



DEFENSE CENTERS
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& Traumatic Brain Injury

Data Collection in Program Evaluation: How to Ensure Quality and Security

Capt. Armen H. Thoumaian, Ph.D., USPHS

Aaron Sawyer, Ph.D.

Carter Frank, M.A., M.S.

Carmina Aguirre, M.A.

March 17, 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
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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:

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- All who registered prior to the deadline on Tuesday, March 17, 2015 at 3 p.m. (ET) and meet eligibility requirements stated above, are eligible to receive a certificate of attendance or CE credit.

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- The Duke Medicine website online CE post-test and evaluation will be open through Tuesday, March 24, 2015, until 11:59 p.m. (ET)

Continuing Education Details (continued)

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- **NASW:** National Association of Social Workers (NASW), North Carolina Chapter: Southern Regional AHEC will award contact hours commensurate to the length of the program to participants who attend 100% of the program.



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.

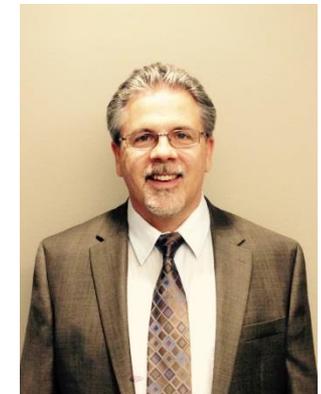


Dr. Aaron Sawyer

Carter Frank, M.A., M.S.

Research Scientist, Contract Support for DCoE

Mr. Carter Frank has over 15 years of experience in program development and management at local, regional and national levels. The breadth of his 33-year career includes 11 years of military service, spans military and civilian environments, clinical and non-clinical mental health operations, training, human resource management, business development and government contracting. Mr. Frank holds a B.S. in mathematical sciences, a M.A. in counseling, and a M.S. in management information systems. He is a licensed clinical professional counselor.



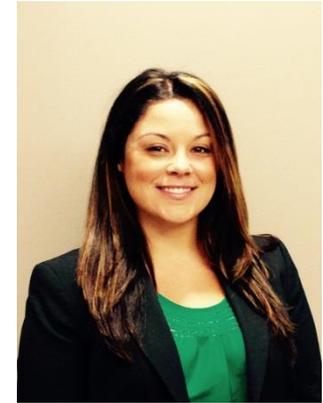
Mr. Carter Frank

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 carry out quantitative and qualitative data collection using new and existing sources of information. In addition, it will discuss ways to ensure accuracy and security throughout the data collection process.
- At the conclusion of this webinar, participants will be able to:
 - Identify key structures and procedures needed to begin data collection
 - Describe qualitative and quantitative data collection methods
 - Incorporate best practices to enhance accuracy and security
 - Select and implement strategies to address common data collection challenges

Agenda

- Initiating Data Collection
- Quantitative and Qualitative Methods
- Storing and Securing Data
- Common Challenges
- Conclusion
- References and Resources
- Feedback and Question-and-Answer Session

Initiating Data Collection

Introduction



Photo courtesy of HKA,
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“The goal is to turn data
into information, and
information into insight.”

– *Carly Fiorina,
former CEO of
Hewlett Packard*

Blueprint for Program Evaluation: Moving from Preparation to Execution



- Define program using mission statement, goals, objectives and a logic model
- Develop evaluation strategy based to meet identified needs
- Develop a data plan that states how evaluation will be carried out

- Collect and store data
- Analyze and interpret data

- Communicate findings to stakeholder groups
- Implement improvements based on findings

Build a Solid Foundation for Data Collection

Prior to initiating data collection, key structures and procedures should be in place, including:

- 1) **Data Plan:** Begin with a detailed data plan that specifies timelines, metrics, personnel and other resources for data collection and storage
- 2) **Standard Operating Procedures (SOPs):** Develop SOPs that specify how program personnel will carry out data collection and storage activities
- 3) **Training:** Ensure program personnel receive adequate training, including practice, before collecting data
- 4) **Quality Assurance:** Be prepared to conduct regular quality assurance checks and provide ongoing supervision and training

Data Plan

Once an evaluation design is selected and important decisions about measures and metrics have been made, the next step in the evaluation process is to develop a detailed plan for how to complete data collection, including:

- What data will be collected?
- Who will collect the data?
- When will data be collected?
- How will data be stored?
- How will data be analyzed?
- How will quality assurance and accuracy be checked?



Data Plan (continued)

Specify important details of a data plan using one or more data matrices like the template below

Matrix Item	Metric 1	Metric 2	Metric 3
Data source			
Data collection method			
Who will collect data?			
Frequency			
Who will input data?			
Who will analyze data?			
How will data be used?			

Standard Operating Procedures (SOPs)

- SOPs help to reduce variation and errors in data collection procedures
- They also help to ensure continuity over time as new personnel enter and exit a program
- SOPs may include:
 - Scripts or guides for data collection (e.g., how to administer a measure or conduct an interview or focus group)
 - Detailed procedures for how and where to store/enter data (e.g., checklists for data entry and security)
 - Frequently asked questions and responses (e.g., Who can access data? What regulations apply?)

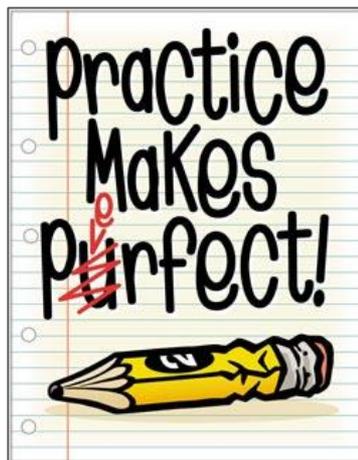
Training

Provide high quality training to personnel before initiating data collection activities, including:

Check	Best Practice
❑	Provide clear instructions and/or a script (as appropriate) for personnel who will collect the data
❑	Review example(s) of completed instrument(s) or interview transcript(s)
❑	Rehearse procedures to promote consistency
❑	Ensure proficiency in data collection procedures prior to beginning an evaluation
❑	Provide appropriate supervision and support, and use quality assurance checks to monitor quality on an ongoing basis
❑	Ensure personnel are aware of and have up-to-date training on applicable regulations

Training (continued)

- Pilot testing and opportunities for practice before data collection procedures “go live” will help to identify and work through potential problems
- Seek feedback from program personnel and participants about procedures; poor adherence to SOPs may indicate a need for modifications or additional training



Quality Assurance

- Ongoing support and accountability mechanisms are needed to ensure data accuracy over time and to reduce risks to data security
- Assign a qualified individual (e.g., program manager) the task of supervising data collection and storage
- Conduct regular quality assurance checks and provide personnel with feedback
- Results of quality assurance checks should be used to guide training and support

Quantitative and Qualitative Methods

Data Collection Methods Are Based on Evaluation Questions

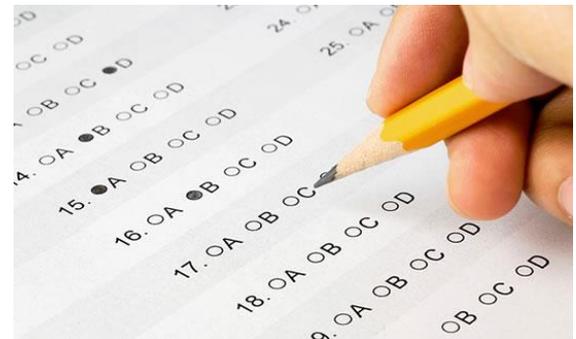
- Evaluations often contain multiple questions of interest (e.g., satisfaction, barriers, quality of implementation)
- Use quantitative, qualitative or both data collection methods based on the specific question(s) to be addressed
- Ideally, use two to three metrics per area of interest, with varying data collection methods and sources of information
- Note that data collection may lead to additional evaluation questions as new information is gained

Common Quantitative Data Collection Methods

Source	Description	Characteristics
Questionnaires	Multi-item standardized measure that requires individual to provide response to questions or statements about some quality or characteristic	Can be administered in-person or via mail, telephone or electronically; may contain ratings (e.g., 1 to 5), yes/no, true/false, or frequency
Learning assessments	Multi-item test or quiz in which individual selects correct responses from a list of choices	Can be administered through multiple media; generally only one correct response
Structured screening protocols	One-on-one interview designed to generate specific information	Interviewer gathers specific information from individual and provides ratings based on predetermined scoring rules

Questionnaires and Learning Assessments

- Provide standardized instructions for completing measure and answer questions as appropriate
- Remain neutral and avoid providing information that may bias participants' responses
- Follow instructions for administration and scoring
- Examples:
 - Patient Health Questionnaire Depression Scale (PHQ-9)
 - Short-Form 36 Health Survey (SF-36)
 - Post-training quizzes or tests



Structured Screening Protocols

- Often require a clinical license or supervision by licensed individual for use
- Carefully follow script and remain neutral in responses; probe for additional information only as indicated by administration manual
- Scoring rules are described in administration manual
- Examples:
 - Clinician-Administered PTSD Scale for DSM-V (CAPS-5)
 - Military Acute Concussion Evaluation (MACE)

Common Qualitative Data Collection Methods

Source	Description	Characteristics
Interviews	One-on-one conversation	Can be structured or semi-structured
Focus groups	Group conversation facilitated by moderator	Use structured protocol with groupings of similar individuals
Open-ended comments	Written response on feedback forms or surveys	Voluntary expression of thoughts, opinions, suggestions
Observations	Log or description of activity	Applied in consistent manner to minimize bias
After Action Reviews	Group review following activity	Focus on strengths and opportunities for improvement
Case Studies	In-depth longitudinal observations	Study of one individual, process or program over time

Interviews

- Use interviews to generate in-depth information from an individual very familiar with the topic
- Work well for sensitive or complex issues
- Employ a structured or semi-structured discussion guide and a private meeting space
- Record and transcribe if possible or take detailed notes
- Provide active guidance to access desired information or perspective, but remain neutral



Focus Groups

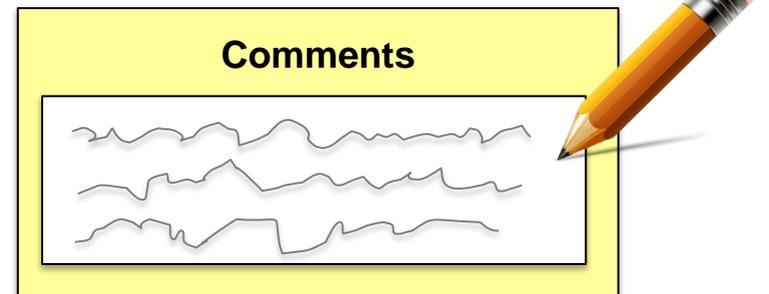
- Focus groups should have:
 - Skilled moderator
 - 4-12 participants with similar status or rank
 - Discussion guide
 - Meeting room organized for group interaction
 - Recording method

- Moderator should structure interactions:
 - To be safe and permissive
 - To encourage maximal participation
 - To be free-flowing and interactive
 - To preserve dignity



Open-Ended Comments

- Use open-ended comments to generate brief written responses on feedback forms or open-ended items on questionnaires
- Include comments from social media or other forums as appropriate
- Use either broad (e.g., use this space to provide comments) or specific prompts (e.g., tell us how we can improve our services)



Observation

- Use observational techniques to understand behavior in context (i.e., how people behave in realistic settings)
- Focus on observable behaviors or conditions (i.e., what happens rather than why)
- Use a checklist to standardize data collection and reduce writing
- Note the act of observation can influence the behavior of those being observed



After Action Reviews (a.k.a. Hotwashes)

- Use after action reviews to assess strengths and opportunities for improvement for an event or process
- Leader should be the person responsible for event
- Complete review as close in time to the event as possible, and limit length of review period
- Provide all personnel involved to voice opinions or observations
- Summarize in meeting notes or a brief written report including action items



Case Studies

- Use case studies to examine in-depth what happens to a person or group over the course of time
- At a minimum, cover the period between program entry and exit
- Portray the story of a person or people who represents the population
- Use multiple data collection methods (e.g., observation, interviews)



Communicate with Participants About Privacy and Confidentiality

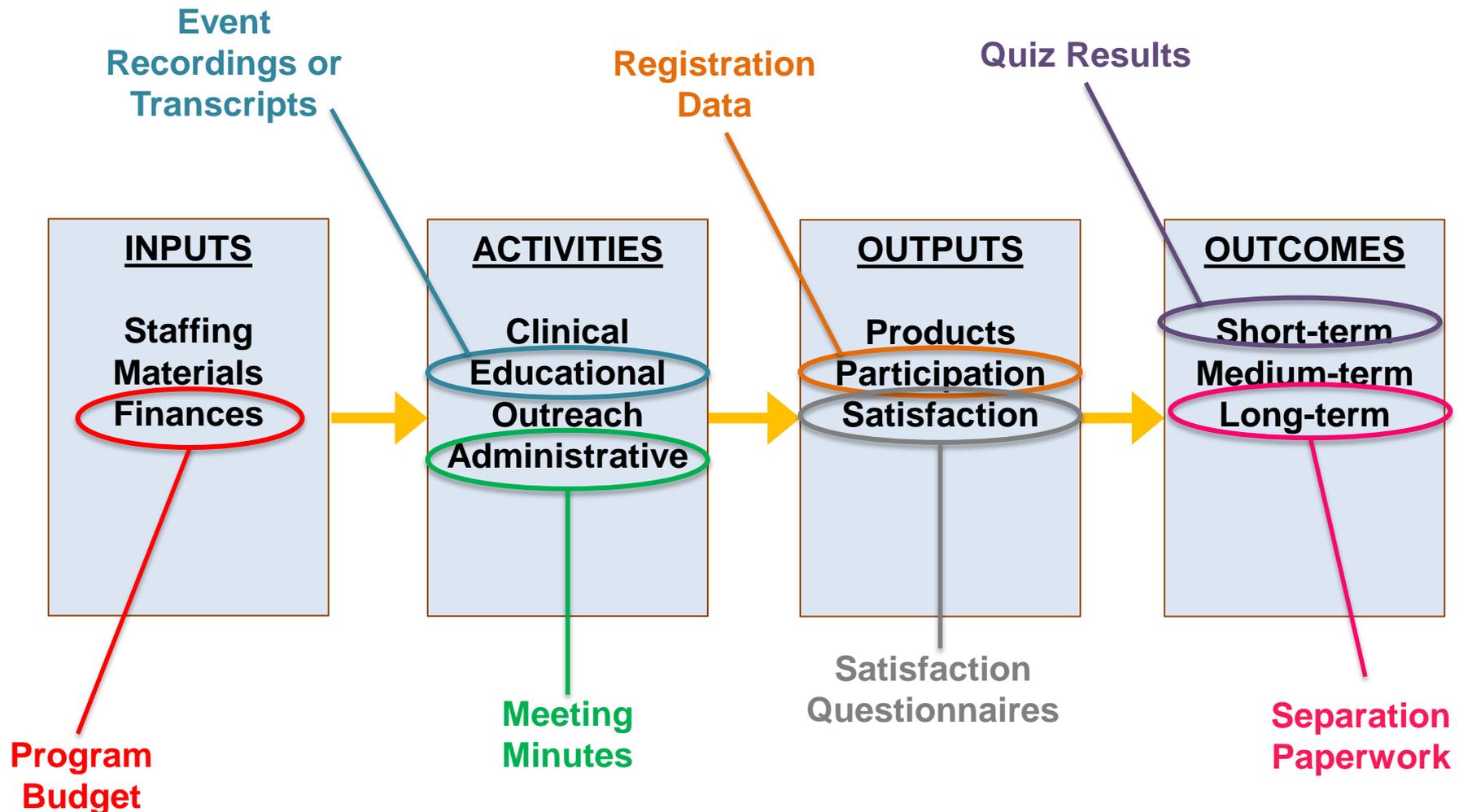
During data collection, follow regulations related to consent with by providing statements about:

Participant Concern	Example
How will data be collected?	Audio or video recordings, written, electronic
Who is expected to participate?	Rank, job roles
Who will have access to data?	Service providers, unit commanders
How will privacy and confidentiality be maintained?	Participant ID number, presented in aggregate form only
How will data be stored?	Locked room or file cabinet, encrypted database
When will data be destroyed?	Mandatory storage period of # years

Existing Data Sources

- Use existing data sources when available to increase efficiency in the data collection process
- May require combining information from different data systems (e.g., recoding, merging datasets)
- Ensure that existing data are incorporated into the broader program evaluation database and matched to individual-level data as appropriate
- Secure data use agreements and permissions as needed with outside groups that house data (e.g., service records, health care utilization)

Example: Consider Existing Data Sources That May Be Available



Note: Although assumptions and external factors are important to acknowledge and document in a logic model, they are not the focus of measurement efforts.

Storing and Securing Data

Data Storage May Not Be Exciting, But It Is Important

- Proper handling of data is critical to the success of program evaluation efforts in that it supports:
 - Data accuracy
 - Data security
 - Participant privacy and confidentiality
 - Ongoing access to data
- Data storage activities require:
 - Time, training and support (e.g., quality assurance)
 - Storage media (e.g., database software, file cabinets)
 - Security measures (e.g., locks, encryption, SOPs)



Multiple Steps Are Related to Data Collection

Be sure to make efforts to protect data accuracy and security at each step in the data collection process and when reporting results to stakeholders

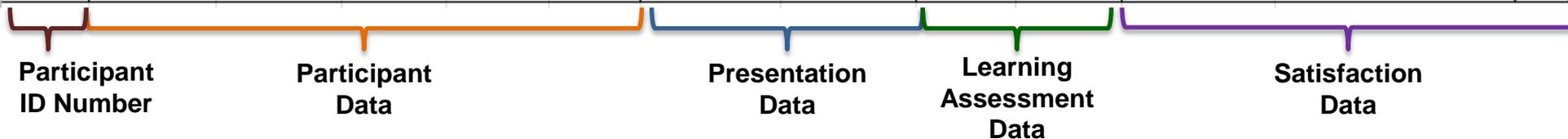


Database Entry

- Although paper forms may be used to collect data, nearly all information (e.g., scores, transcripts, audiovisual files) should be stored electronically
- Quantitative data may be stored using a number of available database programs (e.g., Microsoft® Excel or Access, IBM's Statistical Package for the Social Sciences)
 - Software programs vary in their functions (e.g., data-validation, statistical analysis) and compatibility with other programs
 - Specialized training may be needed to successfully operate these programs

Example: Database Entry Using Microsoft® Excel

A	B	C	D	E	F	G	H	I	J	K	L
ID	Service Branch	Duty Status	Rank	Sex	Age	Training Date	Presenter	Pre Test	Post Test	Satisfaction	Comments
1	Air Force	Active	E3	Female	21	3-Apr-14	Johnson	3	4	4	[None]
2	Air Force	Active	O4	Female	32	3-Apr-14	Johnson	4	5	5	Informative presentation
3	Navy	Active	E8	Male	46	3-Apr-14	Johnson	2	4	4	Would like more examples
4	Marine	Reserve	O2	Male	25	3-Apr-14	Johnson	3	4	3	Boring but useful
5	Marine	Active	E5	Male	23	3-Apr-14	Johnson	4	4	4	Good work
6	Air Force	Reserve	E4	Female	27	3-Apr-14	Johnson	1	3	4	[None]
7	Army	Guard	E6	Male	24	3-Apr-14	Johnson	3	5	5	Very applicable
8	Marine	Active	W1	Male	23	3-Apr-14	Johnson	4	5	5	Great!
9	Air Force	Active	E8	Female	36	3-Apr-14	Johnson	2	3	2	Difficult material
10	Air Force	Reserve	E9	Male	39	3-Apr-14	Johnson	5	5	4	[None]
11	Marine	Active	O5	Male	56	7-Nov-14	Smith	3	4	4	Accessible and useful
12	Army	Guard	E3	Male	35	7-Nov-14	Smith	4	5	5	Excellent!
13	Army	Reserve	O3	Male	48	7-Nov-14	Smith	4	4	3	Need more resources
14	Army	Active	W4	Male	45	7-Nov-14	Smith	3	3	1	Not at all engaging
15	Marine	Active	W3	Female	36	7-Nov-14	Smith	3	4	4	[None]
16	Navy	Active	E4	Female	25	7-Nov-14	Smith	4	5	5	Enjoyable-will tell others
17	Army	Active	O3	Male	28	7-Nov-14	Smith	2	4	5	Fantastic content
18	Navy	Reserve	E8	Female	50	7-Nov-14	Smith	1	3	3	[None]
19	Navy	Active	O2	Male	29	7-Nov-14	Smith	4	5	5	[None]
20	Air Force	Guard	O1	Male	24	7-Nov-14	Smith	5	5	4	Good but needs examples



Know the Rules and Regulations

- Program personnel should be aware of all applicable rules and regulations for collecting and handling data, which may include:
 - Health Insurance Portability and Accountability Act (HIPAA, 1996)
 - Defense Department regulations
 - Mandatory reporting laws (e.g., child maltreatment)
 - Informed consent and debriefing requirements
 - Duties to warn or inform authorities regarding risks
 - Ethical guidelines (e.g., American Medical Association, American Psychological Association)



Know the Rules and Regulations (continued)

Sensitive data should be stored and maintained in a way that ensures participants' privacy and confidentiality

- Many programs may be subject to the regulations under the 1996 Health Insurance Portability and Accountability Act (HIPAA)
- Personal Identifiable Information (known as PII) includes demographic information that can be used to identify a program participant
- Protected Health Information (known as PHI) includes information about an individual's health status

CONFIDENTIAL

Best Practices for Protecting Privacy and Confidentiality

- ✓ Do not collect unneeded data
- ✓ Avoid any unnecessary disclosures and restrict off-site data usage
- ✓ Use encryption, password protection and/or a lockbox for data transfer
- ✓ Create clear policies and standard operating procedures (SOPs) for data collection activities
- ✓ Conduct regular training and quality assurance checks for data accuracy and security

Best Practices for Protecting Privacy and Confidentiality (continued)

- ✓ Obtain consent from participants and approval by institutional review boards (IRBs) and chain of command as required
- ✓ Destroy data securely following any mandatory storage period
- ✓ De-identification – use participant identification numbers and separate information from identifiers
- ✓ Anonymous data – in rare circumstances use data collection procedures that do not record identifiers
- ✓ Pilot test the data entry and storage procedures before use



Common Challenges

Common Challenges in Data Collection FAQ

- What is the best way to carry out training for data collection?
- How do I handle intense emotional responses that occur during data collection?
- How structured should my interview or focus group be?

What Is the Best Way to Carry Out Training for Data Collection?

- Best practices for any training include:
 - Reference materials (e.g., manual, SOPs)
 - Opportunities for “live” practice (e.g., role-plays)
 - Skills demonstration with feedback on performance
 - Ongoing support and opportunities for consultation
 - Measurement of competence and quality assurance checks
- For data collection, training targets may include:
 - Measure administration
 - Scoring/coding
 - Database entry
 - Analysis procedures
 - Maintenance tasks

A brief once-and-done training effort is not sufficient to support data accuracy and security

How Do I Handle Intense Emotional Responses That Occur During Data Collection?

- Staff involved in the data collection processes may encounter statements about:
 - Medical, psychological health, traumatic brain injury issues
 - Suicidal/homicidal thoughts, sadness, anger, intense frustration
 - Child or spousal abuse, relationship problems
- Develop standard operating procedures based on applicable regulations for how to handle concerning statements including:
 - If/when confidentiality may be broken
 - How to proceed in an emergency situation
 - When and to whom reports of concerns should be made
 - Referral resources for participants and procedures for distribution

How Structured Should My Interview or Focus Group Be?

- The degree of structure in interviews and focus groups depends whether the evaluator is seeking responses to highly specific questions versus looking for new information and unique perspectives
- An interview/focus group guide should be used and will contain priority questions as well as prompts that may be used to draw out additional information
- For more structured interviews or focus groups, be sure to rehearse ways to redirect conversation toward desired information when it appears to be off-topic

Conclusion

Key Takeaways

- ★ Data collection produces the information on which program evaluation results are based
- ★ Quantitative and qualitative methods help to provide a comprehensive picture of a program and its participants
- ★ Training and quality assurance checks are needed to ensure accuracy, security and compliance with rules and regulations



Photo courtesy of Stewart Leiwakabessy

References and Resources

References and Resources

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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/>

Department of Defense Instruction for Surveys (DoDI 1100.13): <http://www.dtic.mil/whs/directives/corres/pdf/110013p.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

Substance Abuse and Mental Health Services Administration, National Behavioral Health Quality Framework:
<http://www.samhsa.gov/data/national-behavioral-health-quality-framework>

References and Resources (continued)

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

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

U.S. Department of Health and Human Services:

Code of Federal Regulations: <http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html>

Health Insurance Privacy and Portability Act: <http://www.hhs.gov/ocr/privacy/hipaa/administrative/statute/>

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