - f. Command Financial Specialists
  - g. Personal Financial Managers
  - h. Deployment Readiness Coordinators and Uniformed Readiness Coordinators
  - i. Equal Opportunity Advisors

- j. Equal Opportunity Representatives
- k. Exceptional Family Member Program Case Workers and Training and Education Specialists
- l. Marine Corps Family Team Building staff
- m. Marine for Life staff
- n. Family Advocacy Program Prevention Specialists
- o. New Parent Support Home Visitors
- p. School Liaisons
- q. Sexual Assault Prevention and Response Victim Advocates
- r. Sexual Assault Response Coordinators
- s. Suicide Prevention Program Officers and Coordinators (SPPOs/SPPCs)
- t. Transition Readiness Program Staff

5. Prevention System

a. An effective prevention system requires the time and dedication of full-time personnel with specific behavioral, social sciences, and total fitness expertise and offers a collaborative approach. Primary prevention is not successful if activities occur in isolation or at only one point in time. The Marine Corps integrated primary prevention policies and programs work towards supporting Marines and their families (hereafter referred to as Marines) early in their careers and reinforcing healthy development and lasting behavioral change across the career life cycle.

b. Prevention includes any activity dedicated to the reduction of harmful behaviors and the promotion of protective factors. Prevention of harmful behaviors requires an integrated prevention system that actively targets shared risk factors and promotes protective factors that increase total fitness and overall wellness. Dedicated Prevention Workforce and stakeholders leverage the increased application of all resources available to achieve mission readiness including human resources, equipped and empowered leadership, and prevention personnel; infrastructure, such as prevention-specific policy, resources, and data systems; and, collaborative relationships within and across organizations.

c. In an integrated prevention system, human resources attain and sustain prevention-specific knowledge and skills, productive and collaborative relationships form and strengthen, and infrastructure facilitates and institutionalizes effective planning, execution, evaluation, and quality improvement. An integrated prevention system acknowledges the shared risk and protective factors that often exist prior to one or more types of harmful behavior.

d. By focusing efforts to bolster protective factors and decrease risk factors across harmful behaviors, integrated prevention systems target a range of harmful behaviors in order to facilitate healthy coping and decision making and enhance warfighter readiness. Integrated prevention considers the

complexity of contexts that can influence a Marine's behavior. Effective prevention approaches be strategically tailored to reinforce positive influences and address negative influences and support at every modifiable level of influence. Figure 1.1 provides a representation of influencers on a Marine's behavior.

### Social Ecological Model of Influences

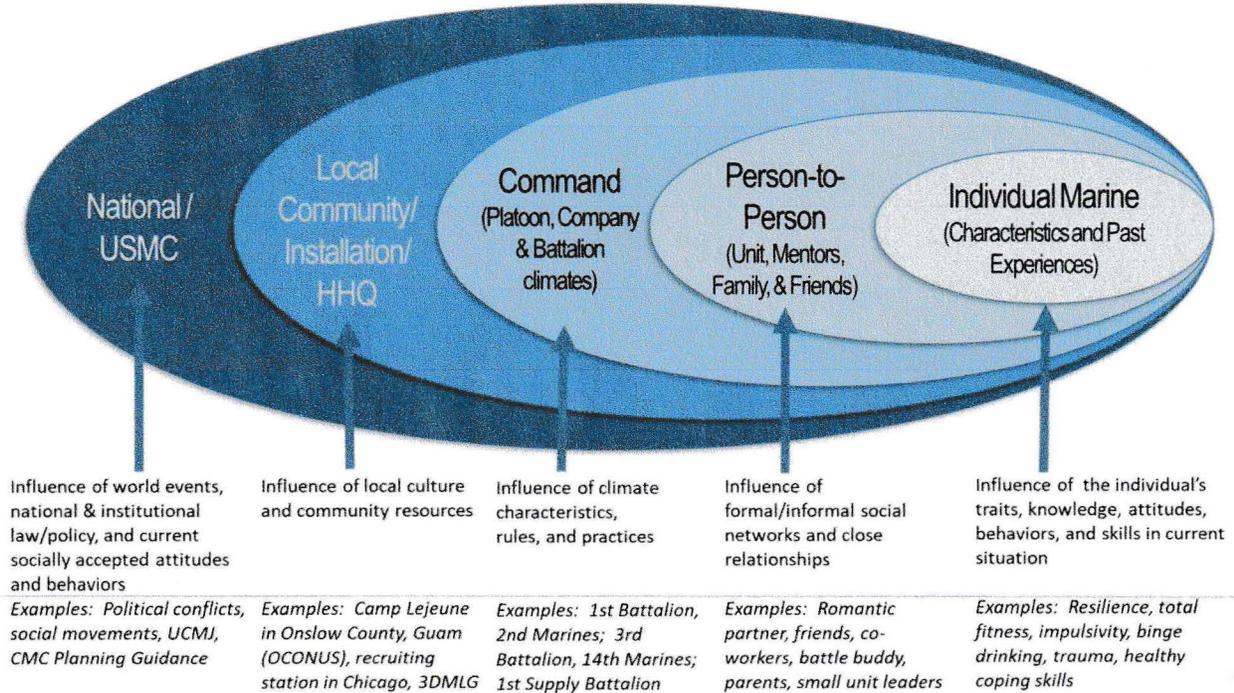


FIGURE 1.1 SOCIAL ECOLOGICAL MODEL

b. Integrated prevention systems foster healthy individual development by creating an environment helps Marines appreciate their need to seek self-improvement, encouraging Marines' increased sense of purpose and higher values, and effectively teaching Marines the skills to facilitate healthy behaviors. For any Marine to apply what they learn, the environment must support their growth. Across human development, growth generally occurs in stages, and it is expected that Marines may experience minor set-backs prior to attainment. Environmental influences are known to have significant impact on an individual's/Marine's ability to make lasting behavioral changes, and likelihood to develop prosocial (positive) and healthy functioning (behaviors).

c. Integrated prevention focuses on individual, relational, and organizational environmental elements through a holistic approach to leverage, wherever and whenever possible and appropriate, existing prevention efforts that target the applicable level of influence. An intervention, or efforts designed to affect a specific outcome(s), or the direct provision of services, and has a target audience. A prevention activity is not routine care, screening tools, passive information (websites, brochures), policies, working groups, or a Department, center, or office. Comprehensive prevention is often divided into three levels in order to apply the most effective strategic approach; primary, secondary, and tertiary prevention. Primary prevention are all events that occur prior to the occurrence of a significant event (e.g. trauma) or the culmination of critical stressors that greatly increase risk of engaging in a harmful behavior.

## 6. Reducing Harmful Environments and Behaviors

a. Trusted leaders and healthy relationships with peers are a critical element in the prevention of harmful behaviors. Actions that encourage Marines to seek help early and without stigma increases the likelihood that the Service Member will engage with helping resources before harmful behaviors escalate and require more intensive intervention.

b. The Dedicated Prevention Workforce leverages the integrated prevention system to assist commanders and contribute to environments that facilitate the decrease of harmful behaviors. Specifically, EPBHC and EPBHC PPI personnel in the integrated prevention system maximize collaboration to focus on the prevention of substance misuse, suicide related behaviors, harassment, sexual assault, family violence and other harmful behaviors. EPBHC PPIs help commanders and stakeholders leverage the prevention strategies outlined in reference (a) to reduce harmful behaviors. EPBHC PPIs:

(1) Consult and collaborate with leaders and prevention stakeholders to optimize the access and usage of resources that decrease the likelihood of harmful behaviors.

(2) Support the development of evidenced-based primary prevention opportunities that focus on increasing shared protective factors and decreasing shared risk factors across the Area of Responsibility (AOR). Activities including, but not limited to, those that directly address suicide (e.g., training to identify and support those deemed to be at higher risk for suicide); efforts to promote total force fitness by targeting protective factors such as skill development (e.g., building healthy relationships, coping skills, emotional intelligence, effective communication, and resilience); efforts to promote protective environments and healthy climates; military dependent support programs; financial readiness; and efforts to address institutional and systematic risk factors.

(3) Promote access to non-medical counseling to provide intervention early before a harmful behavior occurs or reoccurs.

(4) Work with command leadership, MCCA leadership, other key stakeholders and subject matter experts to educate and engage community partners to enact strategies in the local community (e.g., support the Substance Abuse Program Alcohol Prevention Specialists by maximizing collaborative efforts in addressing alcohol sales immediately outside the installation gate).

(5) Recommend policies, procedures, and practices that support early intervention, but minimize impact on operational readiness.

(6) Promote and disseminate evidence-based and/or informed tools and resources.

## 7. Promoting Healthy Environments and Behaviors

a. A healthy environment requires more than the absence of harmful or high-risk behaviors. Healthy environments must encourage ongoing personal and professional growth and self-improvement. Trusted leaders are the most essential component of a healthy command climate. By modeling healthy and safe relationships in their personal and professional environment, leaders

promote a culture of dignity, respect, inclusion, and connectedness.

b. EPBHC PPIs support commands by facilitating collaborations that establish and maintain protective environments thereby assuring healthy climates. EPBHC PPIs:

(1) Promote policies, procedures, and practices that foster a healthy, productive, and professional workspace.

(2) Provide logistical support to the building of coalitions for prevention stakeholders.

(3) Collaborate and support local Subject Matter Experts (SMEs) to facilitate access to skill-building opportunities (e.g., promoting Financial Readiness classes because financial distress is a risk factor and financial solvency is associated with better overall wellbeing).

(4) Promote skill building and local activities that attract and encourage community engagement. Targeted protective skills and behaviors that perpetuate healthier long-term functioning include: healthy relationships (e.g., respectful professional and personal relationships, appropriate boundary setting), responsible alcohol use (e.g., social resistance skills), healthy coping (e.g., problem-solving skills), emotional intelligence (e.g., managing strong emotions in a non-destructive manner, identifying and addressing bias, exhibiting empathy), effective communication (e.g., conflict management, assertive communication of sexual boundaries and consent, bystander intervention), and resilience (e.g., mindfulness, physical endurance).

## Chapter 2

EPBHC PPI Roles and Responsibilities

1. Purpose. Define and establish the roles and responsibilities of EPBHC PPI personnel by billet and assignment.

2. Distinguishing between EPBHC and EPBHC PPI Duties and Responsibilities

a. Shared Duties and Responsibilities with EPBHC

(1) Serves as the primary prevention integrator supporting integrated prevention activities and programming within their designated AOR.

(2) Maximizes collaborative efforts with other local prevention stakeholders.

(3) Emphasizes primary prevention strategies in order to minimize the likelihood that a Marine will experience trauma or critical stressors beyond their capacity to cope.

(4) Advises supported command leadership on data-informed actions, prevention methodologies, assessment, and prevention training.

(5) Operationalizes all applicable policies and synchronizes prevention requirements where possible.

(6) Gives routine presentations to leadership on command prevention efforts and impact. Provides actionable recommendations to leaders to address prevention gaps.

(7) Consults and collaborates with leaders, prevention workforce, and prevention stakeholders to optimize the access and usage of existing and needed resources. Productively engages relevant workforce and stakeholders to identify collective goals, intended outcomes, and optimal methods to increase efficiencies and integration.

(8) Provides evidence based and/or informed recommendations to commanders and senior leaders, and works closely with relevant workforce and stakeholders (e.g., EPBHC, Health Promotions, OSCAR team members, COSC RTC and Representatives, Equal Opportunity, Sexual Assault Prevention and Response, Semper Fit, Family Advocacy, Suicide Prevention, and Veterans Service Organizations/Military Service Organizations, and others, etc.) to leverage partner insights, interpret protective and risk data, and implement and execute primary prevention policies, programs, processes, and practices.

(9) Coordinates with the prevention workforce and key stakeholders on issues related to integrated prevention methodologies and practices. Supports the development of effective methods and techniques by leveraging academia, research and industry, as needed.

(10) Coordinates with subject matter experts across programs to ensure any integrated prevention events increase efficiencies and buy-in from Service members and civilians.

(11) Delivers primary prevention training and education to prevention stakeholders to build and sustain prevention capacity and capability.

(12) Identifies efficiencies in the development and delivery of primary prevention, and ensuring that occupational safety, social and

organizational psychology, public health, and/or other behavioral and social science perspectives are considered in prevention planning.

(13) Supports Total Force evaluation efforts by assisting MF with recruitment, data collection, data analysis, interpretation, and/or reporting as requested.

(14) Ensures compliance with Department of Defense (DoD), Department of the Navy (DON), Service (US Navy, US Marine Corps, as applicable) policies and local directives.

b. Primary Responsibility. The primary responsibility of EPBHC PPIs is to create a more integrated primary prevention system through maximizing collaboration, information sharing, and coordination with stakeholders. PPIs do not assume the responsibilities already fulfilled by other Prevention Workforce or stakeholders.

c. The following activities are outside the scope of EPBHC PPIs:

(1) EPBHC PPIs do not directly train Marines in fulfillment of specific requirements or to target one specific harmful behavior (e.g., an EPBHC PPI cannot provide SAPR annual training, but can facilitate an integrated training about healthy relationships). Whenever possible, the PPI should not be the principle trainer for a cross-cutting prevention intervention but can co-facilitate as part of a larger collaborative effort. As a delegated responsibility, EPBHC PPIs will provide training to other prevention stakeholders in their AOR on primary prevention concepts.

(2) EPBHC PPIs do not endorse duplication of interventions nor recommend a course of action that negates the Subject Matter Expertise of local prevention stakeholders (e.g., PPI do not facilitate an intervention targeting alcohol reduction without direct involvement and support from local Alcohol Prevention Specialists).

(3) EPBHC PPIs do not exclude stakeholders and/or SMEs from briefs or meetings in which their prevention responsibility or outcome data is a key topic (e.g., sexual assault prevalence data).

### 3. Specific EPBHC PPI Roles based on Assignment

#### a. Regional Marine Corps Installations Command (MCICOM)

(1) Assigned to the MCICOM Region to serve as a special staff officer and principal advisor to the Commanding General.

(2) Supports the commanders and subordinate commands within their AOR through the management of the integrated prevention system by providing guidance and administrative support.

(3) Monitors the identification, selection, and evaluation of prevention activities across multiple locations.

(4) Develops command-level policies based on guidance from the strategic level.

(5) Supports compliance within AOR by inspecting prevention lines of effort as needed.

(6) Identifies and advocates for resourcing to meet identified needs for the Dedicated Prevention Workforce within the AOR.

(7) Ensures the training and credentialing status of all prevention personnel within the AOR.

(8) Uses data collected Service- or organization-wide to guide program priorities and determine resource needs across the region.

(9) Translates prevention research from the strategic level into toolkits and other forms of technical assistance for commanders and prevention personnel.

(10) Collects and/or consolidates data on prevention program implementation and evaluation from prevention personnel within subordinate commands, and communicates findings to leadership and prevention personnel at upper echelons.

(11) Partners with local EPBHC Director on prevention strategies. Seeks to leverage synergies with tenant command EPBHCs across the region.

(12) Serves as the primary regional liaison with MF regarding all installation EPBHC PPI related matters.

b. Installation EPBHC PPI

(1) Assigned to the Installation command staff to serve as a special staff officer and principal advisor to the commanders.

(2) Serves as the integrator of prevention activities across the installation commanders' subordinate units. Partners with EPBHC personnel embedded in tenant commands and collaborates with all local prevention stakeholders.

(3) Works with command leadership, MCCS leadership, other key stakeholders and subject matter experts to operate as a local-level liaison for military and civilian agencies on prevention efforts. Collaborates with relevant local prevention stakeholders within and outside the military to leverage resources and inform prevention activities.

(4) Advises installation command and, in coordination with embedded EPBHC personnel, tenant command leadership on approaches to address risk and protective factors.

(5) Uses data and research to guide the installation prevention strategy and recommends resource allocation for local prevention activities. Coordinates with tenant command EPBHC representatives on trends identification for risk and protective factors.

(6) Collects and analyzes data on change in local risk and protective factors, and adapts prevention activities as necessary.

(7) Coordinates planning, implementation, and evaluation of all prevention activities within the assigned command. Ensures prevention activities are integrated when possible and not unnecessarily duplicative.

(8) Coordinates with local personnel across all prevention disciplines to ensure consistent messaging and alignment with MF Communications Strategy. Seeks to maximize coordination with tenant commands.

(9) Promotes opportunities for DoD civilian personnel and the families of Service members to participate in prevention activities.

(10) Conducts, at a minimum, annual reviews of integrated primary prevention activities within the AOR. Annual reviews should include:

(a) A report on primary prevention activities that were conducted the previous year with information on how it was conducted, when it occurred, which prevention stakeholders were involved in planning and execution, and what outcomes were expected and delivered as planned.

(b) Information that conveys the degree to which the military community was engaged and participated as well as leadership and organizational support (e.g., time to implement, leadership engagement, vocal support for military community participation).

(11) Communicates research findings, program implementation progress, training opportunities, and annual reviews to local leadership and higher leadership.

c. Marine Forces (MARFOR) EPBHC PPI

(1) Assigned to a MARFOR to serve as a special staff officer and principal advisor to the Commanding General.

(2) Provides administrative and data management support to MARFOR leadership to guide prevention strategies.

(3) Supports compliance within AOR by inspecting prevention lines of effort as needed.

(4) Collects, interprets, and provides recommendations derived from data on prevention activities and harmful behaviors within AOR.

(5) Provides direct data and analytic support to the MEF EPBHC Directors and Analysts.

(6) Stays up to date on primary prevention research.

(7) Contributes to annual reports on prevention activities and evaluations of those efforts.

d. Supporting Establishment EPBHC PPIs

(1) Assigned to selected supporting establishments to serve as a special staff officer and principal advisor to the command.

(2) Supports the management of the integrated prevention system by providing guidance and administrative support to commanders and shops within their area of responsibility (AOR).

(3) Monitors the identification, selection, and evaluation of prevention activities within appointed command.

(4) Develops prevention-related policies and guidance for the command.

(5) Assesses and identifies prevention needs in order to provide recommendations to the commander.

(6) Integrates, aligns, and synchronizes prevention strategy and implementation with local prevention personnel and respective Higher Headquarters.

(7) Coordinates with internal/external command assets and community partners/resources in order to support the integrated development and sustainment of a functioning prevention system that supports a ready and resilient force.

(8) Uses data to guide program priorities and determine resource needs across the organization.

(9) Collects and/or consolidates data on prevention program implementation and evaluation and communicates these findings to leadership and prevention personnel throughout the command and at upper echelons.

(10) Liaises with MF regarding relevant integrated primary prevention system matters.

## Chapter 3

Data and Evaluation Practices and Resources

1. Purpose. Provide practices related to data collection, analysis, and reporting.

2. Procedures/Processes. In order to support commanders' efforts in fostering an effective prevention system within their AOR, EPBHC PPIs are required to provide recommendations that are informed by scientific evidence per reference (a). Scientific evidence comes from many sources including previously published research, academic resources, sister Services, public health frameworks, program evaluations, and other scientifically grounded resources. Recommendations may evolve as new information becomes available. When EPBHC PPIs are afforded access to data on Marines within their supported command, the access, analysis, and reporting on Marine data is conducted in compliance with the following:

a. EPBHC PPIs adhere to the legal requirements of the Privacy Act of 1974 (5 U.S.C. 552a), reference (e), to ensure that personal data collected and shared is limited and handled in accordance with statutory requirements and policy.

b. EPBHC PPIs protect the rights of Service members and the confidentiality of the data. All PII and privacy-sensitive information is handled knowing that a misuse of privacy-sensitive information can result in civil or criminal penalties per reference (e).

c. Commanders shall house data on individually identifiable Marines on a System of Records Notification (SORN)-approved platform. Personnel cannot aggregate, merge, or combine data across different databases. This nullifies the original SORN. For example, individual level data from a SORN approved database (e.g., START) may not be combined with data from another database (e.g., CASA) on an Excel spreadsheet.

d. Data is considered owned by the commanders under whom the events occur. Do not report/share information that can identify an individual Marine to anyone without a need for the information as a part of their official duties.

(1) Those with a need for individual-level information are defined as those within the chain of command who:

(a) Are responsible for the immediate response to and oversight of an incident;

(b) Require the information as a part of their official duties.

(2) Those with a need for aggregated counts are defined as those who:

(a) Are within an AOR responsible for the development of prevention strategies and command-wide surveillance and response efforts and;

(b) Require the information as part of their official duties.

e. There is no explicit numerical level of identification risk that is deemed by the Privacy Act of 1974 to universally meet a "very small" level of risk. The ability of a data recipient to identify an individual is dependent

on many factors, including the population size, rarity of outcome, and prior knowledge of local events. The risk of identification that has been determined for one particular data set in the context of a specific environment may not be appropriate for the same data set in a different environment or a different data set in the same environment. For these reasons, EPBHC PPIs should not share counts less than five to personnel outside of the chain of command due to the potential for identification of the individual involved.

f. Rates for outcomes denominators (population at risk for outcome) of fewer than 20 are highly sensitive to variation and are therefore considered to be unstable and not reported. Suicide rates are calculated for internal tracking purposes and are officially calculated and reported by the Defense Suicide Prevention Office (DSPO). Although EPBHC PPIs may have access to individual-level data, PPIs are to approach prevention from a macro and public health informed lens. EPBHC PPI recommendations must focus on the aggregate needs of the AOR as a whole and not be involved in individual Marine risk mitigation efforts; however advisement may be applicable in an Force Preservation Council. As a key component of their role in the prevention system, EPBHC PPIs support program evaluation efforts for the Marine Corps. Reference (f) requires program evaluation of Marine and Family Programs. In coordination with MF's Research Agenda and Strategy, EPBHC PPIs may be called upon to support with recruitment, data collection, data analysis, interpretation, and reporting. Across the Marine Corps, every research and/or evaluation activity must adhere to DoD and Marine Corps policies concerning privacy, ethics, human subjects, data-sharing, and other applicable laws and regulations. References (e), (g), and (h) apply. The timelines for all of the required approval procedures severely limits the practicality of local research/evaluation efforts that do not leverage the MF approved tools and resources. Whenever possible, MF will solicit feedback from the Total Force in the development of Research Agendas, Research Strategies, tools, and resources.

g. Understanding the specific needs of the Marines in the EPBHC PPI's AOR is critical in developing an informed prevention strategy. MF can provide resources to aid in assessing the emerging issues for the target population via qualitative and quantitative tools and approaches.

h. "Extramural research" is any research conducted by a non-DoD and non-federal institution or organization outside the Marine Corps (e.g., academic institution).

(1) All extramural research must be coordinated with MF's Research and Program Evaluation section due to USMC IRB requirements for administrative review per reference (h).

(2) Extramural researchers that plan to recruit Marines or Marine Corps staff, regardless of whether the project is funded by DoD or DoN, must complete a USMC administrative review process.

(3) MF will work with the PPI and extramural researcher to obtain required review and approval. As the facilitator of the process, MF Research and Program Evaluation has visibility over all research/evaluation efforts across the enterprise. Given this visibility, coordination with MF is essential to ensure non-duplication of efforts, the same installation/units are not over-tasked in supporting research/evaluation efforts, and to coordinate data collection occurring across multiple sites.

(4) MF Research and Program Evaluation section creates an annual Research Agenda in August of each year per reference (i). The MF Director reviews and approves MF research/evaluation efforts for the following calendar year. EPBHC PPIs are encouraged to reach out to MF Research and Program Evaluation to discuss identified needs/gaps and efforts to be included in future research agendas by 1 July of each year.

GLOSSARY

Connectedness	The feeling of support and willingness to help. Involves the quality and number of connections one has with other people in social circle of family, friends, and acquaintances.
Data-informed Actions	Decisions based on the collection and analysis of available data.
Healthy	Beneficial to one's physical, mental, or emotional state.
Integrated Primary Prevention	Refers to prevention activities that simultaneously address multiple self-directed harm and prohibited abusive or harmful acts or the inclusion of prevention activities across self-directed harm and prohibited abusive or harmful acts into a cohesive, comprehensive approach that promotes unity of effort, avoids unnecessary duplication, and lessens training fatigue.
Intervention	A strategy or approach that is intended to prevent an outcome or alter the course of a challenge, stress, or situation.
Military Community	Service members, military dependents, and DoD civilian personnel.
Military Leader	A Service member or DoD civilian personnel in a professional position of leadership.
Prevention Activities	Policies, programs, or practices that aim to prevent self-directed harm and prohibited abusive or harmful acts.
Prevention Community of practice	A group of prevention personnel who interact regularly to advance their individual and collective prevention efforts.
Prevention Personnel	Military members or DoD civilian personnel whose official duties (to include collateral and additional duties) involve prevention of self-directed harm and prohibited abusive or harmful acts and who attain and sustain prevention-specific knowledge and skills (e.g., chaplains, suicide prevention program managers, command climate specialists).
Prevention Stakeholders	Individuals or organizations with equity in prevention of self-directed harm and prohibited abusive or harmful acts.
Prevention System	Organizational factors that constitute the prevention system include human resources, such as equipped and empowered leadership and prevention personnel; infrastructure, such as prevention-specific policy, resources, and data systems; and, collaborative relationships within and across organizations. In an optimized prevention system, human resources attain and sustain prevention-specific knowledge and skills, productive and collaborative relationships form and strengthen, and infrastructure facilitates and institutionalizes effective planning, execution, evaluation, and quality improvement.

<p>Primary Prevention</p>	<p>Stopping a harmful behavior before it occurs. Can be implemented for an entire group or population without regard to risk (universal primary prevention) or can be implemented for individuals, groups, or a population that is at risk (selected primary prevention).                      Primary prevention activities can target:                      1. Influencers, such as leaders who set a climate and shape norms, but may not be present when a self-directed harm or prohibited abusive or harmful acts may take place;                      2. Bystanders, who may be present when self-directed harm or prohibited abusive or harmful act may take place;                      3. Individuals, who may commit self-directed harm or prohibited abusive or harmful acts; or,                      4. Individuals who may be affected by self-directed harm or prohibited abusive or harmful acts.</p>
<p>Promising Primary Prevention Activities</p>	<p>Prevention programs, policies, or practices that include measurable results and report successful outcomes, but do not have enough research evidence to prove they will be effective across a wide range of settings and Service members.</p>
<p>Protective Factors</p>	<p>Individual or environmental characteristics, conditions, or behaviors that reduce the effects of stressful life events (e.g., inclusion, help-seeking behavior, financial literacy). These factors increase the ability to avoid risks and promote healthy behaviors to thrive in all aspects of life.</p>
<p>Research-based Prevention Policies, Programs, and Practices</p>	<p>Prevention activities selected based on research evidence that they have shown promise in evaluations to decrease the behavior of interest for a specific population or that the activity affected one or more contributing factors to the behavior of interest in settings similar to those being considered for the activity and that positive effects were sustained over time.</p>
<p>Risk Factors</p>	<p>Factors that increase the likelihood of self-directed harm and prohibited abusive or harmful acts.</p>
<p>Stigma</p>	<p>A set of negative and often untrue beliefs that a society or group of people have about something.</p>