



DEFENSE CENTERS
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For Psychological Health
& Traumatic Brain Injury

Analyzing Program Evaluation Data: How to Interpret Qualitative Data

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April 21, 2015



Webinar Details

- This webinar presentation has been pre-recorded
- A live question-and-answer session will be held at the conclusion of the presentation
- Questions may be submitted anonymously at any time via the “Question” pod
- Audio for this presentation will be provided through Adobe Connect; there is no separate dial-in
- Live closed captioning is available in the “Closed Captioning” pod through Federal Relay Conference Captioning

Materials for Download

- Materials from this series and other program evaluation resources are available in the “Files” pod and at:

http://www.dcoe.mil/About_DCoE/Program_Evaluation.aspx

- For information on other DCoE webinar and training series, visit:

http://www.dcoe.mil/Training/Monthly_Webinars.aspx

Continuing Education Details

- This continuing education activity is provided through collaboration between DCoE and Professional Education Services Group (PESG).
- DCoE's awarding of continuing education (CE) credit is limited in scope to health care providers who actively provide psychological health and traumatic brain injury care to active-duty U.S. service members, reservists, National Guardsmen, military veterans and/or their families.
- The authority for training of contractors is at the discretion of the chief contracting official. Currently, only those contractors with scope of work or with commensurate contract language are permitted in this training.

Continuing Education Details (continued)

- If you wish to obtain a CE certificate or a certificate of attendance, you must complete the online CE evaluation.
- After the webinar, visit <http://dcoe.cds.pesgce.com> to complete the online CE evaluation, and download your CE certificate/certificate of attendance.
- The CE evaluation will be open through **Tuesday, April 28, 2015.**

Presenter

Capt. Armen Thoumaian, Ph.D., USPHS
Deputy Chief of Integration
Office of Shared Services Support, DCoE

Capt. Armen Thoumaian is a scientist director in the Commissioned Corps of the U.S. Public Health Service (USPHS) with more than 30 years experience in health and mental health program design and evaluation.

In January 2012, Capt. Thoumaian joined the staff at the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) to help design and implement program evaluation and improvement efforts in the Defense Department.

He holds a B.A. in psychology and sociology, a M.A. in general experimental psychology, and a Ph.D. in social welfare and social work, and has completed a National Institute of Mental Health fellowship in Community Mental Health.



USPHS Capt. Armen Thoumaian, Ph.D.

Presenters

Aaron Sawyer, Ph.D.

Research Scientist, Contract Support for DCoE

Dr. Aaron Sawyer is a clinical psychologist with extensive expertise in intervention outcome research and program evaluation. He has delivered child, family and adult interventions for more than a decade, including specialization in trauma and experience working with military families. Dr. Sawyer holds a M.S. in experimental psychology and a Ph.D. in clinical psychology. He completed post-doctoral training at The Kennedy Krieger Institute/Johns Hopkins University and is a licensed psychologist.



Dr. Aaron Sawyer

Richard Best, Ph.D.

Research Scientist, Contract Support for DCoE

Dr. Richard Best is an industrial and organizational (I/O) psychologist with 14 years of experience conducting health services research in both the Veterans Health Administration and the Defense Department's Military Health System. He has extensive experience in research design, qualitative and quantitative data collection and analysis, and collaborating with clinical experts to translate research results into actionable recommendations. Dr. Best holds a M.S. and Ph.D. in I/O psychology and is certified in Prosci's Change Management Process.



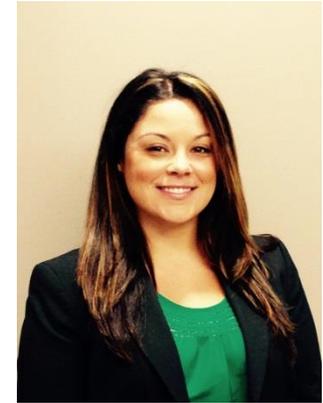
Dr. Richard Best

Moderator

Carmina Aguirre, M.A.

Research Scientist, Contract Support for DCoE

Ms. Carmina Aguirre has over 14 years of experience within the Defense Department. Her background includes executive leadership, psychological health, sexual assault prevention and response, and public affairs. In addition to supporting DCoE, she serves as Chief of Public Affairs in the Florida Air National Guard. Ms. Aguirre holds a B.A. in psychology and a M.A. in human services with a specialization in executive leadership.



Ms. Carmina Aguirre

Overview and Objectives

- This training presentation will describe how to code, analyze and interpret qualitative data. Qualitative data include text from interviews, focus groups, written comments, observations and case studies.
- At the conclusion of this webinar, participants will be able to:
 - Explain how qualitative data can be used as part of a mixed methods approach to program evaluation
 - Describe the steps needed to organize and code qualitative data
 - Perform basic qualitative analyses and communicate findings
 - Select and implement strategies to address common challenges related to qualitative data analysis

Agenda

- Introduction to Qualitative Analysis and Mixed Methods
- Analyzing and Interpreting Qualitative Data
- Reporting Qualitative Findings
- Common Challenges
- Conclusion
- Resources and References
- Feedback and Q&A Session

Introduction to Qualitative Analysis and Mixed Methods

Introduction



Image courtesy of Hubble Heritage

“Not everything that can be counted counts, and not everything that counts can be counted.”

-William Bruce Cameron

No Single Method Is Superior

- Just as no single treatment/program design can solve complex social problems, no single evaluation method can fully explain a program
- Qualitative evaluation methods provide a more complete picture than quantitative methods alone, especially with regard to program processes and participant experiences
- Qualitative methods help us understand the richness and complexity of psychological health and traumatic brain injury programs

What Are Qualitative Methods?

- Qualitative methods are forms of data collection and analysis based on text or other non-numeric information
- You are likely already engaged in qualitative methods:
 - Logic model development
 - Notes about program participants
 - Meeting minutes
 - Staff and participant feedback



Advantages of Qualitative Methods

Qualitative methods have distinct advantages for understanding meaning, context and processes, including:

- Gathering detailed descriptions
- Identifying unknown or unanticipated phenomena
- Generating evaluation questions
- Developing causal explanations (Patton, 2014)
- Conveying individual narratives related to a program or population (Krueger, 2010)

Qualitative Methods Are Used to Address Specific Evaluation Questions

- Qualitative methods can be used to explore:
 - **Descriptive questions** (e.g., What is the program's purpose?)
 - **Causal questions** (e.g., Why are participants dissatisfied?)
 - **Value questions** (e.g., Is the program worth continuing?)
 - **Action questions** (e.g., How can the program be improved?)
(Rogers & Goodrick, 2010)

Mixed Methods Can Produce More Complete Findings

Mixed methods combine the benefits of both qualitative and quantitative methods and can:

- Assess size and frequency and explore meaning and understanding
- Answer multiple evaluation questions using tailored methods (e.g., focus groups and statistical analyses)



Key Differences Between Qualitative and Quantitative Methods

Qualitative	Quantitative
Common data collection methods: <ul style="list-style-type: none">– Interviews, focus groups, open-ended comments, observations, after action reviews, case studies	Common data collection methods: <ul style="list-style-type: none">– Questionnaires, learning assessments, structured screening protocols
Data are generally text-based and more context-specific	Data are number-based and often apply to broader population
Answers why, how and/or what questions	Answers how many, who, when, and/or where questions
Data collection and analysis are generally time-intensive	Data collection and analysis are generally efficient
Data collection tools are often flexible	Data collection tools are typically fixed

Mixed Methods Example

Mission: At Program Sierra*, we seek to ensure that service members who are wounded, ill or injured successfully reintegrate into civilian life or return to duty in the military. By performing our mission effectively, we hope to enhance force readiness and improve the quality and efficiency of services across the Defense Department.



DoD photo by Pat Cubal

Program Sierra is formerly known as Program Echo. See Program Sierra objectives and logic model in slides at end of this presentation and Module 2 of the Program Evaluation Guide, 2nd Edition

Mixed Methods Example (continued)

- **Evaluation goals:** Program Sierra leadership and stakeholders have stated that the program appears to be reaching its intended population but want to know
 - 1) whether the program is being implemented with quality
 - 2) whether program activities lead to expected outcomes for participants
- **Program nature and intent:** program has SMART objectives and a detailed logic model
- **Program maturity:** program is in the implementation stage but is regularly assessing some outcomes

Mixed Methods Example (continued)

- **Evaluation design:** Program Sierra should undertake a process evaluation focused on services provided directly to participants (versus outreach activities) but may incorporate some elements of a summative evaluation design to examine available short-term outcome data
- **Key evaluation questions:**
 - Was the program implemented with fidelity (e.g., as intended or planned)?
 - To what extent did the program achieve the desired short-term outcomes?
 - What should be improved or changed in the program to enhance its quality and effectiveness?

Mixed Methods Example (continued)

Evaluation Question

Methods

Results

What should be improved or changed in the program to enhance its quality and effectiveness?

Quantitative

Qualitative

- Satisfaction ratings have decreased from 85% to 42% over past five years
- Short-term outcomes showed significant improvement in attitudes but no change in service utilization from pre to post

- In focus groups, participants reported case managers were supportive but lacked knowledge of specific services relevant to their needs
- In interviews, program personnel reported need for additional training and challenges related to high turnover

Analyzing and Interpreting Qualitative Data

The Qualitative Data Analysis Process

Organize

- Read and interpret data
- Develop initial coding themes



Reduce

- Create a codebook
- Apply codes to data
- Check reliability



Describe

- Create visual display
- Communicate results



Organize: Read and Interpret Data

- Read the data to explore the range, depth and diversity of information collected
- Interpreting is the ability to think abstractly and draw out patterns in the data over multiple iterations (i.e., cycles)
- There are multiple ways to “read” the data:
 - **Literal reading** – focuses on actual content as-recorded, including grammar, structure, and content
 - **Interpretive reading** – makes sense of participant statements
 - **Reflexive reading** – examines the evaluator’s role in collecting the information

Organize: Develop Initial Coding Themes

- A code is simply a way of classifying data into meaningful, relevant categories
- Take notes to form the foundation for your analysis including:
 - Thoughts about the underlying meaning of a participant's statements
 - Hypotheses that might explain a puzzling observation
 - Mental notes to pursue an issue further

Keep the purpose of your codes in mind →
codes should always be guided by your evaluation questions

Reduce: Create a Codebook

- A codebook maps the relationship between the raw data (e.g., text), themes and key questions guiding your evaluation
- Codebooks should include code names or labels, definitions, and inclusion and exclusion criteria:
 - Clearly described when to apply a code
 - Clarify when NOT to use a code
 - Distinguish between codes
 - Provide examples of correct application of a code

Example Codebook Entry

Code Name	Code Definition	Inclusion	Exclusion	Example Text
Stigma	Service member descriptions of negative perceptions related to psychological health treatment within the Military Health System	Apply to all instances of seeking help for psychological health issues	Do not apply for non-psychological health or civilian health system	“I’m afraid I might lose my security clearance if I seek help for my nightmares.”
Positive experiences	Service member descriptions of their prior positive experiences with health care providers	Apply to favorable experiences specific to health care	Do not apply to experiences that are negative or not specific to health care	“I know my doc is gonna take good care of me.”
Negative experiences	Service member descriptions of their prior negative experiences with health care providers	Apply to unfavorable experiences specific to health care	Do not apply to experiences that are positive or not specific to health care	“I trusted my doc and then he ratted me out to my supervisor.”

Reduce: Apply Codes to Data

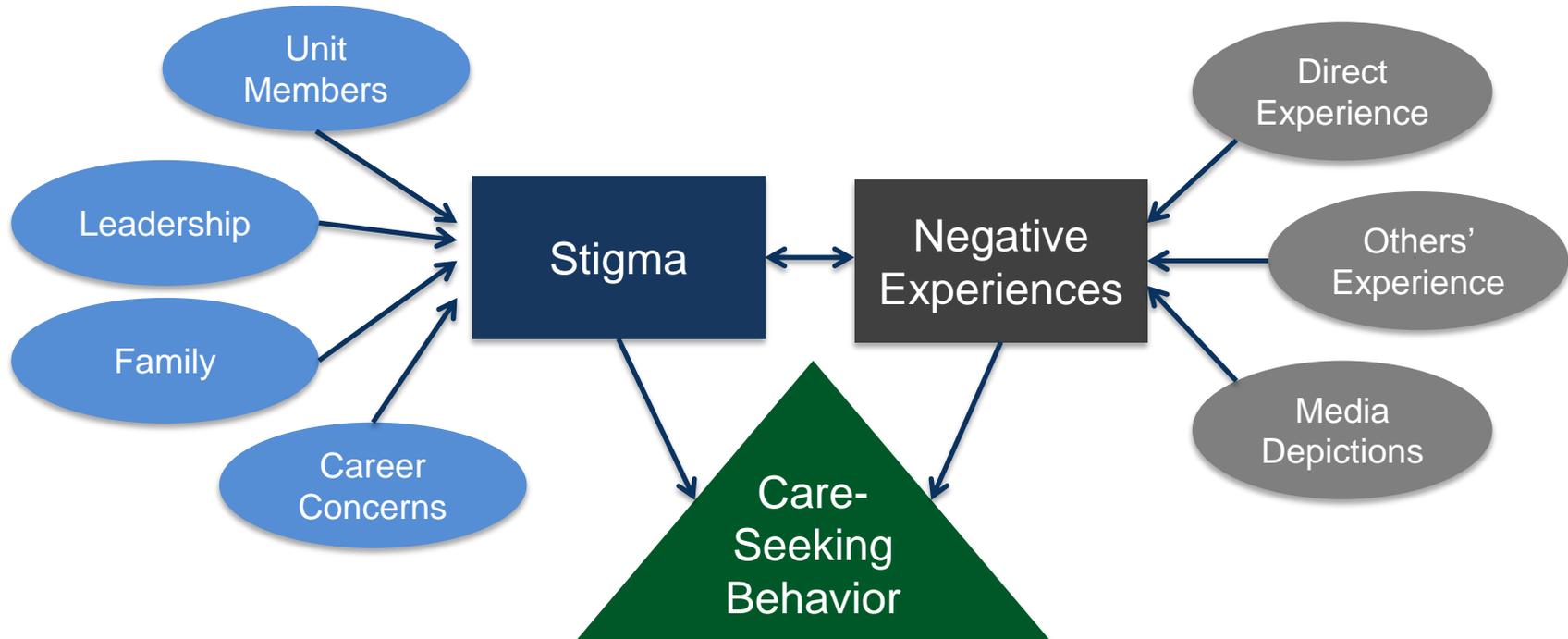
- Apply codes to data by reading and re-reading data until no new themes emerge
- Codes may be refined, expanded or eliminated throughout this process
- Clarify contrasts and comparisons
 - New patterns may emerge in the data, even at the latest stage
- Establish credibility by linking data to codes
 - Document quotes from multiple participants that support the evaluator's interpretations

Reduce: Check Reliability

- Inter-coder agreement is the extent to which independent coders evaluate data (e.g., blocks of text) and reach the same conclusion
- Ideally, two or more people code the data and compare how they applied codes:
 - Do two coders working separately agree on the definitions?
 - Do they apply the codes in the same way?

Describe: Create a Visual Display

When appropriate, use diagrams to show how something works or to clarify relationships between parts of a whole



Example: A network diagram shows links between categories, variables or events over time

Describe: Communicate Results

- Keep in mind your audience may be unfamiliar with qualitative methods
- Clearly describe:
 - Participant recruitment
 - Participant characteristics
 - Data collection and analysis procedures
 - Reasoning behind conclusions
- Be mindful of confidentiality as the sources of qualitative data are often easier to identify than numerical data

Reporting Qualitative Findings



Purpose of Qualitative Data Analysis and Reporting

- The purposes of conducting analyses in program evaluation are to address questions about the quality or effectiveness of a program and to identify ways to enhance a program
- Evaluators report results of evaluations to:
 - Demonstrate the importance and benefits of the program
 - Provide accountability to stakeholders (e.g., funding sources, oversight agencies, advocacy groups)
 - Generate additional support for the program
 - Inform stakeholders about plans to improve quality and outcomes

Establishing Validity in Qualitative Methods

Term	Definition	Evaluation Tactic
Credibility	Extent to which data fit views of the participants or whether the findings hold true	Member check - verify interpretations with participants
Transferability	Extent to which findings are applicable to other populations and settings	Provide detailed descriptions about participants as well as the setting for the program evaluation
Dependability	Extent to which data collection and analysis processes are logical and repeatable	Maintain or document detailed accounts of the program evaluation process
Confirmability	Extent to which data support the findings	Use multiple evaluators and examine potential biases

Managing Threats to Validity

- It is especially important when using qualitative methods to use practices that maximize data validity:
 - Select participants representative of population
 - Focus on common themes over infrequent responses
 - Express data in participants' words
 - Document data collection and analysis procedures
 - Check interpretations with participants
 - If possible, compare interpretations across multiple evaluators

Reporting Qualitative Data

- When reporting the results of evaluations, present findings from qualitative and quantitative data together:
 - Use graphs, tables, diagrams and key quotes
 - Interpret findings and draw conclusions
 - Support all conclusions with evidence through clear, consistent use of data (e.g., numbers, quotes)
 - Identify implications for policy and practice



Example: Integrating Data from Mixed Methods

- Program Sierra administrators asked: Was the program implemented with fidelity (e.g., as intended or planned)?
- Quantitative data were derived from budgetary data and personnel records for the past five years:

Category	FY 2010	FY2011	FY 2012	FY2013	FY 2014	Change
Program Budget	\$733,696	\$707,472	\$685,446	\$645,798	\$598,442	↓ 18%
Personnel						
Professional - Social workers	40	39	38	37	34	↓ 15%
Professional - Nurses	20	18	16	15	12	↓ 40%
Paraprofessionals	5	8	10	12	15	↑ 200%
Administrative staff	5	5	4	4	3	↓ 40%

Example: Integrating Data from Mixed Methods (continued)

- Qualitative data were collected using interviews with the current and previous program manager, and focus groups with service providers at two program sites
- Sample themes identified:

Code Name	Code Definition	Example Quotes
Prior experience	Descriptions of ways in which prior experience and/or training related to quality of service provision	“I had little formal training before coming to Program Sierra, so I had to figure it out as I went.” - Provider
Training needs	Descriptions about ways in which increased training, especially for personnel with less prior knowledge, would enhance quality	“We have a wide range of skillsets and training backgrounds, so it would help to provide more training and establish mentoring relationships.” -Manager
Provider-client relationships	Descriptions of ways in which providers were able to form a working alliance with clients, their family members, and/or other providers involved in their care	“I have great relationships with my clients but need to learn how to work the service systems to better help them.” -Provider

Example: Integrating Data from Mixed Methods (continued)

- Summary of key findings:
 - Budget reductions led to replacement of professional providers (i.e., social workers, nurses) by paraprofessionals (i.e., unlicensed personnel with some specialized training)
 - Limited training and experience have reduced service quality and the ability of providers to navigate local service systems
- Suggested improvements:
 - Program Sierra should provide quarterly training workshops for junior personnel and paraprofessionals, followed by ongoing support and quality assurance
 - Experienced personnel should be considered for mentoring and/or supervisory roles

Special Considerations for Handling and Reporting Qualitative Data

- Qualitative data collection, analysis and reporting pose extra risks, because data can be more easily identified
- Limit access to primary data during analysis to only those absolutely need access
- Use pseudonyms in place of names and only general demographic information (e.g., “a Naval officer” vs. “a 32-year-old Navy Lieutenant stationed in Norfolk, Virginia”)
- Follow all applicable rules, regulations and agreements regarding data disclosure

Common Challenges

Common Challenges FAQ

- My staff lack the resources, such as time, training and materials to collect and analyze qualitative data.
- What types of qualitative data analysis software are available to support program evaluation?
- How can I use qualitative methods to improve my program?

My Staff Lack the Resources, Such as Time, Training and Materials, to Collect and Analyze Qualitative Data

- Program evaluation, whether carried out through qualitative and/or quantitative methods, is an important investment in a program's future
- Qualitative methods do not need to be overly complex or time-consuming to be of benefit (e.g., comment cards, annual focus groups, observation)
- Over time, program evaluation results may be used to identify critical processes and eliminate or streamline others
- Many materials and training opportunities are free or low-cost, and consultation may be readily available from colleagues or researchers

What Types of Qualitative Data Analysis Software Are Available to Support Program Evaluation?

- Word processing and spreadsheet software (e.g., Microsoft® Word and Excel) can be used for basic analysis functions, such as key word searches, sorting, filtering and creating simple graphics
- Free (e.g., CDC EZ-Text) or commercial (e.g., Atlas.ti® or NVivo®) software includes advanced functions to identify and link common themes, record audio memos and create network diagrams
- Software choices depend upon the requirements of the data plan, complexity of analyses and training/support resources needed (Rogers & Goodrick, 2010)

How Can I Use Qualitative Methods to Improve My Program?

- Qualitative methods may be used to:
 - Understand participants' experiences with staff and services
 - Improve fit between program and its context or population
 - Overcome barriers to participation, low satisfaction, poor results
 - Gather feedback from staff and stakeholders about potential improvements

- Real-life examples in military programs:
 - Provision of services by unit-embedded providers to enhance program participation
 - Modifications of program language to reduce stigma (e.g., customer vs. patient)
 - Identification of unintended barriers to future help-seeking resulting from programs focused on improving resilience

Conclusion

Key Takeaways

- ★ Qualitative data can provide a rich source of information about how a program operates and how it affects participants
- ★ Qualitative data analysis involves identification of common themes used to address evaluation questions
- ★ Qualitative and quantitative methods are complementary in that they both have unique strengths



Photo by: Stewart Leiwakabessy

References and Resources

References and Resources

- Administration for Children and Families, Office of Planning, Research and Evaluation (2010). *The program manager's guide to evaluation* (2nd ed.). Retrieved from U.S. Department of Health and Human Services website: <http://www.acf.hhs.gov/programs/opre/resource/the-program-managers-guide-to-evaluation-second-edition>
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References and Resources (continued)

Agency for Healthcare Research and Quality: <http://www.qualitymeasures.ahrq.gov>

American Evaluation Association: <http://www.eval.org/>

Centers for Disease Control and Prevention, Program Performance and Evaluation Office: <http://www.cdc.gov/program/>

Center for Quality Assessment and Improvement in Mental Health: <http://www.cqaimh.org/NIMHQM.htm>

DCoE Program Evaluation: http://www.dcoe.mil/About_DCoE/Program_Evaluation/Resources_and_Training.aspx

Defense and Veterans Brain Injury Center: <http://dvbic.dcoe.mil/>

Deployment Health Clinical Center: <http://www.pdhealth.mil/>

Medicine Sans Frontiers (Doctors Without Borders):

<http://fieldresearch.msf.org/msf/bitstream/10144/84230/1/Qualitative%20research%20methodology.pdf>

Minnesota Department of Health, Quality Improvement Toolbox: <http://www.health.state.mn.us/divs/opi/qi/toolbox/>

National Center for PTSD: <http://www.ptsd.va.gov/professional/assessment/overview/index.asp>

National Institutes of Health Toolbox: <http://www.nihtoolbox.org/>

National Quality Forum: www.qualityforum.org/Measures_Reports_Tools.aspx

Qual Page, University of Georgia: <http://www.qualitativeresearch.uga.edu/QualPage/index.html>

References and Resources (continued)

Substance Abuse and Mental Health Services Administration, National Behavioral Health Quality Framework:

<http://www.samhsa.gov/data/national-behavioral-health-quality-framework>

University of Kansas, Community Toolbox: <http://ctb.ku.edu/en>

University of Wisconsin-Extension: www.uwex.edu/ces/pdande

U.S. Army Public Health Command, Behavioral and Social Health Outcomes Program (BSHOP):

<http://phc.amedd.army.mil/topics/healthsurv/bhe/Pages/BehavioralandSocialHealthOutcomesProgram%28BSHOP%29Services.aspx>

U.S. Department of Veterans Affairs, Health Services Research & Development: <http://www.hsrp.research.va.gov/>

Feedback and Question-and-Answer Session

Feedback and Question-and-Answer Session

- We are now open for a live question-and-answer session. Please submit your questions anonymously via the Question box located in the center of your screen.
- Your feedback is important!
 - After the Q&A, please follow the displayed link to complete the Interactive Customer Evaluation (ICE) card
 - Or, you may immediately access the ICE card via the Chat box
- Additional questions and comments may be directed to

Capt. Armen Thoumaian

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Save the Date

The next webinar in the DCoE PEI Webinar Series will be on May 19, 2015 from 1–2:00 p.m. ET

Analyzing Program Evaluation Data: How to Interpret Quantitative Data

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31						

Program Sierra Example

See also: Episodes 2 (Jan. 20, 2015) and 3 (Feb. 17, 2015)
in the FY2015 DCoE PEI Series and
Module 2 of the DCoE Program Evaluation Guide (2nd Ed.)



Non-Clinical Program Example

Mission: At Program Sierra, we seek to ensure that service members who are wounded, ill or injured successfully reintegrate into civilian life or return to duty in the military. By performing our mission effectively, we hope to enhance force readiness and improve the quality and efficiency of services across the Defense Department



DoD photo by Pat Cubal

Non-Clinical Program Example (continued)

Goal 1: Program Sierra helps service members transition to civilian life or return to duty with increased functioning and a sustainable, individualized system of support and care to meet ongoing needs

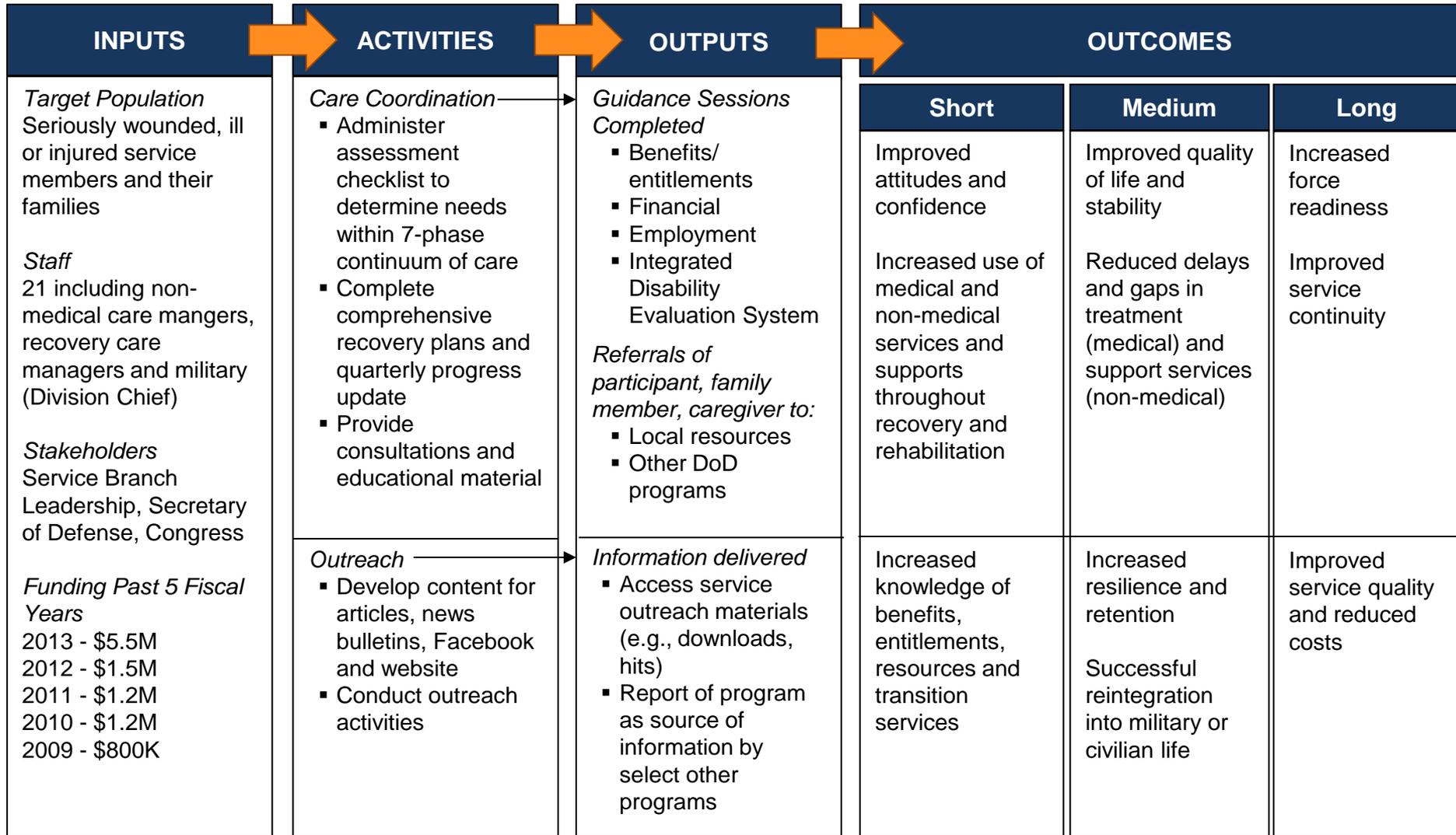
- **Objective 1A:** To assess all service members referred to the program and work with the service member and his or her family or caregiver to determine their needs and develop a plan for reintegration, followed by guidance sessions and service referrals
- **Objective 1B:** To increase use of services and supports for participating service members and enhanced functioning in targeted areas measured on an ongoing basis
- **Objective 1C:** To ensure continuous access to medical and non-medical services from point of illness/injury and for as long as needed to secure resilience and stability

Non-Clinical Program Example (continued)

Goal 2: Program Sierra provides media materials and outreach in order to enhance service members' knowledge and awareness of the support and services available to assist them with reintegration

- **Objective 2A:** To produce and deliver media materials to targeted locations in order to increase awareness of services and supports as indicated by reports from other programs regarding source of referral or knowledge
- **Objective 2B:** To increase service use and improve quality by promoting effective support and care services to those who need them

Non-Clinical Program Example (continued)



Non-Clinical Program Example (continued)

ASSUMPTIONS

Care coordination is required for target population to effectively access available services and supports



EXTERNAL FACTORS

Program is highly political – care for wounded service members is a priority issue for President, Congress and senior leaders in the Defense Department and Department of Veterans Affairs

There is widespread community support for assisting wounded, ill and injured service members

An additional example for a clinical program is provided in DCoE's *Program Evaluation Guide* (2nd Edition), Appendix A