

Evaluation Primer: Setting the Context for a Community Anti-Drug Coalition Evaluation



**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 United States.

In 2005, the Institute initiated development of a series of primers aimed at providing guidelines for coalitions navigating the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration's (SAMHSA's) Strategic Prevention Framework (SPF). Each primer is designed to stand alone and work with the others in the series. While this primer focuses on the evaluation process of SAMHSA's SPF, the elements can be applied by any community coalition.

Although positioned as the fifth element of the SPF, evaluation is critical to building an effective coalition and impacts each of the other elements. Evaluation best serves coalitions when incorporated into each phase as you work through the SPF process.

This primer provides the basic tools your coalition needs to develop a comprehensive evaluation plan. In addition, it will lead your coalition through the method to create and implement a local evaluation.

You will find additional information on evaluation and the other elements of the SPF on the CADCA Web site, www.cadca.org.

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INTRODUCTION

Drug Free Communities Support Program

In 1997, Congress enacted the Drug Free Communities Support Program (DFC) to provide grants to community-based coalitions to serve as catalysts for multisector participation to reduce local substance abuse problems. By September 2009, more than 1,600 local coalitions had received or were receiving funding 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.

What your community needs to know

- Five functions of evaluation
- Five elements of an evaluation plan
- Process measures, community changes and community-level outcomes
- How to report your data

What your community needs to do

- Develop a data collection plan
- Collect data
- Analyze your contributions toward community-level outcomes
- Report data

What your community needs to create

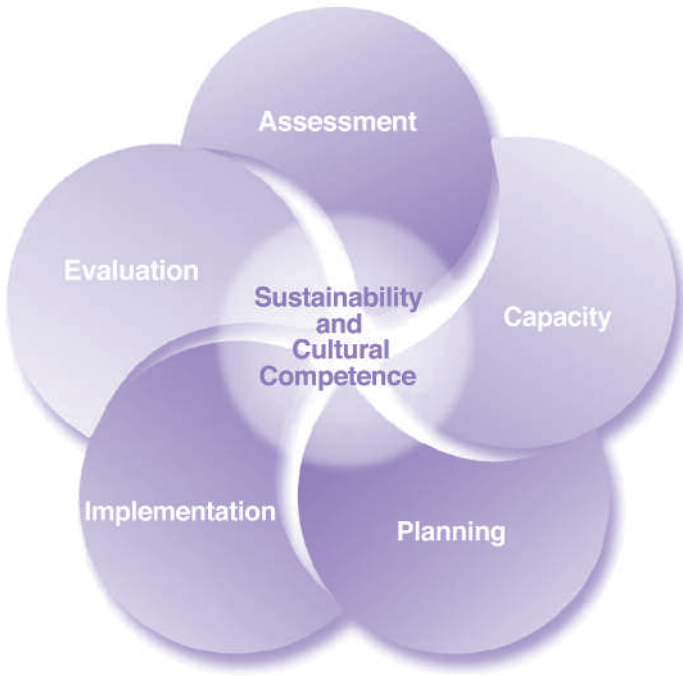
- An evaluation plan
- Report on progress toward your objectives/outcomes

The Strategic Prevention Framework

This is one in a series of primers based on the Strategic Prevention Framework (SPF).¹ CADCA utilizes the SPF to assist community coalitions in developing the infrastructure needed for community-based, public health approaches that can lead to effective and sustainable reductions in alcohol, tobacco and other drug use and abuse. The five steps are:

- **Assessment.** Collect data to define problems, resources and readiness within a geographic area to address needs and gaps.
- **Capacity.** Mobilize and/or build capacity within a geographic area to address needs.
- **Planning.** Develop a comprehensive strategic approach that includes policies, programs and practices creating a

Figure 1. The Strategic Prevention Framework



¹ The Substance Abuse and Mental Health Services Administration developed the SPF to facilitate implementation of prevention programming.

logical, data-driven plan to address problems identified in assessment.

- **Implementation.** Implement evidence-based prevention strategies, programs, policies and practices.
- **Evaluation.** Measure the impact of the SPF and the implementation of strategies, programs, policies and practices.

The SPF in Figure 1 is displayed as a series of overlapping circles because each element of the process affects the others. This primer focuses on the process that we suggest community coalitions use to implement the fifth element—evaluation.

A primer for coalition evaluation

This primer specifically addresses coalition evaluation, which we define as the functional flow of information among the

partners and supporters of a community problem-solving effort to reduce substance abuse. It includes fundamental differences from the evaluation of other drug prevention efforts, such as prevention programs or anti-drug education. In fact, some of the differences between evaluating programs and coalitions are the very things that can make coalition evaluation so challenging.

A word about words

What is your goal? Your aim? Your objective? Perhaps more important, what is the difference? At times, the terms seem interchangeable. Often, the difference depends on who is funding your efforts.

To minimize confusion, we have added a chart (see page 30) that highlights terms often used to describe the same or similar concepts.

When programs look for positive results, they look at the participants, who may be 20 middle school students in an anti-drug education class, 100 elementary-age youth in an after-school program or 10 adults in a parent education course. The question is: “How many participants in the program achieved intended outcomes?” The result is a percentage. For example, 10 of the 20 middle school students—50 percent—may have gained knowledge.

By contrast, coalitions look at the entire community when they investigate whether they have positive results. Coalition evaluation measures contributions to community- or population-level outcomes. Each partnership is different. You may work in a medium-sized town with 4,000 young people, at the county level with 10,000 youth in grades 6 through 12 or in a metropolitan community with more than 20,000 young people. This *larger scale* can make measuring success more difficult. Instead of a targeted program delivered to a select group of 10 or 100 youth, coalitions work to affect the larger community and help bring about changes in conditions for the entire population. They use population-level data to measure their impact.

To improve conditions for all young people in the community, coalitions employ a range of strategies and interventions. Programs may be one part of this overall package, which also can employ media, policy change, enforcement efforts, physical changes to the design of the community and many other strategies. Since programs present only one important element in this complex mix of strategies and activities, coalitions

What are community-level outcomes?

Community level outcomes, also called population level outcomes, are data measured parallel to the coalition's work. Information should be collected at the neighborhood, city, county or regional level, depending on the area the coalition serves. For example, if your coalition targets an entire city, outcomes should be at the city level. As such your student survey data should cover a representative sample of the youth in your city, your DUI rates are reported at the city level (instead of the county or neighborhood level) and your youth drug and alcohol violation rates are reported for the youth living in your city. It is a numerator and denominator issue. Your job as a coalition is to bring about change large enough to make a difference. If your coalition focuses on reducing underage drinking rates and you have 5,000 youth, 5,000 is your denominator. Are you making a difference for 100 youth, or have you brought together the various community stakeholders in such a way as to implement a plan that can affect the majority of youth in your community?

National DFC evaluation

DFC grantees must to participate in the initiative's National Cross-Site Evaluation. To monitor the DFC's long-term goals, each grantee must collect data on four core measures and report this information a minimum of every two years. (Coalitions, of course, may collect data on other measures.) DFC grantees are asked to report this data by school grade and gender. The preferred school population is school-aged youth, grades 6-12. The following core measures represent a quantifiable and common set of measures used to assess and aggregate the overall performance of all DFC 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 percentage of youth who report using alcohol, tobacco or marijuana in the past 30 days.
- **Perception of risk or harm.** The percentage of youth who report feeling regular use of alcohol, tobacco or marijuana has moderate or great risk.
- **Perception of parental disapproval of use.** The percentage of youth who report their parents feel regular use of alcohol, tobacco or marijuana is wrong or very wrong.

For more information about measuring DFC core measures, please visit http://www.whitehousedrugpolicy.gov/dfc/files/reporting_guidelines.pdf and the Institute's *Capturing the Four Core Measures: A Guide for Drug Free Communities Grantees* available on the Research and Resources page of the CADCA Web site, www.cadca.org.

cannot simply add up the results of various initiatives and label them a coalition evaluation. To do so would leave much, if not most, of the coalition's work out of the picture.

Important differences between programs and coalitions include scale and complexity of work which means that many of the tools and techniques used for program evaluation are not well suited to coalition evaluation. We designed this primer to help coalitions develop an evaluation plan and collect and use evaluation information in a way that allows staff and volunteers to effectively manage the scale and complexity of the coalition's work.

Before developing an evaluation plan, your coalition must conduct a community assessment and planning process to understand the nature and scope of substance abuse problems and develop a comprehensive response to these concerns. Without this, your evaluation is doomed to fail. For more information, see the Institute's *Assessment* and *Planning* primers. The entire primer series on the elements of the SPF are available on the CADCA Web site, www.cadca.org.

A word about cultural competence as it relates to evaluation

Mutual respect, understanding and acceptance of how others see the world are critical to the success of a coalition evaluation effort, particularly in culturally diverse communities. An urban, predominantly working-class community differs significantly from an upper-middle-class suburb. A Vietnamese neighborhood includes cultural differences from a Chinese or Filipino one. The coalition must ensure that the evaluation addresses all the questions of the various stakeholder groups within the community.

A culturally competent approach to evaluation calls attention to questions of diverse stakeholders and involves cultural groups in choosing the most appropriate evaluation methods. For example, would using a paper-and-pencil survey or an interview be a better way to collect data from certain populations? Keep residents engaged after data have been collected by involving them with interpretation and dissemination of results. Additionally, select your outside evaluator carefully. He or she should have experience working with diverse populations and understand that a one-size-fits-all evaluation approach will not work with all the communities your coalition serves. For further information, see the Institute's *Cultural Competence Primer*.

A word about sustainability as it relates to evaluation

Evaluation plays a central role in sustaining your coalition's work. Evaluation enables you to take key pieces of data and analyze and organize them so you have accurate, usable information. This process facilitates development of the best plan possible for the community and allows your group to accurately share its story and results with key stakeholders. It also can help members and staff track and understand community trends that may have an impact on your coalition's ability to sustain its work.

A good evaluation monitors coalition progress and provides regular feedback so your strategic plan can be adjusted and improved. Coalitions implement a variety of policies, practices and programs to change community systems and environments. By tracking information related to these activities, their effectiveness, stakeholder feedback, community changes and substance abuse outcomes, your group builds a regular feedback loop that can monitor the constant pulse of the coalition and the community. With this information, you can quickly see which strategies and activities have a greater impact than others, determine areas of overlap and find ways to improve coalition functioning. By using information from your evaluation, your coalition can adjust its plan and make continuous improvements so that it maintains and increases its ability not only to sustain what it does (i.e., policies, practices and programs) but also to achieve communitywide reductions in substance abuse rates. For more information, see the Institute's *Sustainability Primer*.

CHAPTER 1: WHAT IS EVALUATION?

Information fuels and powers strong community coalitions. They use it to understand local concerns, report on their work and monitor progress. Information lies at the heart of each stage of coalition development—planning, action, celebration and renewal.

Evaluation describes a coalition’s planned and careful use of information. Ensure that your coalition gathers and reports data accurately and appropriately to stakeholders and partners. The powerful ways people can use the results, not merely the process of collecting statistics, makes coalition evaluation so important.

Five functions of evaluation

A high-quality evaluation ensures that people have the right information. What do coalition supporters, volunteers and leaders need to know? How do they use evaluation results? Five uses or functions for information gathered through evaluation exist and will be discussed in greater detail in Chapter 4:

- 1. Improvement:** The first, and most important, function of information gathered by a coalition evaluation is improvement. Volunteers, leaders and supporters should get better at the work of community problem solving because of what they learn.
- 2. Coordination:** Coalitions are made up of many partners working on different parts of an overall response to community drug problems. Keeping these partners and activities pointing in the same direction can be difficult unless the coalition’s evaluation fosters coordination. The information should help members know what others are doing, how this work fits with their own actions and goals and what opportunities exist for working together in the future.
- 3. Accountability:** Volunteers want to know if their time and creativity make a difference. Funders want to learn how their money factors in community improvements. Every-

one involved in coalition work wants to see outcomes. A good evaluation allows the coalition to describe its contribution to important population-level change.

4. **Celebration:** A stated aim of any evaluation process should be to collect information that allows the coalition to celebrate genuine accomplishments. The path to reducing drug use at the community level is not easy. You need regular celebration of progress to keep everyone motivated and encouraged in the face of difficult work.
5. **Sustainability:** The path to reduced drug use can be long, often requiring years of hard work to see movement in population-level indicators of substance abuse. Likewise, new community problems emerge, requiring renewed response. Evaluation should help a coalition stay “in the game” long enough to make a difference by sharing information with key stakeholders and actively reinforcing their continued support.

Often, coalitions start their evaluations in response to a grant or funding requirement. As a result, reporting may be structured only to address the grant requirements rather than to provide a functional flow of information among partners and supporters. Coalition success depends on moving from an accountability or funder-driven evaluation into a well-rounded process that fosters improvement, coordination, accountability, celebration and sustainability.

The (often) tangled language of evaluation

Evaluation is hard enough without the confusing language. Funders and stakeholders often use different terms for the same idea. (See “A word about words” on page 30.) Establish a language for your coalition and then stick with it. Do not expect your volunteers and staff to learn every bit of new jargon introduced by various funders. Rather, translate these terms into the language your coalition already uses. Carefully protect the clarity of process and communication that your coalition worked hard to develop.

Note that the different use of the same terms and the use of dissimilar terms to describe the same idea have legitimate origins. Coalition work borrows from a variety of professions—education, psychology, public health, business and nonprofit administration, to name a few. Each of these fields uses specific terminology, and they are unlikely to agree on a “universal language” for evaluation. Language used by specific funders or stakeholders often reflects the field(s) from which they come.

Ask funding organizations and stakeholders to define key evaluation terms rather than assuming that they will all use the same word or phrase in the same way. Remember, the functional flow of information defines evaluation. Do what works for your team, and keep the five functions at the forefront of your effort. Volunteers participating in coalition evaluation should be familiar with the terms used to describe data collection even if you leave the actual process to a professional evaluator. See the Institute’s *Assessment Primer* for more information on terms used in the evaluation and data collection process.

CHAPTER 2: DEVELOPING AN EVALUATION PLAN

Involving your coalition in evaluation planning

Many people see evaluation as intimidating, overwhelming and difficult. Coalitions foster volunteer involvement and ownership by making tasks understandable, reasonable in size and specific to individual skills and interests. Making the most of evaluation requires participation by a broad group of community members. Do not limit the task of planning for evaluation to staff and paid evaluators.

Involve volunteers who are suited to creating an evaluation plan. For example, people who work in marketing or public relations often have experience working with large populations—after all, they generally try to sell products or services to a lot of people. Likewise, business professionals involved in human resource management or process improvement are accustomed to using information to guide decision-making. Staff who collect data for hospitals, police departments or public health agencies also may be great candidates.

Describe the process to make the task of creating the evaluation plan understandable and reasonable to potential volunteers. A worksheet with simple, direct questions can be found on the Resources and Research page of the CADCA Web site, www.cadca.org. The answers will result in a fairly complete evaluation. Showing this type of worksheet to volunteers who might be willing to participate in planning can demonstrate that the process is understandable, reasonable in length and would benefit from their contribution.

Create a volunteer group with 4 to 10 people to draft an evaluation plan. Set a reasonable deadline and make them aware of how their work will be reviewed and used. For example, will the proposed plan go before the entire coalition for review and approval? Will the executive committee see the plan first?

The evaluation planning team may remain in place after creating the initial plan. Some coalitions ask the team to become a

standing committee charged with helping identify a paid evaluator. The standing committee oversees implementation of the evaluation plan and helps to interpret and share the results.

Five questions that create an evaluation plan

Question One: Who cares? Evaluators traditionally use *audience* to answer this question. At first, it might sound a bit rude, but asking “Who cares?” prompts volunteers to identify key stakeholders. They may be internal, such as staff, leaders and volunteers, or external, such as funders, partners or the community at large. In the end, these people must understand and use information generated through evaluation. By asking “Who cares?” coalitions can begin with the end in mind, starting the plan with the very consumers who will use the results.

Question Two: What do they care about? The term for this category is *questions*. For each audience, your committee should identify what they care about—knowing what the coalition does, how it has improved or what contribution it makes to targeted outcomes. Note that many stakeholders share questions. Volunteers may need to meet with stakeholders to better understand their real interests and questions.

External stakeholders most often care about the relationship between the coalition’s efforts and the organization’s work or role in the community. For example, a coalition might enjoy funding and support from the city council. While all council members likely are interested in the impact the coalition has on drug outcomes, individual council members also may care about coalition activities in their district or neighborhood. Key stakeholders’ concerns about coalition work should be the guideposts for any evaluation plan. The remainder of the evaluation plan spells out the answers to Questions One and Two.

Question Three: Where is the information? This question identifies *data*—specific findings that provide a convincing answer to the questions posed by key stakeholders. This usually relates to one of the following: process, community change or outcomes. Some groups and individuals want information

about coalition process—membership, meetings, structure, key planning documents and participant satisfaction. Others are more interested in what the coalition procedure produces—sometimes called “community change.” A third faction may be most concerned about the effects of community change on drug-related outcomes in the community. These three parts of coalition work are described in more detail in Chapter 3.

Data can come from the opinions of coalition members about the quality of the process, from a tracking system that counts “community changes” produced by the coalition and from sources in the community that describe how conditions and behaviors are improving.

Question Four: How will we get it? The term for this question is *method*—where traditional scientific language comes into play. Surveys, archival data collection, reliability, validity, sample sizes and statistics are just some of the tools and ideas that determine how information will be gathered. Many volunteers feel intimidated or unsure of how to proceed at this point, but this question challenges the evaluation team to consider by what credible means information will be collected so that results can be trusted.

Many coalitions spend most of their limited evaluation resources on this question. Volunteers are better positioned than paid evaluators to identify key stakeholders, to discover stakeholder questions and even to consider what information might provide a convincing answer. In contrast, professional evaluators are better positioned than most volunteers for designing how data will be collected.

This process plays to the strengths of professional evaluators and volunteers. Coalition members are experts about their communities. Evaluators are experts at data collection. Viewing the team as “co-experts” and keeping volunteers in leadership roles can help ensure that the evaluation results will be relevant and useful to the coalition.

Question Five: How will we share it? In the end, an evaluation process is only as good as the decisions key stakeholders can

make on the basis of the information they receive. The five functions of evaluation discussed in Chapter 1 are accomplished when you provide the right information to the appropriate stakeholders so that they make better choices (improvement), work more closely with coalition partners (coordination), demonstrate that commitments have been met (accountability), honor an action team’s work (celebration) or show community leaders why they should remain invested in the coalition process (sustainability).

Some coalition evaluations are designed and implemented by professional evaluators who write a report to coalition leadership. If the five questions are not answered first, the report is unlikely to address questions important to key stakeholders in a language they can understand. Not surprisingly, many evaluation reports are essentially “dead on arrival.” Coalition staff may attempt to “resuscitate” the report by translating the language, but the report and data rarely are used outside of a few limited internal audiences. In fact, some groups complete the process in this fashion just so that a checkmark can be placed next to the grant requirement “Evaluation.”

What a startling contrast emerges when coalition volunteers lead a process that begins with the end in mind. By beginning with key stakeholders and learning their questions, the evaluation planning team can ensure they do not waste time collecting irrelevant data or producing unused reports. Instead, communication with various stakeholder groups focuses on their questions and interests. These “reports” might be as informal as a one-page summary with bullet points shared over lunch with the mayor or as formal as a bound annual report to the city council that outlines work done in each district. The content, timing and format of the report should be determined by the audience and question.

These questions can chart a strong beginning for your coalition evaluation. Download the planning tool and tips and suggestions for starting your coalition’s evaluation on the right note on the CADCA Web site, www.cadca.org.

CHAPTER 3: COLLECTING EVALUATION DATA

In Chapter 2, we identified five questions to help your coalition create a viable evaluation plan. The third question, “Where is the information?” points volunteers to the three areas that most often provide answers to stakeholder questions—process evaluation, community changes and outcomes.

Process evaluation

Think of the process evaluation like a doctor’s visit. The doctor will not cure you, but will identify the ailment, what you must do to get better and how to create a plan for a healthier future. Process evaluation does not “cure the community,” but diagnoses problems and allows planning for improvement.

Many tools can help a coalition collect and analyze information about their process, but in the end they all seek the same three results. First, most process evaluations work to ensure that the coalition has a good structure, including good “rules of the road” clearly spelled out and agreed to by the members. A good structure also means that the organization of volunteer work is productive and responsive.

A second part of process evaluation ensures that participants and members have a real and equitable voice, and their opin-

ions are valued and listened to. This often requires a formal process larger than those involved. For example, regardless of who facilitates a coalition meeting, the same rules and roles are spelled out and followed. Not only should members be heard in meetings and decision-making, but

A note for DFC grantees

Coalitions that receive DFC funding are expected to specifically address certain process issues, such as these:

- How closely did the coalition and members execute their 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?

they should have input and ensure final consensus for key planning documents such as community assessments; problem analyses; logic models; and strategic, action, evaluation and sustainability plans.

The third element of process evaluation is ensuring that the process improves over time. All coalitions should work toward doing business in a better way. The coalition process must be regularly evaluated to meet this goal.

Information about a coalition's process can be collected through surveys of member satisfaction, external reviews of coalition structure and annual cycles of key informant interviews to distill lessons learned and garner recommendations for improvement. Tools and ideas for getting started on a systematic process evaluation are available on the CADCA Web site, www.cadca.org.

Monitoring community changes

If the coalition process resembles a doctor's visit for the community, then local changes represent the medicine. The doctor does not cure you, but prescribes the medicine, diet and lifestyle changes that can make you well. This also is true for coalitions. Coalition meetings do not improve communities, but new or modified programs, policies and practices can.

You cannot examine whether a coalition contributes to a healthier community unless you track the "dose"—the list of policy, program and practice changes produced by the group. Coalitions must monitor community changes or they cannot answer the critical question, "Are we making a difference?"

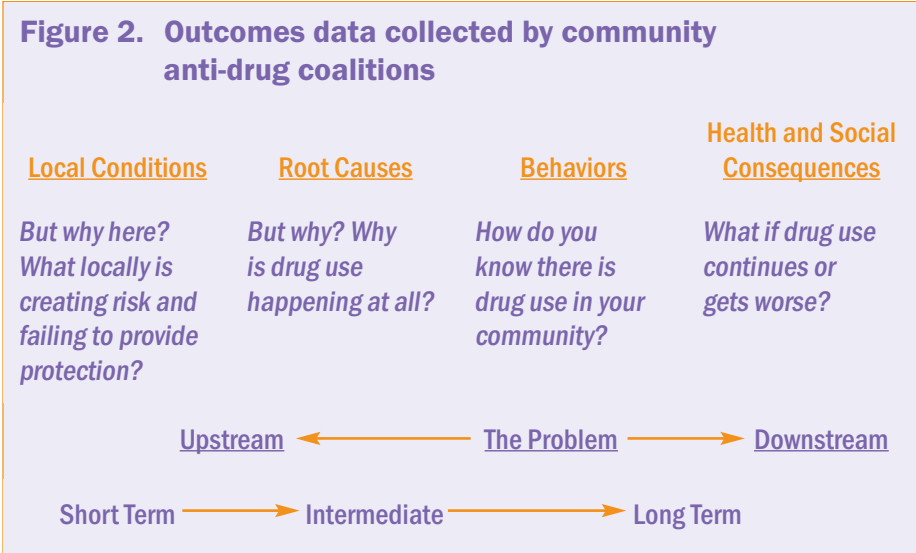
Community change is any instance of a new or modified policy, program or practice facilitated by the coalition to reduce substance use. These differences are related to the coalition's chosen goals and objectives (as stated in the logic model). Community changes also include alterations to the physical environment. A coalition may help its county council adopt a keg registration law; bring business leaders and school admin-

istrators together and create a venue to increase community support and involvement in education; or help a local nonprofit start a new after-school program and provide staff training to implement an evidence-based drug prevention curriculum. Each of these examples illustrates a *community change*.

A monitoring system can capture community changes and help a coalition tell the full story of its contribution to improved community health. The CADCA Web site, www.cadca.org, includes resources on how to set up a monitoring system.

**Outcome evaluation—
tracking community-level outcomes**

What community-level outcomes should be collected? If the coalition process compares to the doctor’s visit and community changes to the medicine, then population-level outcomes are the wellness measures that indicate whether the medicine is working. However, knowing what data to collect and how to get them can seem a little daunting. During the assessment process, many coalitions collect community-level data. This information often explores current levels and the harmful consequences of drug use and looks “upstream” for risk factors that might explain current rates and conditions that maintain risk or fail to provide protection. Typical anti-drug coalitions should



collect outcomes data on four key elements—local conditions, root causes, behaviors and consequences (see Figure 2 on page 18).

Using your logic model to determine outcomes to track. Local conditions, root causes, behaviors and consequences are the four typical elements of any coalition logic model. Your logic model should specify these types of outcomes data (see Figure 3 on pages 20–21). Worksheets to help you map measures onto your logic model are available on the Resources and Research section of the CADCA Web site, www.cadca.org.

These worksheets provide the full spectrum of outcomes data. Short-term findings illustrate the first targets of coalition work—the local conditions that make drug use more likely. Intermediate outcomes measure the combined effects of initial efforts on root causes. These are midway points to track progress toward impact outcomes. Long-term results take more time to achieve and are the more distant targets of coalition work. They include changes in the level of problem behavior and the health and social consequences of drug use, or the downstream consequences of targeted behaviors.

The following questions make it easier to decide what outcomes data to collect. They are intended to break down the large task of mapping a coalition’s outcomes into bite-size pieces a group of volunteers can complete.

- (1) **“How do you know there is drug use in your community?”** Asking this can help uncover information about drug-related *behaviors* in the community. Data that respond to this question often are found on school surveys and include rates of lifetime and past 30-day use.
- (2) **“What if drug use continues or gets worse?”** This question looks downstream to the negative health and social consequences of drug use. The consequences of substance abuse can be immediate, such as personal injury or death while impaired or injury to others through drunk driving. Other consequences take longer to manifest, such as sexually transmitted diseases and unwanted pregnancy because people are likely to make poor judgments while

Figure 3. Sample Logic Model

Theory of Change: When a community comes together and implements multiple strategies to address young adult use of methamphetamine drugs in a comprehensive way, young adults will be more likely to use less.

Problem Statement			Strategies
Problem	But why?	But why here?	
<i>Young adults are using methamphetamine drugs (meth)</i>	Meth is easy to make	Over-the-counter (OTC) products are sold that contain ephedrine and pseudoephedrine used to make meth	Increase barriers to local meth production by passing a policy to lock up OTC drugs containing precursor chemicals
	Meth is easy to get	Meth is widely sold and given away at bars and parties	Reduce access to meth in the community
	There is high demand for meth	There is a demand for meth among young adults that feeds the supply Meth users do not have access to treatment in our community	Reduce local demand for meth

² 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 ²
<ul style="list-style-type: none"> • Research existing policies • Develop model policy • Educate community and retailers about policy • Identify key decision makers • Mobilize community to support policy • Approach decision makers to pass policy • Get policy passed • Ensure policy is enforced 	<p>Percentage of retailers complying with new policies</p> <p>Decrease in OTC precursor product sales/thefts</p>	<p>Increase in meth lab shut downs</p>	<p>Behavioral Outcomes</p> <p>Percentage of young adults reporting meth use decreases</p> <p>Downstream Consequences (Health and Social Consequences)</p>
<p>Provide information to bar owners and event hosts regarding ways to identify and discourage on-site meth use</p> <p>Enhance skills of “hot spot” bar owners and event hosts to counter on-site meth use</p> <p>Increase consequences to bar owners and event hosts who allow meth use on site</p>	<p>Percentage of bar owners/ event hosts who implement anti-meth practices</p> <p>Increase in perception that meth hot spots are decreasing</p> <p>Increased law enforcement presence is documented in problem venues</p>	<p>Decrease in perceived availability</p>	<p>Percentage of young adults in treatment for meth addiction decreases</p> <p>Percentage of meth arrests as a proportion of all drug-related arrests decreases</p>
<p>Change community practices/systems to engage in comprehensive meth prevention</p> <p>Enhance access and reduce barriers to treatment for meth users</p> <p>Enhance skills of health and social service providers</p>	<p>Increased expansion in treatment opportunities to address meth</p> <p>Percent of individuals referred to treatment <u>outside</u> of the community decreases</p>	<p>Increase in perceived harm</p> <p>Increase in age of initiation</p> <p>Percentage of young adults referred to treatment for meth decreases</p>	<p>Percentage of meth related ER/hospital visits decreases</p>

under the influence. More distant from the actual behavior of drug use can be poor performance in school, mental health issues and addiction. Physically, longer-term substance use can result in liver damage and some forms of cancer. Coalitions should have data about these and other consequences specific to their own community.

- (3) **“But why? Why is drug use happening at all?”** The first questions look upstream and prompt data that help explain why drug use occurs. “But why?” asks coalitions to consider the *root causes*—often risk factors such as easy availability of drugs or parental approval of substance use.
- (4) **“But why here? What locally is creating risk and failing to provide protection?”** helps volunteers explore what *local conditions* maintain risk or fail to provide protection. Most communities in the United States have a drug availability problem. Knowing that accessibility constitutes a risk does not provide actionable information that tells the team what to do. A coalition must discover what local conditions are making drugs obtainable. Alcohol, for example, may be easy for young people to get because merchants fail to check identification, parents do not supervise consumption at parties in their homes, high school students have peers at a nearby college who will buy for them or a combination of these or other causes.

Professional support for evaluation. While staff and volunteers can carry out some parts of coalition evaluation, professional support may be needed to analyze and chart outcome measures. Start with what coalition members and volunteers know and the data their own agencies have. Once this starting point has been mapped, an experienced evaluator can help your evaluation committee expand the sources of data and ensure creation of a fairly complete outcomes data chart.

Resources on how to set up a monitoring system, are available in the Resources and Research section of the CADCA Web site, www.cadca.org.

CHAPTER 4: USING EVALUATION DATA

This chapter is divided into three sections: using data internally; sharing results with external audiences and stakeholders; and addressing the toughest question in coalition evaluation, “Are we making a difference?”

Using evaluation data internally: Improvement, coordination and celebration

Improvement. Data allow coalition members to critically reflect on their shared work and look for opportunities to improve. Process evaluation often results in specific recommendations or labeling of key areas for improvement. The group can brainstorm and come to consensus on how to alter the process to address issues that have been raised.

Community change data stimulate another area of reflection. Key questions that coalition members might consider include: Are we effective change agents? Are we working toward a more comprehensive response to substance abuse in our community? Is the package of community change the coalition has affected described as “success?” How can the coalition produce more community changes better in line with the needs identified through community data?

This critical reflection should happen at least every six months, but no less than once a year. Consider holding a brief retreat where the evaluation committee can share summary data through graphs and charts and answer key questions. Such a meeting might require an outside facilitator to keep the process moving toward consensus for specific recommendations on how to improve.

Coordination. Some coalitions use their regular monthly meetings as the main place to foster coordination. This might be possible when the team is small and the number of initiatives is limited, but when the group grows and more interventions are put in place, a one-hour, face-to-face meeting cannot begin to provide the time members need to ensure well-coordinated

action. Additionally, monthly meetings might be better spent on problem solving, brainstorming and consensus building—activities that require in-person discussion.

A strong evaluation system provides monthly data about the activities and accomplishments of the coalition’s various action teams and committees. Monthly reports should describe what was accomplished, by whom, when, in partnership with what groups or individuals and targeting specific shared goals. This information should be shared several days before any meeting. That way, you will spend meeting time planning and building consensus rather than sharing data.

Celebration. Facilitating a needed change in community programs, policies or practices can be hard work and represent real accomplishment. Starting each meeting with a brief list of community changes and the champions who helped make them possible is a powerful group norm. This practice can keep the focus on achieving community changes, provide regular encouragement to coalition members and volunteers and foster a sense of forward momentum and possibility.

Using evaluation data externally: Accountability and sustainability

Accountability. Efforts to be accountable often are focused on funders and key community leaders, particularly if the coalition agreed to undertake activities or target objectives in return for support. This exchange creates an accountability understanding that you must honor.

The more funders and stakeholders a coalition has, the harder it is to maintain these agreements, particularly if you create evaluation plans for each supporting group. The five-question process outlined in Chapter 2 will help you create a viable evaluation plan that includes the requirements of individual sponsors. Coalitions need to respond legitimately to the expectations of funders; however, these expectations should be embedded in your overall evaluation process. Therefore, the coalition should review evaluation requirements before enter-

ing into a new partnership. Often, the requirements will mirror those of existing sponsors, and you only will need to provide a new individualized report.

When a funder's evaluation requirements do not fit with existing plans, consider carefully whether the "strings" are worth the additional effort. If they are, add questions to the existing list to confirm that necessary data, methods and reports are included. This allows you to embed the new requirements into the existing evaluation process and plan. Maintain a centralized evaluation plan that integrates the accountability requirements of all funders and stakeholders to avoid being pulled in competing directions and to ensure that important relationships and reports do not fall through the cracks.

Sustainability. The five-question planning process was designed to foster sustainability. By focusing on key stakeholders and their specific interests, the evaluation can promote and build enduring relationships. These relationships are the lifeblood of sustainability. Key leaders will be inclined to provide ongoing political support. Important donors will see the value of their investment and be more likely to reinvest. Volunteers will understand the value of their work and contributions. Political support, cooperation, funding and volunteers represent the resources every coalition must foster to stay in the game long enough to make a difference.

The bottom line: Are you making a difference?

Everyone wants to know, "Are we making an impact?" Your coalition should not shy away from responding. Develop a specific plan to answer this all-important question, because it is on almost every key stakeholder's list. Remember, evaluating a coalition can be more challenging than evaluating a program because the coalition's work is more complex and larger in scale. These very real challenges can be met as you describe the group's contribution to community-level drug outcomes.

Attribution vs. contribution. Avoid the trap of attempting to prove attribution—trying to demonstrate that any positive com-

munity-level drug outcomes are a direct result of the coalition's work. At first glance, such attribution may appear to be the correct course of action, but multiple factors affect drug use rates in your community. Broad economic trends, national media and international drug interdiction efforts are a few of the many influences beyond your coalition's control.

Attempting to prove attribution not only ignores the reality of multiple influences on community drug use, but can set up a coalition for failure in the eyes of stakeholders. When drug use declines, all eyes focus on the coalition as it trumpets positive results. But, what happens when rates of use increase? Is the coalition failing to do its job? Many coalitions have been caught in the trap of saying positive trends are a result of their own hard work and negative trends must be someone else's fault. Proving attribution might be possible if the coalition has a multi-million dollar research budget, the partnership of highly capable researchers and the cooperation of other coalitions to provide comparisons. But such resources are not typical of coalition work, and research should not be the primary aim of your coalition evaluation.

Coalitions can avoid this trap and provide compelling and logical answers to local leaders on a budget they can afford by conducting an *analysis of contribution* that acknowledges many influences on rates of drug use and attempts to describe the coalition's involvement. Such a process does not set out to prove that all positive outcomes are attributable to coalition work. Rather, the analysis seeks out, describes and puts in context a coalition's contribution.

Steps for conducting an analysis of contribution.

- 1. Collect community change data.** It is impossible to analyze a coalition's contribution to improved conditions, reduced risk and changed behaviors if the organization cannot describe what it produced. The measure of "dose" is essential and can be quantified through a community change monitoring system, as outlined in Chapter 3.

2. **Establish a time sequence.** With a measure of the dose in hand, look to see if there is a relationship in time between the coalition's work and targeted outcomes. Such a relationship does not prove contribution to outcomes: It is simply a prerequisite. If improvements in targeted outcomes occur following the coalition's work, it is worth exploring to see if a causal relationship exists between the two.
3. **Demonstrate a plausible mechanism.** Coalitions can do this in two ways. First, by documenting community changes, you can describe how the dose is likely to lead to intended outcomes. For example, a coalition may pass a keg registration law; embark on a social marketing campaign to discourage adults from hosting parties with alcohol; and increase fines and penalties for providing alcohol to underage persons. These and other community changes describe how the coalition's work may have contributed in reducing the number of adults in the community arrested or fined for hosting underage parties.

A second way is showing a pathway through targeted community-level outcomes. For example, if a coalition has worked to reduce the number of merchants that sell to minors and the number of adults who host parties for minors (both local conditions), there is a logical reason why overall measures of availability (a risk factor) have gone down. Changing local conditions reduces risk and in turn illustrates how rates of use in the past 30 days (behavior) decreased.

4. **Account for alternative explanations.** This is not always easy. A helpful tool is a *force field analysis*. A force field analysis looks for all the factors that can inhibit and support a given outcome trend. Brainstorming can create a candidate list of alternative explanations. Look to community data and context to determine which of these explanations are potentially real. For more information on force field analysis, please see the Resources and Research section of the CADCA Web site, www.cadca.org.

5. **Show comparable effects in similar contexts.** Establish a plausible link between the coalition's work and community changes, and you have gone a long way to documenting potential contribution. This case can be strengthened when the story repeats itself with similar effects on outcomes. For example, a coalition may begin work with a school district because the superintendent, key school board members and several principals are committed to reducing substance abuse. This dedication helps create changes in policy, needed programming and increased resources that appear to contribute to improved community conditions. Because of this apparent success, a neighboring school district demonstrates a new willingness to work with the coalition. If the same intensive effort with the new district also results in improved community conditions, the case for the coalition's contribution is significantly strengthened.

These steps can be difficult to implement without more information. More information is available in the Resources and Research section of the CADCA Web site, www.cadca.org. For direct technical assistance, call 800-54-CADCA, ext. 240, or send an e-mail to training@cadca.org.

CONCLUSION

The three most common errors in coalition evaluation include:

1. **Handing over** the coalition's evaluation to a "professional" without ongoing volunteer supervision and consultation;
2. **Failing** to document the community changes; and
3. **Conducting** the research required for attribution instead of simply evaluating the coalition's contribution.

If staff and volunteers do not participate actively in the planning and execution of a coalition's evaluation, the results often are reports that satisfy the researcher's curiosity in language only evaluators understand—in other words, reports no one uses. Instead, create a plan for successful coalition evaluation and ensure that everyone works in service to the group's information needs.

To create a comprehensive evaluation plan, develop understandable tasks, reasonable in size and specific to the skills and interests of volunteers. The five questions posed in Chapter 2 can divide the work into manageable, understandable pieces. Yet even with a friendly process in place, finding volunteers with the right skills and interests can make all the difference.

Coalitions use a broad range of strategies and programs should be only part of a comprehensive plan. Relying on evaluation designs intended for programs will leave most coalition work off the radar. Systematically collecting and describing the full range of coalition work is one of the most important improvements coalitions can make to their evaluation efforts.

America's anti-drug coalitions continue to make enormous contributions to community health. Coalitions are changing community conditions, reducing risk and affecting drug behaviors. Because many coalitions do not track community change, this contribution is difficult to determine. For those coalitions that do track their community change, an analysis of contribution is an exciting and feasible way to demonstrate the value of everyone's investment. Anti-drug coalitions have shown that they have the power to make communities stronger and healthier. Improving coalition evaluation will help tell this exciting, important story.

A WORD ABOUT WORDS

As noted at the beginning of this primer, there are a number of terms that sometimes are used interchangeably. Often, the difference depends on who is funding your efforts or the field from which you come. The following chart highlight terms that often are used to describe the same or similar concept.

A Word about Words			
Assess	Plan/Implement	Evaluate	
“The problem is... But why? But why here?”			
What you want	What you do to get there	Are you getting there?	Did you get there?
<ul style="list-style-type: none"> • Aim • Goal • Objective • Target 	<ul style="list-style-type: none"> • Activity • Approach • Initiative • Input • Method • Policy • Practice • Program • Strategy 	<ul style="list-style-type: none"> • Benchmark • Indicator • Intermediate Outcome • Input/Output • Measure • Milestone • Short-term Outcome • Output 	<ul style="list-style-type: none"> • Impact • Outcome • Results
<p>←----- Build Capacity -----→</p> <p>←----- Sustain the Work -----→</p> <p>←----- Increase Cultural Competence -----→</p>			

GLOSSARY

Actionable data. In contrast with general data that might describe overall drug trends or usage rates, actionable data provide a coalition with detailed information on the local conditions in the community that cause drug use. This information answers the question “Why here?” Obtaining actionable data can tell a coalition precisely what must be changed in order to reduce substance abuse.

Analysis of contribution. An analysis of contribution acknowledges that aside from the coalition’s work, there are many other influences on rates of drug use. Rather than try to prove that all positive outcomes are attributable to a coalition’s work, an analysis of contribution seeks out, describes and places in context a coalition’s contribution to those outcomes.

Attribution. Attribution is assigning one thing as the cause or source of another. In coalition work, the term is used to describe the relationship between community effort and any positive (or negative) community-level outcomes. Attribution is a difficult standard in coalition evaluation because it can place blame on a coalition for outcomes that are completely beyond the coalition’s control.

Audience. A coalition’s audience refers to any and all of the key stakeholders involved in the coalition’s work. Key stakeholders may be internal, such as coalition staff, or external, such as a funder. Coalitions must be clear on who their audience is (“Who cares?”) so that they can effectively identify both what to evaluate (“What do they care about?”) and how to share that information (“How will we share it?”).

Behavioral outcomes. Behavioral outcomes are the long-term outcomes a coalition expects to see as a result of its implemented strategies. In substance abuse prevention, behavioral outcomes are rates of drug use in the population. By changing local conditions and lowering risk, coalitions hope to have an effect on behavioral outcomes in their community.

Community change. Any instance of a new or modified policy, program or practice facilitated by a coalition in its community to reduce rates of substance abuse is considered to be a community change.

Community-level outcomes. Also called population-level outcomes, refer to data measured at the same level as the coalition’s work. Information demonstrating community-level outcomes should be collected at the neighborhood, city, county or regional level, depending on the area the coalition serves.

Consequences (Social and Health). Social and health consequences often are what motivate a community to take action. In the case of substance abuse, social consequences may include violence, crime or school dropout rates. Increased rates of liver disease and cancer are examples of the health consequences of substance use. Coalition work can address these consequences.

Data. Data are a collection of facts from which conclusions can be drawn. Data come in a variety of different forms and are the tangible information required to conduct an evaluation.

Dose. In medicine, a dose is a measured portion taken at one time. For coalitions, the “dose” is the policy, program and practice changes the coalition produces. These changes are what the coalition hopes will make the community healthier. Keeping track of the dose helps coalitions understand their contribution to creating a healthier community. Dose is an essential element of any coalition evaluation.

Evaluation. Evaluation is the word used to describe a coalition’s planned and careful use of information to understand the coalition’s work and its relationship to coalition goals.

Evaluator. An evaluator is a professional who is highly skilled in the process of evaluation. Coalitions may need the help of evaluators because they bring skills volunteers may not have, particularly when it comes to data collection and analysis.

Focus group. A focus group is a small group of people whose responses to questions and key ideas are studied to determine if the same response can be expected from the larger population. Focus groups are a form of qualitative data collection. Individuals are invited to meet and discuss questions, and results and themes of the discussion are reported to the coalition.

Goal. A goal states intent and purpose, and supports the vision and mission of the coalition. For example, a goal might be “To create a healthy community where drugs and alcohol are not abused by adults or used by youth.”

Intermediate outcomes. Intermediate outcomes are midway points that track progress toward more long-term outcomes that produce impact in the community. Documenting intermediate outcomes is important because it shows stakeholders the coalition’s progress toward achieving longer-term goals.

Key informant interview. A key informant interview is a form of qualitative data collection. These interviews are highly structured and are conducted with knowledgeable community members who can answer important questions. If done correctly, these interviews provide coalitions with insightful information unattainable by other methods.

Local conditions. These are the specific features of a coalition’s community that can increase the risk for, or foster protection from, the likelihood of drug use. Understanding local conditions is a key step in identifying what interventions should be implemented. Local conditions answer the question, “Why here?”

Logic model. A logic model is a diagram that shows how the initiative will work by displaying the relationship between activities and intended effects. Logic models can rally support by declaring what will be accomplished and how.

Long-term outcomes. Long-term outcomes are outcomes that take more time to affect population-level change and are the more distant targets of coalition work. Long-term outcomes include changes in current levels of the problem behavior and the health and social consequences of drug use.

Method. Method refers to how data are collected. Choosing the most appropriate method requires the coalition to be aware of both the information it wants to gather and the possible sources of information.

Objectives. Objectives are specific and measurable hoped-for results. For coalitions, objectives come from the community-level outcomes they hope to achieve. A coalition objective might be “To reduce by 30 percent the number of merchants that sell to minors by January 2008.”

Process evaluation. Process evaluation entails collecting data about how a coalition makes decisions and takes action. This analysis often contrasts with outcomes evaluation, which analyzes the results of actions taken by the coalition. Process evaluation focuses on who participates, how they come to agreement on action and how action to distribute action across the group. Key components of process evaluation include member satisfaction and the coalition’s structure.

Qualitative data. Qualitative data are non-numerical data rich in detail and description. Such information comes from the opinions and ideas of community members and leaders. Data gathered from focus groups, community forums or town hall meetings are good examples of qualitative data.

Quantitative data. Quantitative data consist of numbers that can be documented and assessed in mathematical terms. These data answer the questions “How much?” or “How many?” The number of burglaries reported to the police department is one example of quantitative data.

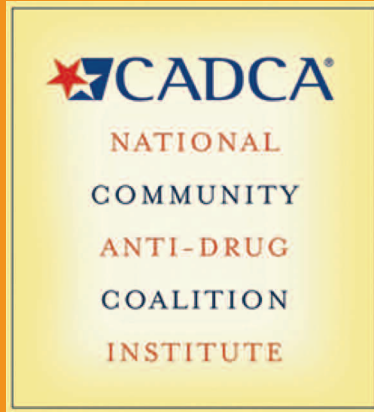
Protective factors. Protective factors are those community, family, school and peer relationships and conditions that make it less likely a person will engage in substance abuse.

Risk factors. Risk factors are those community, family, school and peer relationships and conditions that make it more likely a person will engage in substance abuse. Risk factors are often called the root causes of substance abuse.

Root causes. Root causes are the reasons a problem exists in a specific community; the underlying factors that explain the origins or reasons for a given problem.

Short-term outcomes. Short-term outcomes are the first effects of coalition work. They are usually achieved in a short time. For many coalitions, short-term outcomes come from measures of the local conditions that make a substance abuse behavior more likely.

Stakeholder. Any individual or group that affects or can be affected by your coalition. When making important decisions, coalitions should consider the opinions of their diverse stakeholders.



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