



## 2012 WEST VIRGINIA VETERANS STUDY

Supported by the Select Committee on Veterans Affairs,  
West Virginia State Legislature

Proposal Submitted by:  
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DUNS: 82-756-0744

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## 1. BACKGROUND AND INTRODUCTION

In 2007-2008, the Interim Select Committee on Veterans Affairs (the Committee) of the West Virginia (WV) Legislature sponsored a study of approximately 1,000 WV Veterans. The study findings indicated that WV Veterans were self-reporting issues related to readjustment from combat and military service, such as depression, Post-traumatic Stress Disorder (PTSD), stress in the family, and unemployment. In the intervening four years, conditions have emerged which impact our Veterans and recently returned Service Members. These conditions include:

- An increased number of Service Members separating from the military, as well as National Guard and Reservists, returning home as overall troop strength has declined by 64%. Department of Defense (DoD) projections indicate most troops will be returned from Iraq by the end of this year and from Afghanistan by 2012.<sup>1</sup>
- Nationally, Veteran unemployment of the Post 9/11 Veteran is just under 12%.<sup>2</sup> Younger Veterans may be impacted by low employment, have no or limited health insurance, attending college, or not enroll for Department of Veterans Affairs (VA) health care and other benefits. These younger Veterans may also have families to support.
- Post 9/11 Veterans experiencing unemployment may be facing home foreclosures. Vietnam Veterans are experiencing worsening problems as they age, especially if they have not received help earlier in their lifetime. Aging Veterans who are nearing retirement age may also be experiencing loss of employment, which may threaten their ability to complete mortgage payments on a nearly paid off home, and/or may not be enrolled for VA and Veterans Health Administration (VHA) benefits for which they may be eligible.

The Committee has great concerns for these returning Service Members and the other nearly 7,000 Veterans in the state and desires to have additional and more current information about the needs of these Veterans. The Committee is interested in knowing what has worked or is working to assist Veterans and what is not working. The Committee wants this information to help determine the best use of both state and federal resources to assist Veterans and their families, especially those returning from the wars in Iraq and Afghanistan. To meet this informational need, we propose a study of WV Veterans as follow up to the 2008 study. The 2012 study will have the following objectives:

1. Determine how our Veterans overall (i.e., across eras: WWII, Korea, Vietnam, and OIF/OEF), are fairing now by assessing the well-being of a representative sample of 1,000 WV Veterans.

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<sup>1</sup> Amy Belasco. *Troop Levels in the Afghan and Iraq Wars, FY2001-FY2012: Cost and Other Potential Issues*. Congressional Research Service. Retrieved on November 8, 2011 from <http://www.fas.org/sgp/crs/natsec/R40682.pdf>.

<sup>2</sup> *Economic News Release*, Bureau of Labor Statistics. October 20, 2011. Retrieved on November 8, 2011 from <http://www.bls.gov/news.release/vet.nr0.htm>.

2. Determine among the sample of 1,000 WV Veterans, the number of employed, unemployed, student, and/or retired Veterans who may be potentially eligible for VA/VHA benefits and other state-supported workforce and/or educational and training programs.
3. Assess the current state of Veteran needs in health and mental health care and identify the effective and ineffective approaches currently in use for Veteran reintegration by evaluating objective measures and valuing the opinions of these Veterans.

Atlas Research (Atlas) proposes to conduct the 2012 West Virginia Veteran Study for the Committee with a team of experienced Veteran researchers within Atlas and West Virginia University (WVU). All three principal researchers, Hilda R. Heady, Joseph R. Scotti, and Roy Tunick, were members of the 2008 Study Team. Successful Veteran studies require the ability to not only understand and analyze Veterans' needs and circumstances but also to know the picture across the country as well as in local West Virginia communities. Three key themes underscore our approach to this proposed study:

1. ***We know and understand Veterans and their families.*** Our Team's professionals have direct experience in working with Veterans in practice, in studies and research assessing their needs, in addressing the barriers to care they face, and facilitating their access to the services they need and want.
2. ***We know and understand the principles and protocols of studies and research designed to gain information and evidence to support policy decisions and program development.*** Skilled researchers on our Team have experience in designing and conducting research, data collection, interviewing, data analysis, reporting, drawing informed conclusions from study findings, and making recommendations within the scope of work for our clients.
3. ***We know and understand the readjustment and mental health issues Veterans and their family members face daily.*** Among our team members are combat Veterans and their family members and counseling professionals who have worked with Veterans in private practice and those who have been served by VA programs. We know and understand the barriers that Veterans experience in seeking health and mental health care, accessing educational and training programs, gaining employment and in the workplace, and in establishing and maintaining interpersonal relationships through our direct experience in working with Veterans around these issues.

## 2. METHODOLOGY AND TECHNICAL APPROACH

### 2.1 STUDY DESIGN

We propose that the Committee contract with Atlas, a service-disabled Veteran owned small business (SDVOSB), to conduct the study. Atlas will supply all materials, equipment, and expertise needed to conduct the study within the contracted award amount.

The study will collect both quantitative and qualitative data with the goal of completing 1,000 surveys of WV Veterans. The Study Team will work directly with the Secretary of Veterans Assistance in support of identifying the pool of Veterans from which study participants will be recruited; we will also seek the assistance and support of the WV National Guard in participant recruitment. A study recruitment post card will be mailed to Veterans from such lists as identified by the Division of Veterans Assistance, and the National Guard, and distributed by Study Team members to organizations and agencies that serve West Virginia's Veterans. Participants will be voluntarily recruited for the study and they will be able to complete the survey online or by telephone. The study design will be submitted to the Institutional Review Board (IRB) by the WVU subcontracted researchers for approval and to ensure adequate subject protections are met, as well as to ensure the integrity of the study.

The study is designed to gather adequate information to permit the Committee to gain a clearer picture of strategies, treatments, and/or services WV Veterans have tried and what is or is not working for them. The data from the proposed WV Veteran Study will be compared to aggregate data of the VHA for WV enrolled Veterans and nationally, as well as to the prior *Survey of WV Veterans*, and make comparisons in data points where possible.

### 2.2 SAMPLING METHOD TECHNIQUE

The Study Team will work closely and collaboratively with Secretary of the Department of Veterans Assistance Keith Gwinn, and the WV National Guard, in the conduct of this study. The sample will be drawn from those Veterans who voluntarily agree to participate in the study. Extensive efforts will be made to ensure a representative balance in the sample of Veterans according to these variables:

- Age
- Gender
- Educational level
- Income
- Dates (eras) and locations of service (e.g., WWII, Korea, Vietnam, up to present)
- Type of service, branch of service
- Self-reported quality of life
- Combat exposure or other trauma exposure
- Place of residence (i.e., rural, urban, and suburban)
- VA/VHA enrolled and non-VA enrolled
- Mental and physical health needs (perception of Veteran and documented)
- Types of services received and perceived (positive/negative) impact (expended from 2008 *Survey of WV Veterans*)

Large, high quality, glossy post cards will be mailed to roughly 8,000 Veterans who have applied for their state overseas/combat bonus payment. An additional 2,000 cards will be printed and distributed to relevant agencies, Veteran service organizations, and other venues relevant to Veterans (e.g., WV National Guard). The cards will be pre-printed with a description of the study and instructions for the Veterans on how to volunteer to be part of the study. To reduce the labor burden for the Department of Veterans Assistance, the post cards will be pre-printed with the Veteran names and addresses provided directly from a spreadsheet to the printer from the Department of Veterans Assistance and will be mailed directly from the printer to the named Veteran. In this manner the Team will be able to maintain the anonymity and confidentiality of the Veteran names and addresses and team members will not have access to this identifying information. Atlas will ensure the rigor of the printer's protocol in maintaining control and security of this information in such a way that the general public, the Study Team members, and/or others will not have access to this information.

The post cards will recruit Veterans to respond to an online survey tool and will provide a toll-free number operated and maintained by Atlas for Veterans who may want to complete the survey by telephone or who may have questions concerning the online survey. In addition to the Atlas toll-free number, the cards will bear the toll-free numbers for Veterans who may experience any stress associated with the survey as a resource to address any immediate needs they or their family members may have.

Our study participant recruitment plan includes financial incentives in the form of cash prizes awarded to participants who complete the survey according to a random selection of numbers. Forty cash prizes of \$50.00 each will be awarded in such a manner as to optimize the chances of winning a prize at a 1 to 25 ratio.

## 2.3 DATA COLLECTION

Atlas researchers are experienced telephone interviewers and online surveying tools users. The Team proposes to use the online tool Zoomerang for its simplicity and user-friendly nature. This system collects data and performs some background analyses. In addition, for those study participants who do not want to complete the survey on-line, the option will be available to use a toll-free number to schedule a telephone interview by trained Atlas interviewers. Atlas interviewers will access the on line survey instrument during the telephone interviews and will complete the participants responses given over the phone directly into the on line system. In this manner all data will be collected into the same database.

## 2.4 DATA ANALYSIS

A consideration in performing this survey online (as compared to the prior mail survey) is the automatic entry of data into a spreadsheet, thereby reducing staff hours in data entry, checking, and cleaning. As such, we expect a faster turn-around time on the findings. Further, a wider range of questions with follow-up queries will be possible due to the branch and skip functions possible through Zoomerang. Data analyses will be led by Dr. Scotti, using already available statistical packages (for both quantitative and qualitative data). Initial analyses will examine the demographic and descriptive characteristics of the sample, as outlined in Section 2.2, and the application of any weights that may be necessary to those characteristics. In the prior survey,

the Study Team obtained a sample of Veterans that included all 55 WV Counties, a minority/ethnic mix representative of WV ethnic distribution, and a representation of women equal to that seen in the Armed Forces at that time (10%). We expect the same in the 2012 sample.

Three key factors will be evaluated:

1. Understanding the military experiences of our WV Veterans (e.g., branch, dates, places, levels of combat exposure, and other traumas such as sexual assault).
2. Understanding the mental and physical impact on our WV Veterans of those military experiences (e.g., depression, PTSD, traumatic brain injury (TBI), substance use, suicidal ideation, and physical disability and illness).
3. Understanding the reintegration of our WV Veterans to their families, communities, schools and employment (e.g., impact of readjustment on partners and children, employment, college attendance, and community supports and readjustment assistance).

Exploring the interaction of these factors will allow an examination of the needs of our WV Veterans and the barriers and facilitators to meeting those needs across the spectrum of service eras and demographics. As in the prior survey, we will evaluate what services WV Veterans need, whether they have been able to access services for those needs, and if specific types of services have proven helpful. Tabular and graphical data summaries will demonstrate the match or mismatch between impact, needs, and readjustment assistance, and the efficacy of specialized assistance (e.g., medical care, specific trauma therapy, family-based supports, employment supports, and military-friendly campuses).

## 2.5 REPORTING

The Study Team will provide the Committee both a baseline report and a final report of the survey conclusions. The baseline report will be completed at the midway point in the project and will provide the Committee with an update of the survey participant recruitment process, identify any problems encountered with the research design, and the potential corrections of these problems. The report will be presented orally to the Committee to gain member input on the progress of the report, specifically on the anticipated analysis of the survey results. At this point, requests for any study adjustments should be communicated. The Study Team will make adjustments to the report if requested by the Committee.

The final report will be provided to the Committee in draft form two weeks prior to final report deliverable. The final report will include an overview of the study methodology, analysis of the data, summary of findings, implications and conclusions drawn from the findings, and recommendations for the Committee's considerations based on the survey results. The Study Team will provide an oral presentation to the Committee on the study findings or other Committees at the Committee's discretion.

## 2.6 TIMEFRAME AND TASK DELIVERABLES

The study timeframe and task deliverables will be determined and finalized at the time of the contract award with the input of the Committee chairs. The following chart assumes a 240 day (eight month project).

TASK DELIVERABLE	TIMEFRAME	CONSIDERATIONS
1. Finalize study design with Department of Veterans Assistance	30 days after award*	Committee Leadership needed to assist with collaborations
2. Develop and print post cards	30 days	
3. Finalize questionnaire and migrate to Zoomerang	60 days	
4. Mail and distribute postcards	60 days	
5. Baseline assessment report and presentation to Committee	120 days	This will occur after at least 10% completed interviews for Leadership input on any needed modifications
6. Monitor online survey completion	On going	
7. Respond to toll-free calls and requests for telephone surveying	On-going after 60 days	
8. Initiate data analysis	150 days	
9. Finalize data analysis	200 days	
10. Final report and presentation to Committee	240 days	

\*All dates will be consistent with the number of days after the initial date of contract award.

## 3. STUDY TEAM

Atlas, has assembled a partnership Study Team including Atlas Senior Vice President and rural Veteran expert Hilda R. Heady, Project Manager and women Veteran expert Dr. Celia Szelwach, and Drs. Joseph R. Scotti and Roy Tunick with WVU to perform a successful and highly useful study of WV Veterans. Background information on our Study Team is included in Appendix A. Our Team possesses the capacity, skills, and leadership to help the Committee gather the information and data needed to gauge the best use of both state and federal resources to serve the needs of WV Veterans and their families. We have bases of operations in both West Virginia and in the greater Washington, D.C. area and a national reach that is important to present the whole picture of how WV Veterans compare to Veterans nationally.

Together our Study Team consists of nationally and state-level recognized experts in working with Veterans, conducting research on the needs of Veterans and their families, the needs and policy concerning rural Veterans, and research on trauma and stress. In addition, our team members have direct experience in working clinically with Veterans who have experienced trauma and combat and their family members.

In addition to its designation as an SDVOSB, Atlas is also a Small Disadvantaged Business under the following NAICS Codes appropriate for this effort. The Atlas NAICS Codes appropriate for this work are listed in Appendix B. Atlas has conducted contracted research with Veterans and their family members for regional VHA health systems and local facilities, including those in West Virginia, led by Atlas Senior Vice President Hilda R. Heady. Atlas researchers and our subcontracted researchers have compliance certification in CITI, HIPAA, Human Subjects, and SECRET security clearances. Our approaches have succeeded in

previous studies with homeless, rural, women, disabled, and minority Veterans. References of our past performances can be provided upon request.

#### 4. PROPOSED BUDGET

<b>EXPENSE ITEM</b>	<b>DESCRIPTION</b>	<b>COST</b>
<b>Direct Labor Expenses</b>	Five Atlas Staff/Level of Effort = 348 hours	\$30,385
<b>Program and Travel Expenses:</b>		
Subcontracts	Two contracted researchers/Level of Effort = 150 hours	\$7,500
Printing, postage, participant incentives	Printing addressing mailing 8,000 cards, printing additional 2,000 cards for distribution Telephone costs and participant incentives	\$6,846
Travel	Travel to present findings to the Committee	\$343
Overhead	G&A rate applied to Program and Travel Expenses at 32.32%	\$4,747
<b>TOTAL EXPENSES</b>		<b>\$49,821</b>

## APPENDIX A: BACKGROUND ON STUDY TEAM MEMBERS

Our Study Team and key personnel will be lead by Hilda R. Heady who will also serve as the Project Manager with Dr. Joseph R. Scotti serving as Principle Investigator, and Drs. Roy Tunick and Celia Szelwach serving as subject matter experts. Other Atlas staff members who will support the Study Team include: Rachael Abednejad who will serve in the role as the database manager and interviewer, and Ellen Badger and Ria Muttukumaru who will serve as telephone interviewers as needed. The bio sketches of the principal team members are listed below.

**Hilda R. Heady, MSW ACSW**, a widely-respected expert and advocate for rural health and the health of Veterans in rural America, leads rural health research and policy efforts for Atlas as Chair of the Rural Health Research and Policy Group. For Atlas she serves as a subject matter expert on rural health workforce policies and strategies, rural Veterans, rural health care policy, and rural health services research. She has served as Project Lead on Rural Women Veterans Qualitative Research; Homeless Women Veterans Success Stories with the Department of Labor Women’s Bureau; Hospice and Palliative Care Project with the National Rural Health Resource Center and VISN 23; Rural Homeless and Prevention of Homelessness Services for VISN 5, and the DC VA Medical Center. Her work includes supervising case managers working with homeless Veterans; supporting the VA National Veterans Caregiver Training Program; leading the VA Collaboration with Rural Community Health Centers project including assessment of Veterans’ dual use of both systems of health care; and program evaluation of the HRSA-funded Health Workforce Development Network in western Maryland. She also holds adjunct professor appointments with Georgetown University and West Virginia University.

Ms. Heady has spent 38 years working in the field of health care policy and administration, women’s health, workforce development and community-based health professions training, and working with Veterans. She formerly served 18 years as Associate Vice President for Rural Health at West Virginia University, serving as the Executive Director of the West Virginia Rural Health Education Partnerships, and Program Director of the West Virginia Area Health Education Center. She was CEO of a 58-bed rural hospital and director of a birth center and provided content leadership on patient-centered care and cultural competence in these roles. She is also a former President of the National Rural Health Association and served in many leadership positions.

Ms. Heady speaks nationally regarding cultural competence in health care and policy, rural values and culture, rural Veterans’, and health workforce issues. She also gives guest lectures and manages relationships with leaders and stakeholders across various practice areas and health services research projects. In 2010-2011, she served as guest editor for the *Rural Veterans* special issue of the *Journal for Rural Social Sciences*. She focuses on the growing health problems of Veterans, particularly new Veterans returning from conflicts in Iraq and Afghanistan. Her expertise on these issues has led to invitations to provide congressional testimony on numerous occasions. In 2008, she was appointed to the national Veterans Rural Health Advisory Committee (VRHAC), advising the Secretary of the Department of Veterans Affairs.

Ms. Heady holds a Master's degree in Social Work from West Virginia University; the Exemplar Award by the National Association of Social Workers in 1992; and the Governor's Award for Outstanding Achievement in Rural Health in 1996. She received the HRSA Associate Administrator's award in 2005 for outstanding achievement in expanding community-based health professions training, the 2006 Lifetime achievement award in Rural Health by the National Rural Health Association, and recognition as a Distinguished West Virginian by Gov. Joe Manchin in 2009.

**Joseph R. Scotti, PhD**, will serve as the Principal Investigator for the study and will conduct the data analyses. Dr. Scotti's primary service, clinical and research efforts are in the area of PTSD. His *Traumatic Stress Research Group* has had two key areas of focus: (a) civilian trauma (e.g., motor vehicle accidents, natural disasters, and technological disasters), particularly in children and emergency responders; and (b) military Veterans and their families. Successful grant-funded projects have included: (a) the relation between traumatic stress and behavior problems in persons with intellectual disabilities; (b) stress and trauma in college students; (c) the impact of car accidents on children and families, and, (d) the impact of the wars in Iraq and Afghanistan on returning Veterans and families (for the WV Legislature). Recently initiated is a grant-funded collaborative project with the Center for Disease Control and Prevention (CDC) and National Institute for Occupational Safety and Health (NIOSH) to study the effectiveness of service dogs in helping recent Veterans return to employment.

Dr. Scotti's work on WV Veterans, on behalf of the WV Legislature, led to his testimony before the United States Senate Committee on Veterans' Affairs in July 2008. Dr. Scotti routinely presents his work to the International Society for Traumatic Stress Studies, where he is a recognized figure in the field; and he has served on the editorial boards of multiple journals, including the highly-ranked *Journal of Traumatic Stress*. He has published several dozen journal articles and book chapters on various aspects of traumatic stress; and presented dozens of papers, invited talks, and workshops to a variety of audiences. Dr. Scotti works to integrate his research activities with public service, teaching, and clinical endeavors. He has conducted research, service, and training through consultations with the local Veteran Center, VA medical center, domestic violence shelter, and schools throughout West Virginia. As such, his research accomplishments are matched by multiple awards for public service from both West Virginia University and various entities in the state of West Virginia (e.g., NAMI, Morgantown Veteran Center).

Dr. Scotti received his Bachelor of Science degree in psychology (minor in biology) from Syracuse University (1977), and a Master's degree in psychology from Bradley University (1980). Dr. Scotti received his PhD in clinical psychology (minor in quantitative methods) from the State University of New York at Binghamton (1991), with dissertation research on the physiological reactivity of combat Veterans and an internship at the University of Mississippi/Jackson VA Medical Center Consortium. He joined the faculty of the Department of Psychology at West Virginia University as an Assistant Professor in 1990, was promoted to the rank of Associate Professor with tenure in 1996, and attained rank of Full Professor in 2002.

**Roy Tunick, PhD**, will serve as subject matter expert in Veteran research, assist with questionnaire design and will provide the lead in obtaining the IRB for this study within WVU. Dr. Roy Tunick is a professor in the Counseling, Rehabilitation Counseling, and Counseling Psychology programs at WVU. In addition to his academic history that spans more than three decades, Dr. Tunick has worked as a psychologist in various mental health settings for the past

25 years working with a plethora of clients and client problems. He has worked with individuals at risk including adolescents, Veterans, and other adults. His theoretical orientation is integrative and incorporates humanistic learning-based and solution-focused approaches. His research interests are in rehabilitation psychology, trauma, vocational psychology, personality assessment, psychology of injured athletes, adolescents in crisis including adolescent suicide, and psychiatric rehabilitation.

Dr. Tunick teaches courses in assessment, vocational psychology, counseling theories and techniques, and counseling psychology practicum. He is a licensed psychologist and licensed school psychologist with a wealth of experience as a counseling psychologist within a variety of rehabilitation and mental-health settings. He served as president of the West Virginia Psychological Association in 2007. He is currently serving as the Disaster Relief Network coordinator, a program overseen by the American Psychological Association in conjunction with the West Virginia Psychological Association providing disaster mental health services to needy persons.

**Celia Szelwach, DBA, CCEP**, will serve as subject matter expert in application of online survey programming and will assist in the questionnaire design. Dr. Szelwach is a Veteran and provides project management, technical leadership, and business development for public health projects focused on rural, women, and minority populations. In 2011, she was appointed by the Secretary of the U.S. Department of Veterans Affairs to the VA Advisory Committee on Minority Veterans. In 2006, Dr. Szelwach was appointed to the VA Advisory Committee on Women Veterans for a three-year term. She also completed a three-year term on the Bay Pines VA Medical Center's Women Veterans Health Committee (WVHC) in St. Petersburg, FL, and currently serves on the Charles George VA Medical Center's WVHC in Asheville, NC. Since 2007, she has served as the founder and director of WOVEN Women Veterans Network, an online community for women Veterans and their families.

As project manager, Dr. Szelwach developed, administered, and analyzed cultural competence assessments (site visits, online survey, and focus groups) for the Sioux Falls VA Medical Center. She also interviewed providers and Veterans within VISN 5 Capitol Health Care Network for rural outreach and performance improvement initiatives. Currently, Dr. Szelwach is the Curriculum Manager and lead trainer for the VA National Veteran Caregiver Training Program (NVCTP) for Family Caregivers.

She has held a variety of management, consulting, and training positions over the past 21 years including service as a senior-rated paratrooper and captain in the U.S. Army Transportation Corps during the Desert Storm era. As a Development Dimensions International (DDI) Certified Master Trainer, she has certified facilitators to deliver leadership training including helping teams and individuals develop resiliency and manage change. She has also developed customized Train-the-Trainer workshops for corporate clients. Dr. Szelwach's additional training certifications include: AchieveGlobal (Zenger-Miller) Leadership Skills Facilitator; DDI Certified Maximizing Performance (MAX) Facilitator; Conflict Dynamics Profile (CDP) from Eckerd College; Myers Briggs Type Indicator (MBTI) from the Center for Applications of Psychological Type; and Emotional Intelligence (EI) from Texas A&M University. She has delivered hundreds of training sessions and conference presentations on conflict management, managing change and transition, stress management, developing cultural competence, leading teams, and personal effectiveness.

Her awards include: *Tampa Bay Business Journal's* Women in Business Winner, *Latin Times Magazine's* Tampa Bay Latina Movers & Shakers, *Gulf Coast Business Review's* 40 Under 40, the President's Merit Award from Girl Scouts Gulf Coast of Florida, and the Outstanding Performance and Learning Award from the American Society for Training and Development.

**Rachael H. Abednejad** will serve as database manager and telephone interviewer and is a Senior Associate at Atlas Research. She has been the primary Associate on a variety of research projects and health education and outreach projects for rural Veterans and is currently involved in initiatives focused on rural Veterans' health services and quality measurement. In addition to research and writing, Ms. Abednejad manages data across many Atlas initiatives and oversees data use to ensure data integrity. She is responsible for pulling data from multiple ProClarity, Access, and Excel databases and integrating data into a project database. Ms. Abednejad provides the project teams with syntheses of demographic, health care services, and quality measurement data. Ms. Abednejad is currently involved in the development of national- and local-level quality and access indicators for rural Veterans' health care.

Prior to joining Atlas Research, Ms. Abednejad worked in a private health agency serving low-income adults with serious mental illnesses, where she provided community-based health education and case management. Before this, she taught in a public school program for special needs children with cognitive and developmental impairments.

Ms. Abednejad holds a Bachelor of Arts degree in psychology and ethics from Hampshire College. While completing her degree Ms. Abednejad served as a research assistant contributing to projects including the production of developmentally-based science assessments and curricula for a local underserved high school. Her primary task in these projects was database management and data coding. In addition to her academic pursuits, Ms. Abednejad became certified as an Emergency Medical Technician in the state of Massachusetts and worked on the Hampshire College Emergency Medical Services squad.

## APPENDIX B: NAICS CODES

- 541720 Researches and Development in the Social Sciences and Humanities
- 541430 Graphic Design Services
- 541512 Computer Systems Design Services
- 561410 Document Preparation Services
- 561421 Telephone Answering Services
- 923140 Administration of Veterans Affairs
- 541513 Computer Facilities Management Services