

Evaluation Primer: Setting the Context for a Drug-Free Communities Coalition Evaluation



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**Community Anti-Drug Coalitions of America
National Community Anti-Drug Coalition Institute**

CADCA's National Coalition Institute, developed in 2002 by an Act of Congress, serves as a center for training, technical assistance, evaluation, research, and capacity building for community anti-drug coalitions throughout the U.S.

This primer is the first in a series on the Strategic Prevention Framework for community coalitions, outlined by the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA). The series will provide the guideline for coalitions' community problem-solving efforts.

Although positioned as the fifth step of the Framework, evaluation is critical and impacts all of the steps. Evaluation best serves coalitions when it is incorporated into each step as you work through the process. That is why we chose to focus on evaluation first.

This primer provides the basic tools your coalition needs to develop a comprehensive evaluation plan. It will lead your coalition through the steps to develop and implement a local evaluation. While we have focused the planning process on SAMHSA's Strategic Prevention Framework which is utilized by grantees of the Drug-Free Communities Support Program, the steps can be applied by any community coalition.

You will find additional information on evaluation and the other steps in the Strategic Prevention Framework on the Institute's Web site, www.coalitioninstitute.org.

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INTRODUCTION

In 1997, Congress passed the Drug-Free Communities Support Program (DFCSP) Act to provide grants to community-based coalitions that would serve as catalysts for multi-sector participation in local alcohol, drug, and tobacco prevention efforts. By 2005, more than 1,000 local coalitions had received funding from the DFCSP initiative to work on two main goals:

- Reduce substance abuse among youth and, over time, among adults by addressing the factors in a community that increase the risk of substance abuse and promoting the factors that minimize the risk of substance abuse.
- Establish and strengthen collaboration among communities, private nonprofit agencies, and federal, state, local, and tribal governments to support the efforts of community coalitions to prevent and reduce substance abuse among youth.

Local DFCSP coalitions are made up of diverse cross-sections of parents, youth, teachers, health care, law enforcement, media, community leaders, and religious and fraternal organizations. Each DFCSP coalition must have a local evaluation plan establishing a process to measure and report on their efforts to the community, and to participate in the national cross-site evaluation.

National DFCSP Evaluation

DFCSP grantees are required to participate in the initiative's National Cross-Site Evaluation. To monitor the long-term goals of DFCSP, each grantee must collect data on four core measures and report this information a minimum of every two years. (Coalitions, of course, also may collect data on other measures.)

The following four core measures represent a quantifiable and common set of measures that are used to assess and aggregate the overall performance of all DFCSP sites as a group from a national perspective:

- **Average age of onset of any drug use.** The average age youth report first trying alcohol, tobacco, or marijuana.
- **Past 30-day use.** The percent of youth who report using alcohol, tobacco, or marijuana in the past 30 days.
- **Perception of risk or harm.** The percent of youth who report feeling regular use of alcohol, tobacco, or marijuana has moderate or great risk.
- **Perception of parental disapproval of use.** Percent of youth who report their parents feel regular use of alcohol, tobacco, or marijuana is wrong or very wrong.

While the term "evaluation" has been known to send chills of fear and intimidation up the spines of even the best coalition leaders, the evaluation process is meant to be a tool that provides useful information to help coalitions in their work. Evaluation basically involves collecting, analyzing, and interpreting information about how a coalition implements its strategy or strategies (or overarching approach) and activities and what changes occur as a result. A good evaluation plan helps ensure that your coalition is set up to succeed and that you have selected strategies that can deliver the outcomes defined in your proposal.

In short, the evaluation plan provides a framework that:

- Helps your coalition map out where it wants to go and what it needs to do to achieve measurable community-level reductions in substance abuse;
- Documents progress and provides feedback to show whether your plan is on track, so you can make appropriate adjustments, if needed; and
- Provides your coalition with a way to tell its story.

This primer is designed to provide community coalitions—specifically DFCSF coalitions—step-by-step guidelines and tools to develop and implement a local evaluation. The primer will be useful even if you do not have DFCSF funding, helping you assess whether your coalition's strategies and activities will have long-term impact—beyond the life of a specific grant.

The public health model

Prevention programs have traditionally focused on approaches designed to affect the *individual* (e.g., health education or counseling). However, many coalitions today focus on affecting the larger community or *environment* by implementing comprehensive, multi-strategy approaches.

Approaches that target individual users reach limited numbers of people. Strategies that focus on the substance and the environment—although more difficult to implement—are likely to impact many more people. For example, the information and skills learned by teenagers who attend substance abuse prevention classes at school, while important, are limited. Chances of successfully keeping youth from using alcohol are greater if those

classes are part of a multi-strategy approach that includes a campaign to limit glamorizing alcohol use on billboards near local schools and an education program for store owners and personnel to ensure that laws banning alcohol sales to youth are enforced.

The Public Health Model

The public health model demonstrates that problems arise through relationships and interactions among an **agent** (e.g., the substance, like alcohol or drugs), a **host** (the individual drinker or drug user), and the **environment** (the social and physical context of substance use).

These more complex relationships compel coalitions to think in a more comprehensive way. Over time, the public health model has proven to be the most effective approach to creating and sustaining change at a community level.

Community-based programs that provide direct services to individuals are important partners in comprehensive coalition-led community-level response. As a coalition that includes many partners, the best reason to take a comprehensive approach is that you want to affect—indeed, you have told the funder that you *will* affect—community indicators. A comprehensive community-wide approach includes strategies that target the substance (e.g., trying to raise the price of alcohol) and/or the envi-

ronment (e.g., implementing policies to reduce youth access). To be successful in "moving the needle" and actually show community-wide change, your coalition needs multiple strategies focusing on multiple targets of sufficient scale and scope.

The Strategic Prevention Framework

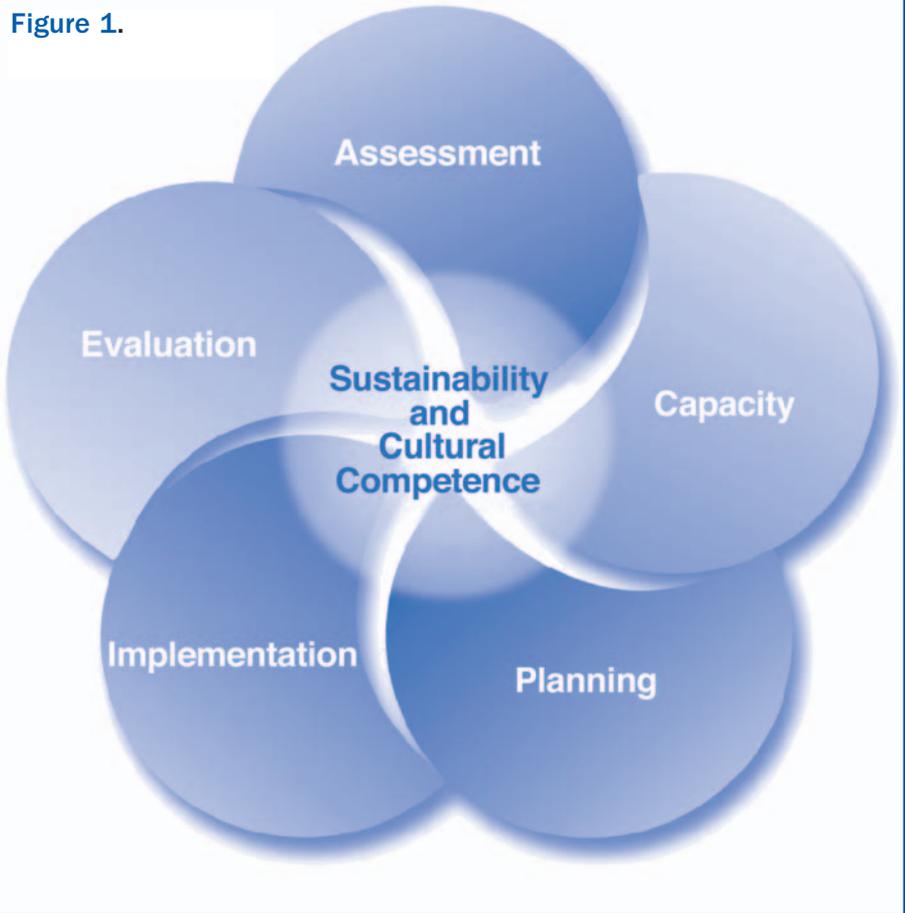
The Drug-Free Communities Support Program initiative utilizes the Strategic Prevention Framework (SPF) developed by the federal Substance Abuse and Mental Health Services Administration (SAMHSA). The SPF's five steps assist coalitions in developing the infrastructure needed for community-based, public health approaches leading to effective and sustainable reductions in alcohol, tobacco, and other drug (ATOD) use and abuse.

The five steps are shown in Figure 1:

- **Step 1: Assessment.** Collect data to define problems, resources, and readiness within a geographic area to address needs and gaps.
- **Step 2: Capacity.** Mobilize and/or build capacity within a geographic area to address needs.

- **Step 3: Planning.** Develop a comprehensive strategic plan that includes policies, programs, and practices creating a logical, data-driven plan to address problems identified in Step 1.
- **Step 4: Implementation.** Implement evidence-based prevention programs, policies, and practices.
- **Step 5: Evaluation.** Measure the impact of the SPF and the implemented programs, policies, and practices.

Figure 1.



Although positioned at the end of the Framework, evaluation is much more than the last step. Rather, as you will see, evaluation best serves your coalition when it is incorporated into each step as you work through the process.

CHAPTER 1: DECIDING WHAT YOU WANT TO DO

Setting it up right from the beginning

Evaluation should be part of every stage of the project—from the proposal to the final report. If you develop the evaluation plan correctly, it will make implementing and evaluating the project much easier. Having assistance in developing your evaluation plan *and* people who have experience with data collection can benefit your efforts. Some coalitions create a volunteer evaluation committee that agrees to shepherd the group through the process of identifying an appropriate evaluator, designing the evaluation, building a relationship with paid evaluators, implementing the evaluation, and interpreting the results. In this way, the coalition shares the workload and helps assure that the coalition gets the information it needs.

If you are looking for individuals to act as volunteer evaluators or serve on a volunteer committee to work with a hired evaluator, some sources to explore include:

- Universities (graduate students),
- Local health planning departments, police departments, and hospitals (all employ staff to collect and analyze data and trends), and
- Marketing professionals who work with population-level evidence, statistics, and questions, and know how to gather information from people.

One of the most common mistakes is not having an evaluator involved during the planning stage when the coalition is being formed—or at least in the very early stages of the project. The evaluator can be helpful in a number of important ways:

- Being involved in developing the evaluation plan as part of the planning process, assuring that the selected outcomes can be measured in a timely and cost-effective way;
- Helping your coalition select its strategies or approaches;
- Providing research/evidence that selected strategies and activities have been used effectively by other coalitions to achieve similar outcomes;

- Developing a theory of change and logic model;
- Helping the coalition clarify its direction and how it will track progress; and
- Developing targets and realistic thresholds for your project (such as the degree of change) based on research or documented results of other successful community problem-solving efforts.

Another common mistake is not connecting the problems, outcomes, strategies and activities that form the basis for your plan. In an ideal world, a coalition would first identify the alcohol, tobacco and/or other drug-related **problem(s)** or issue(s) in the community. Then, it would decide what it wants to accomplish (an **outcome** that can be measured). The coalition would select a **strategy (strategies)** to accomplish the outcome. Finally, **activities** or steps would be chosen to achieve the desired outcomes.

Correct Sequence

PROBLEM → OUTCOME → STRATEGIES → ACTIVITIES

You need to be sure that the problem(s) you identify are related to achieving the community-level outcomes, specified by the grant. Outcomes should describe how much change you want to see and selection of strategies and activities should be based on some prior indication or evidence that they are effective in achieving the desired outcomes.

Let's say that an annual middle and high school student survey reveals high rates of underage drinking, and that 40 percent of youth responding to the survey report getting alcohol from off-sale retail outlets, like liquor stores, grocery stores, or mini marts (the **problem**). The coalition decides it wants to reduce the percentage of youth that report getting alcohol from off-sale outlets from 40 percent to 15 percent in three years (the **measurable outcome**) by reducing access to alcohol from commercial sources (the **strategy**). The coalition has found from their research that the **activities** most likely to accomplish the outcome of reducing youth access from commercial sources are decoy sting operations, merchant education, and a media campaign.

In reality, coalitions do not always function in this manner (problem, outcome, strategy, activities). Existing coalitions may be engaged in ongoing work, making it harder to switch gears and begin a new planning process. Funding cuts of popular programs or other factors can result in coalitions agreeing to interventions that are inappropriate to the problems identified in the community. For example, after learning that a favorite school-based prevention provider at the table is losing funding, coalition members decide to use DFCSF funding to keep this program going. Choosing the work of the coalition based on a **strategy** (school-based prevention) rather than the identified **problem** (youth access to alcohol retail outlets), means that your strategy is unlikely ever to produce the **outcome** (decreasing access from 40 percent to 15 percent) you need to show change in the problem. That's why setting things up correctly in the beginning is so important!



Identifying the problems

The first step in planning a DFCSF coalition project is identifying substance abuse and related problems to assess the nature and scope of these issues in your community. The community assessment provides a baseline of different types of data, including:

- Alcohol, tobacco, and other drug (ATOD) use data and findings about specific types and patterns of substance abuse in the community;
- Related problems and consequences of substance abuse experienced in the community; and
- Population needs, resources, and readiness to address needs and gaps.

There are many excellent resources available to help your coalition plan and implement its community assessment. Once the coalition has identified the problem it wants to work on, the next step is collecting data.

It is important to consider the types of data you will collect. If your project is about substance abuse, collect relevant alcohol, tobacco, and other drug data. Before collecting other data, such as teen pregnancy rates or household size, define your rationale for how the data relate to ATOD and to your coalition's work. When you have collected your data and looked at trends over the last 5-10 years (if possible), the next step is to analyze the ATOD problems that have been identified.

Analyzing the problems

Before you can fully analyze a problem, it is important to learn as much as you can about that problem. It is like focusing the lens of a camera—each time you ask more in-depth questions about the problem, the subject in your camera lens becomes clearer. Let's use the following example to work through the process of analyzing a problem by asking some specific questions to bring the root causes of a problem to the surface. This process can help move a coalition from treating symptoms to changing the underlying reasons that youth are using alcohol, tobacco, and other drugs—in short, to real prevention.

What is the problem?

- Low-income children are disproportionately exposed to secondhand tobacco smoke.

But why is it a problem?

- In urban environments, large numbers of families live in multi-unit housing projects where they cannot easily control their own or their children's exposure to secondhand smoke that easily seeps into apartments through windows, doors, and ventilation systems.

Community Assessment Resources

Community Anti-Drug Coalitions of America (CADCA)

CADCA Strategizer #6. Community Substance Use/Abuse Indicators.

See: www.cadca.org

Join Together

How do we know we are making a difference? A community alcohol, tobacco, and drug indicators handbook. 2005 edition.

See: www.jointogether.org

CADCA's National Coalition Academy

See www.coalitioninstitute.org

But why is it a problem here?

- Our city has a large number of multi-unit public housing projects that house families with children.
- These housing projects have few or no secondhand smoke policies.
- Secondhand smoke policies that do exist are not enforced.
- Owners and tenants of multi-unit public housing projects are not aware of the dangers of secondhand smoke.

What data sources can we use?

As you go about the process of seeking data, keep in mind that finding and collecting data is a lot like playing detective. Be creative and imaginative in thinking of ways to fill gaps. Possible data sources for this problem might include:

- Get data from the U.S. Department of Housing and Urban Development or tenant associations about public housing units in your city.
- Find out how many units in the housing project have more than one bedroom and are therefore more likely to be occupied by tenants with children.
- Collect hospital or health department data on children with asthma and other respiratory illnesses related to secondhand smoke—by zip code or census tract, income level, and other demographic data, if available.
- Research how secondhand smoke drifts and the health impact of secondhand smoke.
- Conduct key informant interviews with targeted public housing owners/managers, tenant representatives, and public health department officials.
- Survey residents to get a more accurate picture of the number of smokers in the buildings, identify problems residents experience relating to secondhand smoke drift, and assess the level of support for various types of smoke-free policies.
- Collect local or state public health department data on smoking rates by different population groups.
- Check to see if other community assessments have been done that may have already collected relevant data on this issue.

Prioritizing the problems

Now it is time to select the problem(s) the coalition will work on. It is sometimes helpful to frame the prioritization process by acknowledging that while your efforts to gather data have revealed \$100 worth of problems, it is likely you only have \$10 to spend on prevention. Consider how your coalition can spend its \$10 wisely. Asking and answering a series of questions can help increase your understanding of the problem so the strategies you select and the evaluation plan you develop will be more focused.

The following questions can facilitate the prioritization process:

- Are other groups in the area working on this issue? If so, who are they and will they become partners?
- Are local data sources available to get information about the problem?
- How can the coalition get access to the data?
- If there are no existing data, is the coalition willing to spend some resources doing data collection, for example, by interviewing key people and conducting focus groups?
- Can the coalition get data that cover the grant period in a timely fashion?
- Is the problem related to the goals of the Drug-Free Communities Support Program (if your coalition is a DFCSPP grantee)?

CHAPTER 2: GETTING EVERYTHING SET UP

Now that you have done your community assessment and analyzed and prioritized the problems you will be addressing, the next step for the coalition is to identify a *theory of change* and a *logic model*.

What is a logic model?

Imagine this: You've been paid to drive from San Francisco to Seattle. After you've been on the road for four hours, your boss calls and says, "Okay, tell me where you are. Are you in Seattle yet?" You get out of the car look around and respond, "No, I'm in Klamath Falls, Oregon." Now, you don't want your boss to be concerned that you have not reached your final destination because you are not yet in Seattle. Instead, you want her to understand that you are taking the right route, you are making good progress, and if you keep doing what you're doing, you will reach Seattle in good time.

What are they talking about?

The term "logic model" can refer to slightly different things. Some funders ask you first to identify your "theory of change" and then to develop a logic model that includes short- and long-term outcomes. Others will ask you to develop a logic model using a tool that includes both a theory of change and a logic model in one form. Don't worry. They are asking for basically the same information.

A logic model is a similar "road map" that lets everyone know you are on the right path. You have identified the problem and picked the best route (in this case, an evidence-based strategy), you are where you should be after four hours on the road, and you know how to tell if you are in Seattle (you are achieving your objectives). A logic model presents a picture of how your initiative is supposed to work. It is a straightforward approach to planning that ensures no vital step will be overlooked—from goal setting to measuring outcomes—and explains why the strategy you have chosen is a good solution to the problem your coalition has identified. A logic model is a succinct, logical series of statements linking the needs and resources of your community to strategies and activities that address the issues and define the expected result.

Steps to developing a logic model

Determine the appropriate scope

Your coalition needs to determine the appropriate scope or level of detail to include in the logic model so that it accounts for the factors needed to reach your long-term outcome(s). For those of you working on a Drug-Free Communities Support Program grant, your scope has been determined by DFCS: you are working on strategies designed to affect change in your target area, be it a neighborhood, school district, or county. For others, your plans may have a different reach. The first step is to determine if your coalition is working for changes that will affect community level indicators, such as reduced DUI rates among youth. (It also is important to know that you can get data specific to that area.)

The coalition must decide how detailed a change is expected. For example, consider whether increasing communication skills among youth and their parents to increase the families' resiliency will be of sufficient scope to affect community-level change. If not, start by increasing resilience among these families and then train the youth to work on changing alcohol policy that, for example, prohibits community groups from accepting alcohol sponsorship funds, thus affecting the whole community.

Develop a framework or theory of change

A theory of change describes the type of strategy used by the coalition to accomplish its goal. Many coalition stakeholders like using a theory of change as part of planning and evaluation because it creates a commonly understood vision of the problem and defines the evidenced-based strategies or approaches proven to address that problem.

Your coalition should identify the *assumptions* behind the evidence-based strategy or approach that has been selected. Assumptions explain the connections between short-term (early), intermediate, and long-term outcomes and expectations about how your strategies will work. These assumptions should demonstrate the evidence-based approach your coalition has selected in order to accomplish its goals.

You might think about this process as a series of "if/then" relationships. Let's say your coalition wants to reduce the number of DUIs and alcohol-related traffic crashes among high school seniors on graduation/senior prom nights.

- **If** the coalition invests time and money in a social norms campaign that promotes alcohol-free prom and graduation parties **then** youth will be less likely to think it is cool to drink at these events.
- **If** youth are involved in developing these alcohol-free events, **then** other youth are more likely to think the events will be fun and will be more likely to attend.
- **If** youth are not drinking following graduation and the prom, **then** youth DUIs and alcohol-related traffic crashes will decrease on graduation and prom nights.

Even this very simple series of "if/then" statements contain a number of assumptions about the problem, how the strategy will work, and what it can achieve. For example, it assumes that:

- A social norms approach is an effective strategy to reduce youth DUIs following graduation and prom night.
- There are currently no alcohol-free events following graduation and the prom.
- A community can change the social norms around drinking and driving following graduation and the senior prom.
- A youth-designed event will be more successful than one designed solely by adults.
- Some youth may welcome the option of going to events where there is no pressure to drink.
- There is evidence to suggest that alcohol-free or sober graduation/senior prom nights are an effective way to reduce youth DUIs and alcohol-related traffic crashes.

Based on the above example, the theory of change is as follows:

Changing the social norms around drinking and driving following graduation and senior prom by promoting sober or alcohol-free events planned by other young people will result in a decrease in youth DUIs and alcohol-related traffic crashes.

Now you are ready to develop your logic model.

Draft the logic model

A logic model identifies short-term, intermediate, and long-term outcomes. It tells you the kind of information to collect and document to show your coalition and funder(s) that you are moving in the right direction, and likely to accomplish your long-term objectives. There are numerous forms that can be used to develop a logic model. Figure 2 is an example of a logic model that includes a theory of change, problem, strategies, activities, and short-term, intermediate, and long-term outcomes. The following scenario illustrates the logical sequence presented in Figure 2.

Assume that your community assessment found that a high percentage of high school youth are using methamphetamine (meth). Your coalition decides this is a high-priority issue. Over time, the coalition wants to see a significant decrease in the number of youth who report trying and using meth, a significant increase in the number of youth who report that meth use is risky or harmful, and that peers and adults disapprove of meth use. The coalition decides to use strategies that include proposing new public policies, increasing barriers to use, and providing information to the public to develop approaches that will achieve these outcomes:

- Passing an ordinance limiting the accessibility of the main precursor product (ephedrine and pseudoephedrine) in the manufacture of meth so that it is available only by prescription;
- Passing a zero tolerance policy at school;
- Conducting a social norms campaign on the dangers of using methamphetamine;
- Educating the public to spot meth labs; and
- Increasing law enforcement to bust meth labs.

Remember: if you are a DFCSPP coalition, your coalition is charged with addressing alcohol, tobacco, marijuana, and any other drug problems in the community—not just focusing on a single substance as shown in Figure 2.

Figure 2

Sample Logic Model			
Theory of Change			
<p>When a community comes together and implements multiple strategies to address youth use of methamphetamines in a comprehensive way, youth will be more likely to use later and use less.</p>			
Problem Statement			Strategies
Problem	But why?	But why here?	
<p>Too many youth are using meth-amphetamine drugs</p>	<p>Meth is easy to make</p>	<p>Over-the-counter products are sold that contain ephedrine and pseudoephedrine used to make meth</p>	<p>Increase barriers and pass policy</p>
	<p>Meth is easy to get</p>	<p>Meth is widely sold at school</p>	<p>Increase barriers and pass policy</p> <p>Provide support</p>
	<p>Meth is not perceived to be harmful</p>	<p>Lack of public education about dangers of meth use</p>	<p>Provide information</p>
	<p>Meth labs are hard to find</p>	<p>Labs are plentiful, easily hidden, hard to locate</p>	<p>Build skills and provide information</p> <p>Increase barriers to manufacture meth</p> <p>Change physical design</p>

¹ The long-term outcomes are affected not by any single strategy but by ALL of the strategies and activities.

Activities	Outcomes		
	Short-Term	Intermediate	Long-Term ¹
Pass ordinance making products with those ingredients available only by prescription	Community mobilization Sample ordinance developed	Ordinance passed	80 percent of high school seniors never try meth Less than 5 percent of high school seniors will report 30 day meth use
Pass zero tolerance policy at school Train teachers and school staff	Teachers can recognize signs of meth use in students	Zero tolerance policy that requires youth who are caught using meth to attend drug counseling	75 percent of youth age 12-18 report that meth use is risky or harmful
Social norms campaign on dangers of meth use	Social norm campaign materials are developed and widely posted	Youth report believing the campaign materials	80 percent of youth 12-18 report disapproval of use by parents or other adults
Educate public to spot meth labs Increase law enforcement to bust labs	Public reports possible meth labs to law enforcement	Increased busts of meth labs by law enforcement	

Blank copies of this form are available online at www.coalitioninstitute.org under Evaluation & Research.

Developing short-term, intermediate, and long-term outcomes

What is an outcome?

Outcomes are used to determine what has been accomplished, including changes in knowledge, attitudes, behaviors, policies, and/or practices to reduce risk factors and promote protective factors as a result of the work of the coalition.

A Reminder...

Always be sure that the outcomes you select are related to the problem(s) you identified in your community assessment and can be achieved by the strategies you have selected. If not, you need to go back to the drawing board.

Short-term vs. intermediate vs. long-term outcomes

Short-term outcomes are the immediate effects that you expect to achieve as a result of your efforts. Some of the short-term outcomes we would expect to achieve in trying to lower the number of youth who try and use meth are mobilizing the community around the issue, developing a sample ordinance, training teachers to recognize signs of meth use, and developing materials for a public education campaign. Intermediate outcomes would include passing an ordinance limiting sales of products containing meth-producing ingredients to prescription only and passing a zero tolerance policy at schools. A long-term outcome would be a decline in the number of youth who report trying meth. While long-term outcomes generally take time to emerge—often longer than coalitions have funding to sustain ongoing efforts—an effective coalition is adept at sustaining the effort over the long-term so they can achieve their long-term goals. In any case, that is why it is so important to measure your progress all along the way—to let your boss know that you are on the right road, are passing the correct mile markers and, in time, will reach your goals.

What is a measurable outcome?

Outcomes measure the change you expect as a result of your efforts. To measure change, you need to know what was happening before (baseline data or information) and what happened as a result of your coalition's work on the problem. A measurable outcome should:

- Describe the extent of the change (the percentage of increase or decrease you hope for);
- Identify the target population or group you want to impact;
- Specify the behavior, condition, or knowledge you hope to change; and
- Include a date by which the change can be expected.

An example of a measurable outcome is: "By June 30, 2008, 80 percent of youth age 12-18 will report disapproval of use by peers and adults."

Setting appropriate targets and thresholds

When you are determining your outcomes, you need to define who you expect to change (the **target**) and how much change you expect to see (the **threshold**)—often referred to as "setting your targets and thresholds." This is an important part of any planning process because it helps you focus your efforts and set realistic goals.

Targets

While DFCSP is a community-wide prevention effort, you still need to determine who is most likely to be affected by the work of your coalition. For example, you might have

set an objective to "increase the age of first use of alcohol among youth in your community." But before you set your target, you need to know **which** youth in the community are **most** affected by the problem. That is why, when you do your needs and resource assessment, you should try to figure out as specifically as possible **who** is using alcohol in your community. Does it differ by gender? by age? by neighborhood? If you don't know this information ahead of time, you could spend valuable time working on the wrong things. For example, you could decide that you are going to address the problem of reducing youth access by focusing your efforts on implementing compliance checks at retail alcohol establishments. But if the

But This Is Confusing...

It may seem confusing that, DFCSP coalitions must measure "individual" outcomes (e.g., age of onset of any drug use, etc.) while charged with achieving community-wide change.

Although "age at onset of any drug use" is an individual outcome it can be attained using an environmental approach. Thus, changes in individuals are linked to strategies that can measure community change.

problem is that youth have their greatest access to alcohol from social sources, you could waste time implementing a strategy targeting commercial sources, when you really should be targeting social sources, such as parents, older siblings, and friends.

Thresholds

It is important to determine how much change you can realistically expect to see over your grant period. Don't fall into the trap of trying to impress funders by setting unrealistic expectations. For example, don't say you expect an 80 percent decrease in alcohol use among 7th graders in your community unless you are pretty certain you can achieve it (which is highly unlikely!).

DFCSP coalitions need to be realistic AND achieve community-level change. You will reach more people using multiple strategies that focus on one problem than trying to do many smaller things. For example, getting the City Council to pass and enforce a Conditional Use Permit to better control the density of alcohol outlets can make a difference for a whole community. In contrast, providing health education classes that reach relatively few youth, is not a strategy with a scale large enough to make a difference.

There are several ways to begin to develop realistic thresholds:

- Use the Internet to identify research articles that document the success of strategies similar to ones you have selected.
- Check with other initiatives or projects in your area, or even in other states, that have used the strategies you are undertaking to see what outcomes they achieved.
- Analyze your own data. If you have implemented this strategy in your community in the past, review the results of that effort to see what the outcomes were.

As important as it is to mount an effort that will be "big enough" to have an impact at the community level, it is equally important not to promise something you have no hope of delivering. We tend to think that promising the world will help us get the grant, but this approach can easily backfire. It can paint your coalition into a corner so that no matter how successful your efforts are, they can never meet expected outcomes or, equally damaging, can lead the proposal reviewer to believe you are inexperienced or unfamiliar with the approach because you are promising unrealistic outcomes.

Designing your strategy

Why an evidence-based strategy?

Over the past 10-15 years, considerable research has been done to determine what kinds of prevention efforts are effective. Despite the growing body of knowledge, funders have been concerned that this research was not reaching the field. As a result, public and private funders alike have tried to remedy this problem by encouraging—and, in some cases insisting—that local coalitions avail themselves of this research and build proven approaches into their coalition plans. It is increasingly important that communities spend their limited resources in the most efficient way possible, which means choosing strategies, programs, policies, practices, and activities that we know work. While your coalition does not have to pick a "model program in a box," it should, at a minimum, incorporate evidence-based approaches into your intervention design.

Resources for Evidence-Based Strategies

Substance Abuse and Mental Health Service Administration (SAMHSA)
www.modelprograms.samhsa.gov

Department of Education
www.ed.gov/admins/lead/safety/exemplary01/panel_pg2.html

Office of Juvenile Justice and Delinquency Prevention Blue Prints for Violence
<http://silvergategroup.com/public/PREV2000/Darlind.pdf>

What is program fidelity and why should I care?

Conforming to evidence-based approaches is referred to as "program fidelity." The issue of being faithful to the design is relevant during the planning and evaluation stages of your work. During the planning phase, the coalition should carefully review the strategy or approach it is undertaking and be realistic in answering the following questions:

- Can we follow the design?
- Do we have enough—or can we get enough person power/resources to implement the approach?
- If the strategy is school-based, do we have the support of the school, or how will we get it?

- Does the community support environmental approaches to prevention?
- Do we know or have a strategy to learn how to affect policy change?

Knowing the degree of fidelity of your efforts is also an important issue in evaluation and data analysis as a way to truly interpret the results of your work. For example, if your efforts did not yield the results you hoped for, you want to know why. Before deciding that the strategy itself was ineffective you need to review how your efforts were implemented and decide if the problem was not with the strategy *but how the strategy was implemented*. Figuring this out is crucial in deciding next steps: do you change the strategy or implement it more effectively by adhering to the original design more closely?

No matter what evidenced-based approach or model program you choose, you must implement it in the way it was designed or you may not get the outcomes that are promised. Let's say you are implementing an environmental strategy to reduce youth access to alcohol from commercial sources and learned from your research that merchant education and compliance checks are effective approaches to reducing access. You have already successfully implemented Responsible Beverage Service (RBS)—merchant education training—but then learn that your money is running out. So you decide not to undertake compliance checks in on/off-sale retail alcohol outlets. By not adhering to the entire approach as designed, you may not achieve all of the outcomes you hoped to achieve. But even if this is the case, all is not lost. The fact that you eliminated the compliance checks may reduce your overall effectiveness, but you can still evaluate the effectiveness of the merchant education approach and conduct follow-up interviews to measure the extent to which they have implemented RBS policies.

So, if you do need to make changes to your original design, be sure to seek guidance from other coalitions that have used the same approach or consult with research experts. One valuable resource is CADCA's National Coalition Institute that helps build more effective community anti-drug coalitions through training, technical assistance, and educational materials. Learn about the Institute online at www.coalitioninstitute.org.

CHAPTER 3: DEVELOPING AN EVALUATION PLAN

What is evaluation?

Evaluation is a formal process for collecting, analyzing, and interpreting information about the implementation, impact and/or effectiveness of your coalition. Your evaluation should tell the story of your coalition's work—what it did to try to change the community for the better, and how effective it was at achieving change.

An evaluation plan is like a road map. It should make clear where you are going, how you will get there, and how you will know when you have arrived. The best way to do this is to check your progress along the route so that you can make corrections or adjustments if necessary. This is called *formative evaluation*. Formative evaluation can provide your coalition with an "early warning system" to let you know if you are getting off track.

Evaluator "Speak"

Like that cartoon where you are saying to your dog: "Lucky, sit. I said sit" and what your dog hears is: "Lucky, blah, blah, blah," evaluators, coalition stakeholders, and others often hear and think about things differently.

While coalition members naturally think **forward** in a linear way (first we did this, then we did that, etc.) about the work they are or will be doing, evaluators think **backward**. (If this is the final result, what elements helped these results occur?)

Evaluators and coalition stakeholders also use different terms to talk about basically the same things.

- When coalition members say **goals**, evaluators think about measuring program **impact**.
- When coalition members talk about **objectives**, evaluators think about measuring **outcomes**.
- When coalition members talk about **activities**, evaluators think about **process outcomes**.

In contrast, *summative evaluation* is collected at the end of your efforts and provides information only on the end results. This form of evaluation doesn't help you understand the nuances of your efforts or let you know what is going wrong when there is still time to do something about it.

An evaluation plan should define what "success" will look like.

Finally, an evaluation plan should "tell the story" of your efforts to create change in your community. In order to tell your story in as compelling a way as possible, you want to include different kinds of information in your evaluation plan.

Types of evaluation

A good evaluation plan begins by giving the reader the basic details. Let's say you read a newspaper article about a teen initiative to eliminate alcohol sponsorship of community events (e.g., county fairs, music festivals, etc.). The article would give an overview about the teen group and then describe the program—when it started, where it is located, the teens' efforts to eliminate alcohol sponsorship, and other relevant details. This type of information is often referred to as "process" data. The article might then report on the number of community events that no longer take alcohol sponsorship. This is called "outcome" evaluation information—it describes the results of the program, or its effects on program participants. Each should be included in your evaluation plan.

A long-range evaluation measures whether or not your coalition's over-arching goals have been achieved (e.g. creating a healthier community by reducing underage drinking). Impact level measures are generally attainable only in the long-term and the results often extend far beyond the life of any single grant. Impact evaluations usually try to attribute changes in the community to the coalition's work. It's likely that you won't be doing an impact evaluation, however, you still need to identify your coalition's contributions toward achieving long-term results. A good logic model and evaluation plan should help you document your coalition's contributions.

The basic types of evaluation you will include in your plan are process and outcome.

Process evaluation

Process evaluation measures or documents the "who," "what," "how, and "when" information related to strategic plan implementation. Think about process evaluation as the information you would give someone on how to implement your strategy and activities. Process information should describe in detail what your coalition

did, including the challenges; what was done to overcome those challenges; and lessons learned.

One way to start is to have your coalition respond to the following questions.

- **WHO** developed the strategy? Why was it developed? To what problem was it responding?
- **WHAT** actually happened? How many training sessions or committee meetings were held? What happened during the trainings or meetings? How many hours of staff or volunteer time were devoted to developing and/or implementing the activity? What materials were needed?
- **HOW** did you mobilize the community? Who participated in the activity? How many people were you able to mobilize? Who went to City Council meetings, or wrote letters supporting a new policy, or attended the press conference? How often did you meet with participants?
- **WHEN** did the various activities occur (e.g. month, year)?

DFCSP coalitions are expected specifically to address process issues such as:

- How closely did the coalition and its members execute the plan and meet the timelines?
- What types of deviations from the plan occurred?
- What impact did the deviations have on the objectives of the coalition?

Outcome evaluation

Community members and funders are generally interested in knowing what *effect* your coalition had. For example, if you were trying to change the alcohol environment in your community, they would want to see evidence that the environment changed.

Outcome evaluation measures the *changes* that occur in your community. To measure change, it is necessary to know what was happening before (the baseline) and after your strategy was implemented. For DFCSP coalitions, outcome components must address changes to the four core measures. If you are not a DFCSP grantee, your logic model should guide you as to the short-term and long-term outcomes you are going to measure in your evaluation.

Figure 3

Sample Evaluation Plan	
*Outcomes	Indicator
Short-term outcomes	
Community mobilization	Community members attend Board of Supervisors or City Council meetings to pass policy
Sample ordinance developed	Copy of sample ordinance on file
Teachers can recognize signs of meth use in students	Evaluation of teacher training
Social norm campaign materials are developed and widely posted	Campaign messages in numerous forms (billboards, posters, flyers) are prominently displayed in community centers, recreation centers, parks, schools, faith settings, businesses, etc.)
Public reports suspected meth labs to law enforcement	Tips to law enforcement about possible meth labs by the public
Intermediate outcomes	
Ordinance passed	Ordinance approved by policymakers
Zero tolerance policy that requires youth caught using meth to attend drug counseling	Zero tolerance policy approved by school board
Youth report believing the campaign materials	Youth recognize campaign messages and find them credible
Increased busts of meth labs by law enforcement	Arrests for manufacture and sale of meth
Long-term Outcomes	
80% of high school seniors never try meth	Ever tried
Less than 5% of high school seniors report 30-day meth use	30-day use
Less than 5% of high school seniors report 30-day meth use	Perception of meth use as dangerous
80% of youth 12-18 report disapproval of use by parents	Perception that parents disapprove of meth use

* These are outcomes from the Logic Model shown in Figure 2 on pages 18-19.

Data Source	Collection Frequency
Attendance roster	As appropriate
Coalition files	Upon completion
Pre/post training evaluation forms	Quarterly
Copies of campaign materials on file	As materials are developed
Law enforcement	Quarterly
Review of Board or Council minutes	Following passage of policy
School board minutes	Following passage of policy
School survey Focus groups	Annual
Law enforcement	Bi-annual
School survey	Annual or bi-annual
School survey	Annual or bi-annual
School survey	Annual or bi-annual
School survey	Annual or bi-annual

Blank copies of this form are available online at www.coalitioninstitute.org under Evaluation & Research.

In the past it was enough to report what your community did to try to affect change and how hard you tried. That is no longer sufficient. Funders at the local, state, and federal levels are increasing the pressure on communities to measure outcomes and know what changes occurred in the community.

Using your logic model to develop an evaluation plan

The outcomes in your logic model (short-term, intermediate, and long-term) should form the basis of your evaluation plan. Decide what indicators to use to measure the outcomes and then decide where you will get the data (the data source) and how often you are going to collect it (the frequency). Figure 3 provides a sample evaluation plan using the scenario presented in the logic model shown in Figure 2.

Moving the Needle

There is always tension between what is expected by the funder and what can be achieved. Nonetheless, if you are a DFCS grantee, you agreed to work to change the four core measures in your community. So, the job of your coalition is to design a plan that is of sufficient scale to move the needle, in other words, have an impact on the four measures. This is why using multiple strategies is so important. If you don't use multiple strategies (e.g., change policy, affect the physical environment, provide information, etc.) you are less likely to achieve your goals.

Evaluation provides your coalition enough information to know if you are moving the needle. So, if you find in the middle of the grant period that the activities you have implemented aren't having the desired result, you still have time to take corrective action. Using the expertise of your coalition partners can help you dig deeper to find out why the impact you anticipated isn't materializing and then decide what do about it.

Although not part of Figure 3, the *process evaluation* component also must be developed. For this part of the evaluation, you should document the number of people involved in each activity (e.g., how many came, their characteristics), location of activities, meeting minutes, attendance and sign-in sheets, newspaper and other media stories, and copies of campaign materials produced by the coalition. The process evaluation is where you provide a thorough description of how all the activities undertaken by the coalition have been implemented.

CHAPTER 4: DEVELOPING A DATA COLLECTION PLAN

Now that you have an evaluation plan and you know what data you need to collect, you need to specify where and how you will get the data and the procedures you will use to collect them.

Where to get data

Some of the data that you need to show a change in your community may already exist at the local level—for example, police calls for service to problem outlets, or the number of alcohol policies to control underage drinking, or DUI rates for youth. These types of data are often referred to as *secondary* or *archival* data and are usually available if you know where to look, and how to ask.

A Unique Way to Tell Your Story

The case study* is primarily a qualitative method (that can include quantitative data) that focuses on a distinct strategy or initiative in its context, creating a full and complex picture of what happened. Situations that are appropriate for a case study include: highly unique or innovative strategies, implementing an existing program in a new setting, having a unique or unexpected outcome that warrants more in-depth exploration, or implementing a strategy in an environment that is complex and unpredictable.

For example, your coalition is working to engage retailers in limiting access to the main precursor product in the manufacture of methamphetamine (ephedrine and pseudoephedrine-containing products) and to raise the general awareness of the meth lab problem in your community or state. To evaluate these efforts using a non-case study design, you would focus primarily on collecting data on a single measure, such as the availability of meth ingredient-containing products, from all the retailers in your community, such as grocery stores, discount stores, convenience stores, pharmacies, and agricultural cooperatives.

A case study design, on the other hand, would focus on a single retailer or two and collect in-depth information on what factors made the retailers change or not change their practices about selling meth ingredient-containing products. The case study would also describe the strategies and activities used to work with the retailers, the challenges, what was done to meet those challenges, and lessons learned.

* An excellent source that explains when and how to use case studies as an evaluation tool is available from the California Department of Health Services Tobacco Control Section. Using Case Studies to Do Program Evaluation can be found online at: <http://www.dhs.ca.gov/tobacco/documents/ProgramEvaluation.pdf>

In other instances, the data you want are not available and you may have to create an instrument to measure what you need and then collect the information yourself. If, for example, you want to know where young people arrested for drinking and driving got their last drink but your community does not already collect data on "place of last drink" you would need to create a way to obtain this kind of information.

Data collection tools

First, decide if you need to create a tool to gather the necessary data or if tools already exist that you can use. If you have an Alcoholic Beverage Control entity in your state or community, that agency may have already developed high quality tools to gather information on the results of compliance checks. Or, if you are evaluating changes in 30-day ATOD use among high school students in your town or city, the school may already administer a regular health questionnaire to students that captures the information you need. Or, if you are trying to track alcohol-related police calls for service, check to see what information is already being collected by local law enforcement.

Whenever possible, it is preferable to gather data using pre-existing tools because developing good data collection tools can be time consuming and costly. You may have heard the saying "there is nothing new under the sun." This is true in data collection. If you search, you may find examples of instruments or questions from instruments that collect the information you want. Using an instrument that already exists is an efficient way to begin since it is generally faster to edit an existing instrument than starting from scratch. The only note of caution is that if you do obtain a tool or instrument from someone else, you should:

- Read it over to make sure it collects the information you need,
- Take out the information you don't need,
- Add any additional questions not addressed by the instrument, and
- Credit the people who developed it if you are making only minor changes.

If, however, your coalition wants to measure certain things over time and no one is currently collecting those data, you may have to create a new data collection tool. If this is the case, think carefully about what your coalition's prevention strategies are trying to accomplish. For example, if you are using a youth development approach, identify the specific skills you want young people to develop (e.g., leadership, public speaking, advocacy, research and analysis), what knowledge you want them to have (e.g., environmental policy), and what behaviors you hope to change. Then, develop questions that assess the extent to which youth have those skills, knowledge, and behavior change.

Data collection methods

A variety of methods can be used to collect data to measure outcomes, including surveys, key informant interviews, focus groups, participant observation, archival or secondary data from public records, and document review. Your coalition will probably want to use at least two or more of these methods in evaluating its work.

Surveys/questionnaires

A survey is an organized, structured series of questions that are systematically administered to a large number of individuals to explore how a particular group or groups of people think, behave, or react. One of the most widely used research methods, surveys can be a good tool to describe populations, show prevalence of behaviors, and assess the level of knowledge about specific issues among groups, such as youth. Surveys are commonly used in evaluation and can provide statistically significant data. On the other hand, surveys are time-consuming and expensive to administer and analyze. A poorly developed survey instrument can end up not being very useful to your evaluation. It is thus important to seek input from the population that you will be surveying through interviews or focus groups to review and provide feedback about questions and issues that will be in the survey. An important step is to pilot test the survey to be sure that the questions are easily understood and whether any questions should be added, clarified, or removed. If you use a survey in your evaluation plan, it should be administered three times during the life of your grant so that you can track changes over time.

Key informant interviews

These are one-on-one interviews conducted by a skilled interviewer who asks probing and open-ended questions of individuals who have particular knowledge or experience with the problems and approaches the coalition is working on. Key informant interviews can provide feedback about what happened during and what changed as a result of that work. Key informants can be community leaders, public officials, youth, teachers, service providers, and others that are involved with or knowledgeable about the work of your coalition. This type of interview gives respondents the chance to describe their views and experience with the project, and is a good way to get a variety of informed perspectives, ranging from individuals who do advocacy or community organizing to those who make public policy.

Focus groups

Focus groups are guided group discussions of 5-10 individuals from similar backgrounds facilitated by a trained moderator. The facilitator guides the group into increasing levels of focus and depth on key

issues of what you are researching. Let's say your coalition wants to learn more about the attitudes of high school-age youth toward drinking alcohol and its availability in the community. A focus group of 10 youth is conducted. Some questions that might be asked are:

- To what extent do you think drinking alcohol is a problem among high school-age youth in your community?
- How easy or difficult is it for teens to get alcohol in this community?
- What are some of the settings where you have seen teens using alcohol?
- Where do you think most youth get alcohol?
- Why do young people drink alcohol? What are the perceived benefits? What are the consequences?
- What is their perception of the likelihood of getting caught?

A Word to the Wise...

You can spend a lot of time collecting data, but if you haven't identified someone to keep track of it and ensure it is of high quality, you can end up having spent time collecting a lot of information that is of no use to your coalition. It is important to provide enough resources to "manage" the data you collect.

Focus group participants can be parents, youth, teachers, clients, community members, staff from one or more agencies, or others who agree to participate in a 1-2 hour session and talk about a series of prepared questions that explore a particular problem. Focus groups are a good way to get a cross-section of opinions, learn about the norms within a certain group or groups, and provide detailed information about participants' experiences and perceptions. This also is a good way to pilot test strategies or proposed educational materials before the coalition spends a lot of money in development.

Participant observation

Observation is simply watching and recording what people do in various settings. This method of data collection is especially relevant for measuring how the activities of a strategy are going. Data can include the number and demographics (age, gender, race/ethnicity, language) of youth who come to meetings, the extent to which scheduled activities were accomplished in whole or in part, and how the youth behaved and participated.

Archival/secondary data

Archival or secondary data are collected by a source other than your coalition. These data are often public records that can be obtained from law enforcement agencies, school districts, the state agency that regulates alcohol, hospitals, and state and local health departments. Those are the easiest types of data to get since someone else has already compiled them.

Document review

This data collection method involves reviewing pre-existing documents. Let's say one of the outcomes of your coalition is getting a social host ordinance passed. One way to document the accomplishment of that outcome would be to review: 1) the draft policy that was submitted to the decision-making body, and 2) written minutes from a Board of Supervisors or City Council meeting at which the ordinance passed (or did not).

Reporting Your Data

Most people have high math anxiety so the fewer numbers you throw at them the better. Remember a picture is worth a thousand words. That's why a chart is sometimes easier for people to understand than a table full of numbers. If you present your data on a bar graph, pie chart, or line chart showing trends or changes, more people are likely to "get it."

It is helpful to community members to see the data incorporated onto a map. Maps showing the environment where alcohol outlets are located can be a very powerful tool. Maps can display the number of outlets in a particular neighborhood and their density and proximity to schools, day care centers, playgrounds, and parks. You can overlay additional data like police calls for service or domestic violence calls involving alcohol, underage DUIs and public drunk arrests.

Reporting the Four Core Measures

For more information on how to report on the required four core measures see:

A Guide For Reporting The Four Core Measures Required of DFCSP Grantees at

<http://www.capablecommunity.com/asdc/pubs.html>

CHAPTER 5: TAKING THE PULSE OF THE COMMUNITY

DFCSP grantees are required to have specific members to carry out their prevention work. Community coalitions must to engage community stakeholders, recruit and sustain the commitment of coalition members, increase prevention-related knowledge among members and within the community, and engage stakeholders to plan and implement prevention strategies to build and sustain greater prevention capacity. A healthy, functioning coalition is fundamental to achieving the goals and objectives it has set out. In other words, the *principle aim of building capacity within the coalition is directly related to the coalition having the capacity to implement its plan.*

"In essence, a coalition is a vehicle for collective community program solving. Successful coalitions bring together the people and institutions in a community to develop a carry out a strategic plan that, over time, results in measurable population level reductions in substance abuse."

CADCA Coalitions Online, July 14, 2005

Since your coalition is the entity that is "steering the car" it is important to know how everyone inside the car is feeling. Does everyone agree on who should be driving, how long the trip should take, or even if you want to wind up in Seattle? One way to know how things are going is to administer an annual survey to coalition members.

Research shows that certain characteristics nurture a healthy coalition (e.g., leadership, stated roles and responsibilities, agreement about how to settle conflict, and transparency). The assessment of how your coalition is doing—the overall success of its combined strategies, policies, and practices—is as much a part of your overall evaluation as is the success of the strategies you have selected to create change. Many tools are available to help coalitions conduct a coalition assessment. It is up to you to decide which assessment tool best fits your purpose. You can design a survey that measures the key characteristics that make a healthy coalition, or find one that has already been successfully used by other coalitions, or compile items from several different instruments.

Some coalitions ask their members to fill out their coalition functioning survey at regularly scheduled meetings or conduct mail, telephone, or online surveys. The data you collect from the survey can be formally analyzed using simple descriptive statistics. Some or most of the information may be simply summarized using graphs or charts that track change from year to year on specific items.

Some things to keep in mind:

- Be sure the survey is anonymous so coalition members feel safe in giving honest responses.
- Send the survey to everyone who says they are a member, even if they don't attend meetings and events regularly.
- Try to get as many people in the coalition as possible to complete the survey. Ideally, if you want to know that the survey results are representative of the entire coalition, you need 70 percent of the people to whom the survey was sent to complete it.

Finding a Coalition Assessment Tool

CADCA's National Coalition Institute has collected a sample of coalition assessments. Some were developed by other coalitions, some by coalition evaluators, and others were developed for research purposes. The list can be found online at:

<http://www.coalitioninstitute.org/er.asp#CAT>

CONCLUSION

Coalitions play a variety of important roles in the community, including bringing new resources, acting as an expert advisor, serving as a neutral convener, and providing a catalyst for new and improved services. The mission of any successful DFCS coalition is to ensure that resources are available to reduce substance abuse problems in the community.

If your coalition wants to be around long enough to see the impact of its work you need to develop a sustainability plan. Your evaluation findings can provide the documentation you need to demonstrate your coalition's accomplishments. These, in turn, can guide decisions about which activities to continue and provide the hard data needed to help access additional funding, resources, and partners.

There are many ways that a good evaluation can benefit your coalition, including:

- Acting like an "early warning system" so that your coalition can make needed adjustments along the way;
- Providing you with information that enables your coalition to be proactive in addressing the substance abuse problems in your community; and
- Ultimately helping your coalition become indispensable to its stakeholders and the community at large.

Functions of Evaluation

Improvement: keeping track of what is or isn't working and making necessary changes along the way.

Coordination: spending valuable coalition meeting time on brainstorming and problem solving rather than just "show and tell."

Accountability: reporting the results of the coalition's efforts to stakeholders, the community, and funders, including what worked, what didn't work, and lessons learned

Celebration: taking time to observe and celebrate hard-won successes.

Sustainability: deciding what strategies to let go of, being creative about options for sustaining the work and the coalition, and identifying what must be sustained, what resources are required, and what strategy is the best match. In short, nurturing the life of the group.

This primer was created primarily to help DFCSF coalitions develop and implement a viable evaluation plan. Many coalitions, however, operate on a broader scale; while some are working to address one problem, others may be working on several problems and are accountable to multiple funders that have their own requirements. It is important to be aware of how the DFCSF grant complements the overall work you do.

One last word: don't struggle alone. CADCA has numerous training, technical assistance and publication resources available to help you. Don't forget to tap the resources of your local coalition members. And, most importantly, get the help you need early on.

GLOSSARY

Many of the terms in this glossary are used interchangeably by various funding sources. The definitions included here are those appropriate for Drug-Free Communities Support Program coalitions. If you have different or multiple funders, be sure that you are clear about how they are defining these terms.

Agent. In the public health model, the agent is the catalyst, substance, or organism causing the health problem. In the case of substance abuse, agents are the sources, supplies, and availability.

Assumptions. Assumptions explain the connections between immediate, intermediate, and long-term outcomes and expectations about how your approach is going to work.

Best practice. Promising or best practices are evidence-based approaches that have the potential to effectively address the issues of concern in a community. They include programs, practices, and policies that have worked elsewhere, and were judged by standards of effectiveness, feasibility, and appropriateness to the situation.

Community-level change. This is change that occurs within the target population in your target area.

Environment. In the public health model, the environment is the context in which the host and the agent exist. The environment creates conditions that increase or decrease the chance that the host will become susceptible and the agent more effective. In the case of substance abuse, the environment is the societal climate that encourages, supports, reinforces, or sustains problematic use of drugs.

Evidence-based approach or strategy. An evidence-based approach/strategy has research information to suggest that it really works, that the intervention, not something else, brought about the observed improvements in related behavior and outcome.

Framework. A framework is a structure that is used to shape something. A framework for a strategy or approach supports and connects the parts.

Goal. A goal states intent and purpose, and supports the vision and mission statements. For example: "To create a healthy community where drugs and alcohol are not abused by adults or used by underage youth."

Host. In the public health model, the host is the individual affected by the public health problem. In the case of substance abuse, the host is the potential or active user of drugs.

Impact evaluation. Evaluation that examines the extent of the broad, ultimate effects of the work of the coalition, e.g., did youth drug use decrease in the target area?

Indicator. A measure (or type of data) selected as a marker of whether the coalition was successful in achieving its desired result.

Instrument. A data collection device that is developed, used, or adapted in evaluation.

Intervention. An intervention comes between what exists (our assessment) and where we hope things will be (our goal). Intervention refers to what is done to prevent or alter a result— the means by which we change behavior and environmental conditions related to a group's goals.

Logic model. Presents a diagram of how the effort or initiative is supposed to work by explaining why the strategy is a good solution to the problem at hand and making an explicit, often visual, statement of activities and results. It keeps participants moving in the same direction through common language and points of reference. Finally, as an element of the work itself, it can rally support by declaring what will be accomplished, and how.

Objective. Objectives are the specific, measurable results a coalition plans to accomplish and serve as the basis by which to evaluate the work of the coalition. Each objective should have a timeframe by which it will be accomplished. "To reduce the number of youth in our community who smoke at age 15 from 18.5 percent to 10 percent by 2007."

Outcome. Outcomes are used to determine what has been accomplished, including changes in approaches, policies, and practices to reduce risk factors and promote protective factors as a result of the work of the coalition. An outcome measures change in what you expect or hope will happen as a result of your efforts.

Outcome evaluation. Evaluation that describes and documents the extent of the immediate effects of coalition strategies, including what changes occurred.

Qualitative data. Non-numerical data rich in detail and description that are usually presented in a textual or narrative format, such as data from case studies, focus groups, or document review.

Quantitative data. Information that can be expressed in numerical terms, counted, or compared on a scale.

Pre/post test. Determines performance prior to and after the delivery of an activity or strategy.

Process evaluation. Evaluation that describes and documents what was actually done, how much, when, for whom, and by whom during the course of the project.

Program fidelity. Conforming exactly to the program design.

Process measures. Process measures are used to determine whether the strategy is being implemented as planned.

Readiness. The degree of support for, or resistance to, identifying substance use and abuse as a significant social problem in a community. Stages of community readiness for prevention provide an appropriate framework for understanding prevention readiness at the community and state levels.

Resources. A resource is any or all of those things that can be used to improve the quality of community life— the things that can help close the gap between what is and what ought to be.

Strategy. The strategy identifies the overarching approach of how the coalition will achieve intended results.

Sustainability. The likelihood of a strategy to continue over a period of time, especially after specific funding ends.

Targets. Defines who or what and where you expect to change as a result of your efforts.

Theory of change. A theory of change creates a commonly understood vision of the problem being addressed and defines the evidenced-based strategies or approaches proven to address that problem.

Threshold. Defines how much change you can realistically expect to see over a predetermined period of time.



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