Background: In 2020, the year for which we have the most recent mortality data, the United States lost nearly 46,000 lives to suicide. Data from the Department of Veteran Affairs revealed that in 2019, the veteran suicide rate was 1.5 times higher than non-veterans, which equates to an average of 17 veteran suicides per day. To address the challenge of veteran suicide and improve the delivery of upstream veteran suicide prevention programs, the CDC Foundation was awarded a federal grant in 2018 to implement the Veteran Suicide Prevention: Evaluation (VSPE) Demonstration Project. The CDC Foundation, in partnership with CDC’s National Center for Injury Prevention and Control (NCIPC), developed and administered a competitive grant program that provides funds to non-governmental veteran serving organizations (VSOs) to strengthen competencies for strong, ongoing program evaluation.

Project Vision:
- To build sustainable evaluation capacity among VSOs.
- To increase VSOs' understanding of their role in upstream suicide prevention.
- To strengthen relationships and break down silos between those working in veteran suicide prevention.

VSO Programs: VSOs selected for the VSPE Demonstration Project were implementing programs using the Community Integration Model and/or the Connectedness Model. The Community Integration Model serves as a hub for veterans to connect with and access relevant services, while the Connectedness Model focuses on connecting veterans to other veterans, civilians and the community to reduce social isolation, a known risk factor in suicide.

From 2018 - 2021, the VSPE Demonstration project has provided $650k in grant funding to 14 organizations.

The VSPE Demonstration Project empowers VSOs to improve and ultimately enhance their ability to serve veterans, military families and their communities. In the first three years of implementation (2018-2021), the VSPE Demonstration Project focused on building evaluation capacity by helping VSOs answer process evaluation questions, such as "How well are we implementing this program?" and "To what extent are we implementing this program as intended?"

Grant recipients received individualized technical assistance, tools and resources from the CDC Foundation and from CDC evaluation and suicide prevention experts. The capacity building approach not only focused on the technical aspects of evaluation methodology, data, modeling, etc., but also emphasized strategy, partnerships and community. Informed by their specific program needs, VSPE grant recipients developed evaluation questions, a logic model, evaluation plan and a final report to disseminate their findings to key partners.

Example evaluation projects included evaluating partner engagement or the effectiveness of diagnostic/risk awareness tools. There was also a focus on evaluating the connection of veterans to volunteer and community activities, assessing the effectiveness of onboarding clients into programs and identifying factors for long-term program success.
**VSPE Impact:** VSPE grant recipients conducted their evaluation projects over a period of eight months. As illustrated in Figure 2, VSPE grant recipients represent organizations across the United States serving veterans at the local, state and national levels.

Each year, the VSPE grant recipients complete an exit satisfaction survey and an adapted version of the CDC Evaluator Self-Assessment at the end of the project period. Six-months following project completion, VSPE grant recipients also take part in semi-structured interviews to help the CDC Foundation capture the success, challenges and any impact of evaluation capacity within their organizations.

The findings of the surveys, assessments, and interviews are then analyzed to evaluate the effectiveness and impact of the VSPE Demonstration Project. Across years 1-3, the VSPE project improved evaluation knowledge and skills, and enabled recipients to establish connections with other organizations. This improved capacity and connection increased effectiveness, efficiency and capability to achieve missions and goals related to the well-being of veterans and military families.

**Major themes from Year 1-3:**

**Strengthened Collaborations and Partnerships**
- Stronger stakeholder engagement.
- Improved communication with internal and external stakeholders.

**Improved Programs for Veterans**
- Improved alignment of inputs, activities, and desired outcomes.
- Improved strategic planning and programmatic focus.
- Increased data utilization for more effective program implementation.

**Increased Credibility, Funding and Visibility**
- Increased data driven fundraising ability.
- New opportunities to engage with partners as respected experts and contributors to the veteran suicide prevention space.

**Increased and Sustained Evaluation Capacity**
- Improved evaluation practices.
- Increased use of evaluation techniques and methodologies throughout the program lifecycle.

"I see that across a lot of different partnerships, that we are definitely in a lot of conversations that we never would have been in, had we not been part of that [VSPE grantee cohort]" – Year 2 Grant Recipient

"We have shared the logic model we created with funders, the program team, and our board. It’s given them a clear layout of what we currently do and what we hope to do in the future” – Year 3 Grant Recipient

"Last year we were able to raise more than we had in the three years prior combined, and we believe that it’s a direct result of this project. We were able to demonstrate and articulate our impact in those grant applications pulling directly from our logic model.” – Year 2 Grant Recipient

"Being able to better communicate our impact, our results with kind of all the stakeholders, whether it’s internal or external, and really understanding and being able to communicate the needs of veterans, and how our upstream approaches differ…I think, has been a really important skill that I don’t think I was expecting to come from this, and it has been really instrumental in so many different aspects of our organization” -Year 3 Grant Recipient

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