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TECHNICAL
REPORT

Getting To Outcomes™ 2004

Promoting Accountability Through Methods and Tools for Planning, Implementation, and Evaluation

Matthew Chinman, Pamela Imm,
Abraham Wandersman

TR-101-CDC

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Preface

Alcohol, tobacco and other drugs, especially in youth, exact a high toll in local communities. Such substance use and abuse are linked to increased mortality and morbidity through substance-related violence, accidents, and crime. Substance abuse prevention programs not only improve the behavioral health of communities, but they save $4 to $5 in costs for drug abuse treatment and counseling for every dollar invested. Similarly, tobacco use is the number one cause of preventable death in the United States and is associated with substantial behavioral health costs. However, substance abuse and tobacco use prevention programs need to be implemented with quality in order to reap these benefits.

Local prevention practitioners face several challenges in implementing high-quality prevention programs, including the significant amount of knowledge and skills required, the large number of steps that need to be addressed (e.g., needs assessment, setting of priorities, planning and delivering programs, monitoring, and evaluation), and the wide variety of contexts in which prevention programs need to be implemented. These challenges have resulted in a large gap between the positive outcomes often achieved by prevention *science* and the lack of these outcomes by prevention *practice* at the local level. Information dissemination approaches such as the five regional Centers for the Application of Prevention Technology (CAPTs) and Internet resources such as the Decision Support System (http://www.preventiondss.org/) provide valuable information about available evidence-based programs; however, this information is not always integrated at the local level. This lack occurs in part because programs are often designed without consideration to their transportability. Thus, collaboration between the science and practice is needed.

To narrow the science-practice gap, this manual, *Getting To Outcomes™[1] 2004: Promoting Accountability through Methods and Tools for Planning, Implementation, and Evaluation* (GTO-04), presents a ten-step process that enhances practitioners' prevention skills while empowering them to plan, implement, and evaluate their own programs.

The GTO-04 manual was specifically designed to help any agency, school, or community coalition interested in improving the quality of their programs aimed at preventing or reducing drug and tobacco use among youth. The manual's text and worksheets—organized as ten accountability questions—address: needs and resources assessment; goals and objectives; choosing best practice programs; ensuring program "fit;" capacity, planning, process, and outcome evaluation; continuous quality improvement, and sustainability. The model presented in this manual is meant to be a best practice *process*—prescriptive, yet flexible enough to facilitate any prevention program.

Although originally aimed at preventing youth drug and tobacco use, it may also be useful for prevention efforts targeted at other youth behavior problems such as crime, teen pregnancy, or delinquency. In addition, policymakers will also find this manual useful—it is well suited for use as an organizational framework for entire substance abuse prevention systems.

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Acknowledgments

Getting to Outcomes 2004: Promoting Accountability through Methods and Tools for Planning, Implementation, and Evaluation is a revision of *Getting to Outcomes 1999: Methods and Tools for Self-Evaluation and Accountability*. *Getting to Outcomes 2004,* or GTO-04, has been authored by a team of substance abuse prevention researchers dedicated to helping community organizations reach positive outcomes through a process of answering ten questions that contain all the elements needed for successful planning, implementation, and evaluation (PIE). This manual represents a collaborative effort to synthesize evidence-based knowledge and translate it into evidence-based practice.

Getting To Outcomes was first developed by Wandersman, Imm, Chinman, and Kaftarian for the National Center for the Advancement of Prevention, funded by the Center for Substance Abuse Prevention, and was based, in part, on the review of over 40 books and manuals on evaluation.

The authors would like to acknowledge all the contributions they received on the earlier version of this manual (GTO-1999), most notably Shakeh Kaftarian. Currently a health scientist administrator in the Division of Epidemiology, Services and Prevention Research of the National Institute on Drug Abuse (NIDA) of the National Institutes of Health, Dr. Kaftarian was a coauthor of GTO-1999 along with Drs. Wandersman, Imm, and Chinman. In addition, a number of individuals contributed to GTO-1999's concepts, references, examples, formats, readability, and overall usefulness to the substance abuse prevention field. They are Phyllis Ellickson, Karol Kumpfer, Nancy Jacobs, Alvera Stern, Wendy Rowe, and Beverly Watts Davis. In addition, significant assistance was provided by Patricia Ebener and Sarah Hunter (RAND). The manual was compiled and edited by Tania Gutsche (RAND).

Certain parts of questions ❻ and ❼ in GTO-04 draw on the PIE system developed by Wandersman, Flaspohler, Imm, Chinman and their colleagues (Flaspohler et al., in press; Wandersman et al., 2001).

Additionally, the authors would like to acknowledge the local substance abuse prevention staff working on the South Carolina State Incentive Grant Program and their colleagues at the Pacific Institute for Research and Evaluation (PIRE) for their

contribution of many of the tools and assessment measures referenced in the Needs and Resources Assessment section (question ❶). The development of these assessment tools truly represents the work of the local prevention providers in South Carolina and may be modified for various groups.

Finally, the authors acknowledge the many comments and feedback received by literally dozens of substance abuse prevention practitioners in community organizations across the United States. Their ideas have greatly added to the manual's practical focus.

GTO-04 is companion to the *i*GTO system. The iGTO system is being developed by Xiaoyan Zhang, Abraham Wandersman, Pamela Imm, Matthew Chinman and their colleagues. *i*GTO uses web-based technology to automate much of the work involved in successfully answering the ten accountability questions addressed in GTO-04. The "*i*" in *i*GTO stands for several aspects of the *i*GTO system including Internet, because it is an online system; Innovative, because it will be the only system of its kind; and Intelligence, because it helps you answer the questions—guiding you through needs, goals, evidence-based interventions, fit, capacity, planning, implementation, evaluation, continuous quality improvement, and sustainability. The work on *i*GTO to date has been supported by a public (University of South Carolina research team and NIDA funding) and private (KIT Solutions Information Technology) partnership.

A demonstration web site for *i*GTO is available for viewing at http://www.kithost.net/igto(use the following to gain access: username=admin, password=pass, and organizational ID=100).

Glossary*

Accountability The ability to demonstrate to key stakeholders that a program works and that it uses its resources effectively to achieve and sustain projected goals and outcomes.

Activities What programs develop and implement to produce desired outcomes.

Archival data Information about ATOD use and trends in national, regional, state, and local repositories (e.g., the Centers for Disease Control and Prevention, county health departments, and local law enforcement agencies), which may be useful in establishing baselines against which program effectiveness can be assessed.

ATOD Alcohol, tobacco, and other drugs

Baseline Observations or data about the target area and target population prior to treatment or intervention, which can be used as a basis for comparison following program implementation.

Best practice New ideas or lessons learned about effective program activities that have been developed and implemented in the field and have been shown to produce positive outcomes.

Comparison group A group of people whose characteristics may be measured against those of a treatment group; comparison group members have characteristics and demographics similar to those of the treatment group, but members of the comparison group do not receive intervention.

Control group A group of people randomly chosen from the target population who do not receive an intervention but are assessed before and after intervention to help determine whether

	program interventions were responsible for changes in outcomes.
Cultural competency	A set of academic and interpersonal skills that allow individuals to increase their understanding and appreciation of cultural differences and similarities within, among, and between groups.
Data	Information collected and used for reasoning, discussion, and decisionmaking. In program evaluation, both quantitative (numerical) and qualitative (nonnumerical) data may be used.
Data analysis	The process of systematically examining, studying, and evaluating collected information.
Descriptive statistics	Information that describes a population or sample, typically using averages or percentages rather than more complex statistical terminology.
Effectiveness	The ability of a program to achieve its stated goals and produce measurable outcomes.
Empowerment evaluation	An approach to gathering, analyzing, and using data about a program and its outcomes that actively involves key stakeholders in the community in all aspects of the evaluation process, and that promotes evaluation as a strategy for empowering communities to engage in system changes.
Experimental design	The set of specific procedures by which a hypothesis about the relationship of certain program activities to measurable outcomes will be tested; so conclusions about the program can be made more confidently.
External evaluation	Collection, analysis, and interpretation of data conducted by an individual or organization outside the organization being evaluated.

Evidence based (or science based) A classification for programs that have been shown through scientific study to produce consistently positive results.

Focus group A small group of people with shared characteristics who typically participate, under the direction of a facilitator, in a focused discussion designed to identify perceptions and opinions about a specific topic. Focus groups may be used to collect background information, create new ideas and hypotheses, assess how a program is working, or help to interpret results from other data sources.

Goal A broad, measurable statement that describes the desired impact or outcome of a specific program.

Impact A statement of long-term, global effects of a program or intervention; with regard to ATOD use, an impact generally is described in terms of behavioral change.

Incidence The number of people within a given population who have acquired the disease or health-related condition within a specific time period.

Indicated prevention Prevention efforts that most effectively address the specific risk and protective factors of a target population, and that are most likely to have the greatest positive impact on that specific population, given its unique characteristics.

Internal evaluator An individual (or group of individuals) from within the organization being evaluated who is responsible for collecting, analyzing, and interpreting data.

Internal validity Evidence that the desired outcomes achieved in the course of a program can be attributed to program interventions and not to other possible causes. Internal validity is relevant only in studies that try to

	establish a causal relationship, not in most observational or descriptive studies.
Intervention	An activity conducted with a group in order to change behavior. In substance abuse prevention programs, interventions at the individual or environmental level may be used to prevent or lower the rate of substance abuse.
Key informant	A person with the particular background, knowledge, or special skills required to contribute information relevant to topics under examination in an evaluation.
Mean (average)	A middle point between two extremes or the arithmetic average of a set of numbers.
Logic model	A series of connections that link problems and/or needs with the actions taken to achieve the goals.
Long-term outcomes (also known as impacts)	Changes that occur as a result of many interventions. Long-term outcomes are likely to be changes in behaviors, conditions (e.g., risk factors), and status (e.g., poverty rates).
Methodology	A particular procedure or set of procedures used for achieving a desired outcome, including the collection of pertinent data.
Monitoring	The external tracking of services and structures that a program is accountable for accomplishing and/or maintaining.
Needs assessment	A systematic process for gathering information about current conditions within a community that underlie the need for an intervention.
Outcome	An immediate or direct effect of a program; outcomes are frequently stated, by a *specified date,* there will be a *change* (*increase or decrease*) in the *target behavior,* among the *target population.*

Outcome evaluation	Systematic process of collecting, analyzing, and interpreting data to assess and evaluate what outcomes a program has achieved.
Outcome indicators	The factor, variable, or observation that will be used to determine that an immediate or direct effect of a program has occurred.
Outputs	Number of service units provided, such as the number of parent education classes or number of client contact hours.
Pre-post tests	Evaluation instruments designed to assess change by comparing the baseline measurement taken before the program begins to measurements taken after the program has ended.
Prevalence	The total number of people within a population who have the disease or health-related condition.
Process evaluation	Assessing what activities were implemented, the quality of the implementation, and the strengths and weaknesses of the implementation. Process evaluation is used to produce useful feedback for program refinement, to determine which activities were more successful than others, to document successful processes for future replication, and to demonstrate program activities before demonstrating outcomes.
Process indicators	Indicators that the intended process or plan is "on track." One process indicator showing success in developing a collaborative effort may be the development of an interagency agreement.
Program	A set of activities that has clearly stated goals from which all activities—as well as specific, observable, and measurable outcomes—are derived.
Protective factor	An attribute, situation, condition, or environmental context that works to shelter

factor	an individual from the likelihood of ATOD use.
Qualitative data	Information about an intervention gathered in narrative form by talking to or observing people. Often presented as text, qualitative data serves to illuminate evaluation findings derived from quantitative methods.
Quantitative data	Information about an intervention gathered in numeric form. Quantitative methods deal most often with numbers that are analyzed with statistics to test hypotheses and track the strength and direction of effects.
Questionnaire	Research instrument that consists of statistically useful questions, each with a limited set of possible responses.
Random assignment	The arbitrary process through which eligible study participants are assigned to either a control group or the group of people who will receive the intervention.
Replicate	To implement a program in a setting other than the one for which it originally was designed and implemented, with attention to the faithful transfer of its core elements to the new setting.
Resource assessment	A systematic examination of existing structures, programs, and other activities potentially available to assist in addressing identified needs.
Risk factors	An attribute, situation, condition, or environmental context that increases the likelihood of drug use or abuse, or that may lead to an exacerbation of current use.
Risk and protective factor model	A theory-based approach to understanding how substance abuse happens, and therefore how it can be prevented. The theory highlights “risk factors” that increase the chances a young person will abuse substances, such as a chaotic home environment, ineffective

	parenting, poor social skills, and association with peers who abuse substances. This model also holds that there are "protective factors" that can reduce the chances that young people will become involved with substance abuse, such as strong family bonds and parental monitoring (parents who are involved with their children's lives and set clear standards for their behavior).
Sample	A group of people carefully selected to be representative of a particular population.
Selected Prevention	Prevention efforts targeted on those whose risk of developing ATOD problems is significantly higher than average.
Self-administered instrument	A questionnaire, survey, or report completed by a program participant without the assistance of an interviewer.
Stakeholder	An individual or organization with a direct or indirect interest or investment in a project or program (e.g., a funder, program champion, or community leader).
Standardized tests	Instruments of examination, observation, or evaluation that share a standard set of instructions for their administration, use, scoring, and interpretation.
Statistical significance	A situation in which a relationship between variables occurs so frequently that it cannot be attributed to chance, coincidence, or randomness.
Target population	The individuals or group of individuals for whom a prevention program has been designed and upon whom the program is intended to have an impact.
Threats to internal validity	Factors other than the intervention that may have contributed to positive outcomes, and that must be considered when a program evaluation is conducted. Threats to internal

	validity diminish the likelihood that an observed outcome is attributable solely to the intervention.
Universal Prevention	Prevention efforts targeted to the general population, or a population that has not been identified on the basis of individual risk. Universal prevention interventions are not designed in response to an assessment of the risk and protective factors of a specific population.

*Adapted from the Virginia Effective Practices Project: Atkinson, A., Deaton, M., Travis, R., & Wessel, T. (1998). James Madison University and the Virginia Department of Education.

Introduction

The primary purpose of this manual is to help communities improve the quality of their programs aimed at preventing or reducing drug use among youth. Funders are increasingly mandating "accountability" for the public or private funds they provide by demanding high-quality outcome data to determine the success of programs. This manual describes a community planning, implementation, and evaluation model—organized as ten accountability questions—to help your agency, school, or community coalition conduct needs assessments, select best practice programs that fit your community, and to effectively plan, implement, and evaluate those programs. With high-quality process and outcome data, your group will be more likely to get long-term funding for these approaches.

Although this manual was originally developed to help communities plan and carry out programs and policies aimed at preventing youth drug use, it may also be useful for prevention efforts targeted at other youth behavior problems such as crime, teen pregnancy, or delinquency.

Definition of Accountability

The term accountability is basic to an understanding of *Getting to Outcomes 2004* (GTO-04). We define accountability as the systematic inclusion of critical elements of program planning, implementation, and evaluation in order to achieve results. In the GTO-04 system, program development and program evaluation are integral to promoting program accountability. Asking and answering the ten questions begins the accountability process. Many excellent resources discuss the importance of each program element and some are found in the references section. We believe, however, that by linking these program elements *systematically*, programs can succeed in achieving their desired outcomes *and* demonstrate to their funders the kind of accountability that will ensure continued funding.

A Comprehensive Approach to Successful Programs

There are entire books written on each of the program elements discussed in 4GTO-04 (e.g., needs assessment, best practice resources, evaluation methods, etc.). We gratefully

acknowledge the wisdom, ideas, and experiences of this prior work, which have shaped our thinking and have led us to create this manual (see references). However, few have integrated all the elements into a comprehensive system that provides step-by-step guideline from the initial needs assessment through sustaining a successful program, as is done in this manual. This manual is called *Getting to Outcomes 2004* because it is a revision of the original Getting to Outcomes manual published in 1999 by the Center for Substance Abuse Prevention (Wandersman, Imm, Chinman, & Kaftarian, 1999). The conceptual basis for the Getting to Outcomes system and related references are detailed in previous publications (Wandersman, Imm, Chinman, & Kaftarian, 2000; Chinman, Imm, Wandersman, Kaftarian, Neal, Pendleton, Ringwalt, 2001).

About This Manual

This manual is organized around the ten accountability questions, with a separate chapter devoted to each question.

The Ten Accountability Questions

❶What are the underlying needs and conditions in the community? **(Needs/Resources)**

❷What are the goals, target populations, and objectives (i.e., desired outcomes)? **(Goals)**

❸Which evidence-based models and best practice programs can be useful in reaching the goals? **(Best Practice)**

❹What actions need to be taken so the selected program "fits" the community context? **(Fit)**

❺What organizational capacities are needed to implement the plan? **(Capacities)**

❻What is the plan for this program? **(Plan)**

❼How will the quality of program and/or initiative implementation be assessed? (Process **Evaluation**)

❽How well did the program work? **(Outcome Evaluation)**

❾How will continuous quality improvement strategies be incorporated? **(CQI)**

❿If the program is successful, how will it be sustained? **(Sustain)**

What's Inside This Manual?

In GTO-04, we provide information and guidance on how to answer the ten questions. We provide methods, tools, and worksheets for you to use or modify, checklists to ensure you have considered all aspects of each question, and resources for your further learning. A major challenge for us in preparing this manual was balancing sufficient information to understand how to answer each question without being overly detailed.

Target Audience

The Getting to Outcomes system will be useful to community organizations seeking to develop or provide youth drug prevention services and programs and to funders of such services. Accountability is in everyone's best interest!

Format for This Manual

There is a general format for addressing each question in GTO-04, and each question's chapter will include the sections listed below. Each one of these sections will have the following icons next to it to let you know what to expect.

Definition of the Question.

Explains the question in more detail.

Why is addressing the particular GTO-04 question important?

Explains why it is important to address the question.

Addressing the Question: How do you do it?

Describes how to address the question and presents specific tools to assist in this process.

WINNERS example.

Describes a real story of how a community organization used GTO to address substance use in its community.

A Checklist for each Question.

Presents a bulleted list of the key steps to each question to ensure that all are implemented.

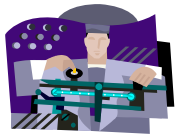
Appendices

Each question will contain tools and additional information to help you to address that particular question. These can be found in a separate document available at http://www.rand.org/publications/TR/TR101/TR101.app.pdf

In addition, there will be icons to indicate:

- The use of a GTO-04 tool

- Discussion about measurement



Features of the GTO-04 Accountability System

1. The GTO-04 system emphasizes accountability.

In GTO-04, program accountability involves putting a comprehensive system in place to help your programs achieve results. That system involves asking and answering the ten accountability questions.

2. You can use the GTO-04 system at any stage of your work.

We know that many practitioners are in the middle of programming and cannot begin with the first accountability question. No matter where you are in your process, the components of the Getting to Outcomes process are useful. For example, if an evidence-based program has been chosen, planned, and is being implemented, accountability questions ❼, ❽, ❾ on process and outcome evaluation and continuous quality improvement can still be valuable.

3. GTO-04 uses the risk and protective factor model.

The risk and protective factor model is helpful in understanding the underlying risk conditions that contribute to the problem and the protective factors that reduce these negative effects (Hawkins, Catalano, & Miller, 1992). It has been found in many studies that these factors have been related to substance use among youth such that the more risk factors present for an individual, the more likely they will be to use substances and the more protective factors present, the less likely. The risk and protective factor model is organized across the domains of individual/peer, family, school, and community. The factors are useful in setting up a logic model that can be used in program planning, implementation, and evaluation. In fact, these factors have been turned into variables that can be measured with surveys that are commonly available. A detailed chart of the risk and protective factors can be found in Appendix 1C (after question ❶). There is more about risk and protective factors in chapter one.

4. GTO-04 encourages the use of logic models to ensure a conceptual link between the identified problem and the potential solutions.

It is useful to determine the most likely causes or underlying risk factors contributing to the problem and the protective factors that can be strengthened. The logic model process begins with identifying the causes or underlying factors within your community.

Overview of a Logic Model

A logic model can be defined as a series of connections that link problems and/or needs you are addressing with the actions you will take to obtain your outcomes. The program activities should target those factors that you have identified as contributing to the problem. Logic models are frequently phrased in terms of "if-then" statements that address the logical result of an action. For example,

- **if** prevention programs are targeted at multiple domains (e.g., school, community, and family), **then** they are more likely to produce results.

- **if** alcohol, tobacco, and drugs are difficult for youth to obtain, **then** youth are less likely to use them.

Logic models convey very clear messages about the logic (i.e., theory) about why a program is proposed to work. Sharing logic models early in the process with program staff as well as community members is often a worthwhile activity. We have found that it helps to have a logic model diagram (picture) of how and why a program should work.

The GTO-04 Logic Model Specifies Four Key Program Elements

Needs → Goals/Objectives (risk factor-based) → Activities → Outcome Measures

Below is an example of a logic model grid that shows how there is a direct relationship between the reasons for the problem (causes identified in a needs assessment), the desired goals and objectives to correct the problem (based on risk and protective factors), the solution to bring about those changes (i.e., the activities of a program), and the tool (outcome measure) used to document the changes. The example is based on a real program in a real community.

Example Logic Model Grid

Needs Assessment Data	Risk-Factor-Based Goals/Objectives	Program and Activities	Outcome Measures
High rate of child abuse and neglect cases in Springfield* families.	**Goal:** Youth in Springfield's North and South neighborhoods will have an increased rate of adult supervision during after-school hours and their parents will know their whereabouts. **Objective:** Within the first year, 95% of PYP youth will report that their parents know their whereabouts.	Positive Youth Program (PYP), Decisionmaking Program (DMP), Heritage Projects ➢ Weekly after-school youth groups, community service projects	Youth reports
Rate of confirmed child abuse and neglect cases for Springfield between 1995-96 was three times the state average.	**Goal:** Increase parental-child attachment and social bonding. **Objective:** Within the first year, 75% of program youth's parents/guardians will attend biannual family celebrations. 20% improvement in measures of bonding.	DMP, parent sessions ➢ Winter and spring celebrations for youth and families.	-Parent interview -Risk and protective factor survey
Springfield had a 28.3% increase in arrests for family violence from 1995-1996 which was the second highest increase in the state.	**Goal:** Increase parental involvement. **Objective:** Within the first year, 50% of program youth's parents/guardians will complete the family support sessions. 20% of youth report spending more time with parents.	DMP, parent sessions ➢ Weekly telephone contact with parent or guardian by group leader.	-Parent interview -Risk and protective factor survey

*Names in this example have been changed.

Linking the Accountability Questions to a Program's Logic Model

The first three columns of the logic model grid correspond directly to accountability questions ❶, ❷, & ❸. Accountability questions ❹, ❺, ❻, & ❼ are answered to ensure that the activities listed in question ❸are appropriate, well planned, and implemented with quality. Accountability question ❽ is the outcome evaluation and corresponds to the fourth column.

WINNERS: Getting to Outcomes in Action

In order to demonstrate the use of the accountability questions, this manual includes an example of a real program, referred to as WINNERS. The staff of WINNERS used the ten questions of GTO-04 to plan, implement, and evaluate an intervention to address needs in their community. We have tried to keep the WINNERS example as "true to life" as possible but have modified some details to demonstrate certain points. The example offers a true picture of a process where community-based leaders/volunteers used the concepts, structure, and tools contained in GTO-04. Each of the ten questions will have a section identified by the "e.g." icon above (meaning "*for example*"), which will present a brief narrative of how this community used GTO and which will include how the community made use of all the GTO tools. To begin this example, we present a brief background of the WINNERS community.

Brief History of WINNERS

In a medium sized rural community in South Carolina, the middle school leadership was growing concerned because of developing trends toward increased problems among youth, including increased numbers of referrals to the office, increased incidents of trouble with the law, climbing rates of alcohol and tobacco use, and poor academic performance. Within this atmosphere of concern, a sixth grade student attending the middle school was caught showing marijuana to his friends. This specific incident generated widespread attention, alarm, and scrutiny by community members who reacted by calling for action to address the growing problems among the middle school students. Community leaders met at a PTA/town meeting that was organized by a small coalition of school administrators, parents, local businesses, and teachers in response to the

many calls to the school and city agencies. The coalition contacted a professor at the local university, who agreed to have his graduate students assist with the program development, implementation, and evaluation (called the "GTO team"). The students and the professor would use the GTO system as the basis of their consultation. For their participation in the project, the students would receive course credit.

"Program" Defined

This manual mostly focuses on "programs" and issues related to prevention programming (e.g., planning, implementation, and evaluation). While some practitioners think of programs as only a standardized curriculum targeting a specific population, many programs have multiple strategies and target different domains. In GTO-04, we define a "program" as a set of activities that has clearly stated goals from which all activities are derived. In fact, additional words, like "policy," "strategy," or "initiative" could easily be substituted for the word "program" in our GTO-04 manual. Hence, a community coalition model (Communities That Care, Midwest Prevention Project, or Project Northland) are by this definition a "program" as are environmental strategies such as restaurant/bar server training or increased enforcement of underage smoking and drinking. Also, in GTO-04, our frequent use of the word "program" does not imply that we promote practitioners being one dimensional in their efforts. In fact, we are strong proponents of comprehensive programs that include all domains and target a wide variety of strategies. For example, the blending of environmental strategies with more individual-level approaches is likely to enhance success and is beneficial to include whenever possible.

A program is …

a set of activities that has clearly stated goals from which all activities are derived.

Importance of Culturally Sensitive Programs and Staff

Culturally adapted, or culturally sensitive, programs have been found to increase recruitment and retention, but not outcomes, compared with generic multicultural versions of evidence-based programs (Kumpfer, Alverado, Smith, Bellamy, 2002). Therefore, training staff to be culturally competent or

hiring culturally competent staff from the outset is important. This remains a challenge for the prevention field, and discussions about this issue need to continually occur. In GTO-04, we offer opportunities to begin this important dialogue by suggesting specific steps that should be considered when planning, implementing, and evaluating these programs. While most of this content is presented in question ❻, issues of culture should be addressed in each step.

Let's begin … .

Developing a Vision

"How should we begin?"

From *Through the Looking Glass*:
Alice: Which way should I go?

Cheshire Cat: That depends on where you are going.

Alice: I don't know where I'm going?
Cheshire Cat: Then it doesn't matter which way you go!!

Definition of a Vision

A vision could be defined as a "dream about what the future should look like."

Why Is Developing a Vision Statement Important?

In working with the GTO-04 system, it is useful to begin by developing a vision statement to help define where we want to go. This is very important in a results-based accountability system because the results or vision is the reason behind why the initiative is being done. For example, if your community has a youth smoking rate of 30%, why is that important? Well, it is important because the community has a vision that youth will be healthy and drug free. As a result, the community will develop programs and initiatives to decrease the smoking rate.

The vision should create a picture of what the targeted area (e.g., school, community, etc.) will look like once the

program or initiative is complete. Building a shared vision helps to ensure that all participants share the same picture.

How to Develop a Vision

Constructing a vision statement should include opinions from a diverse group of individuals and should be done at the beginning of the planning process. By developing a clear vision statement, you will always have a reminder of what the community is trying to accomplish by defining the results to be achieved (e.g., smoke-free youth). Developing a vision statement can be challenging, but it does not have to be. We recommend a short strategic process to develop the vision statement.

If you are working on a large community planning process, it takes longer to develop a shared vision than if you represent a smaller group that is looking to change the conditions of a more narrowly defined area (e.g., a school). The following guidelines are offered to develop a vision statement.

- Discuss the importance of a vision statement in the initial meetings of your group.
- Obtain "buy-in" from all members about the need to have a vision statement.
- Ensure that qualified people are available/hired to conduct the visioning process.
- Finalize a timeline for developing the vision statement (don't let it go on too long).
- Determine the best ways to obtain personal visions from the members and/or key stakeholders in the community (e.g., discussion sessions, forums, and/or surveys).
- Obtain input from diverse groups of stakeholders.
- Determine how to collect the information and make sense of it.
- Draft an initial vision statement to be circulated to key stakeholders.
- Make changes based on input and share it again.
- Finalize the vision statement and share it with the community.
- Revisit the vision statement regularly, especially as needs and conditions change.

- Sample vision statements can vary in length. Several examples are
  - Children in our county will be born healthy and drug free.
  - Families are able to provide a permanent home for their children.
  - Children are ready to learn when they enter first grade.
  - Our coalition envisions a community that works together to protect youth and promote youth development so they can achieve their potential.

WINNERS: Visioning

In order to determine where the coalition would be focusing its efforts, it was decided that the coalition should develop a vision statement to clarify its purpose. This was done during two separate meetings. At the first meeting, the GTO team presented the purpose of the vision statement and potential methods for gaining input. One person reported that the visioning process seemed "hoaky" and he had been in meetings where the visioning process took several months. The GTO team discussed the importance of the vision and how it relates to results-based accountability. They also clarified that since the group was small and their intentions fairly clear already, that it shouldn't take too long. Prior to the end of the meeting, each member wrote his or her personal vision statement and submitted it to the GTO team. People not attending the meeting were contacted and asked to submit their personal vision within three days.

At the beginning of the next meeting, the GTO team presented the individual vision statements and highlighted where commonalities and differences existed. The group was able to process the differences fairly quickly and kept on reviewing the incident that led to the development of the coalition. With this in mind, the coalition drafted, finalized, and voted on the following vision statement:

"All students in our school will be free of tobacco, alcohol, and drug use."

Finalizing the vision statement was a significant point for the coalition in that the members felt very energized and ready to examine what factors were leading to tobacco, alcohol, and drug use in their students.

Chapter One
Question #1: What Are the Underlying Needs and Conditions in the Community? (Needs/Resources)

Definition of Needs and Resources Assessments

Once the vision statement is constructed, you are ready to address the first accountability question. Answering this question will help you gain a clear understanding of the problem areas or issues in your location/setting and for which group of people (potential target population) the problem is most severe. Additionally, it is important to examine the existing assets and resources in a community to help lessen or protect individuals from risk conditions and/or to prevent the emergence of problem issues. For example, good family management and supervision helps to protect youth from becoming involved in alcohol and drug use. In this example, needs may be identified in terms of families needing parenting training and counseling support to improve their parenting and supervision skills. Often needs may be defined in terms of "assets to be strengthened" in contrast to the focus on problems or deficits in the community or within a targeted population.

A needs assessment is …

a systematic process of gathering information about the current conditions of a targeted area that underlie the "need" for an intervention.

This manual relies heavily on the *risk and protective factor model* to prevention. While there are other models available (e.g., developmental assets, etc.), risk and protective factors have been widely researched and been shown to predict diverse types of problem behaviors (e.g., substance abuse, violence, etc.) across a wide variety of populations. Definitions of risk and protective factors are provided below.

Risk factors = Factors associated with greater potential for substance use
Protective factors = Factors shown to guard against substance use

"Factors" here means certain conditions that can exist within individual people (e.g., certain biological factors, attitudes, knowledge, or behaviors), families (e.g., level of family conflict), schools (e.g., anti-drug policies and norms), or whole communities (e.g., local laws, norms, economic conditions). In general, the more risk factors one has, the more likely to use drugs and alcohol, while the more protective factors one has, the less likely. These factors vary depending on the particular community and can exert influence in many different combinations. The list of well researched risk and protective factors in the various domains (e.g., individual, family, school, community) are included in Appendix 1C of this document. It is noteworthy that protective factors are not always the opposite of risk factors and their impact varies along the developmental process (e.g., strong bonds with social institutions are probably more important in the teenage years than before youth enter school).

Why Are Conducting Needs and Resources Assessments Important?

A needs and resources assessment allows you …

- To be able to identify where (e.g., school, neighborhood, street) alcohol and other drug abuse problems are the most prevalent.
- To be able to identify what groups of people (e.g., potential target population) are the most involved in alcohol and other drug abuse.
- To be able to identify what risk and protective factors are most associated with alcohol and other drug abuse.
- To learn more about suspected needs and to uncover new needs.
- To assess community resources that exists to ameliorate the problem.
- To assess whether the community is ready to respond to the issue/problems or whether it is better to wait until a higher level of community readiness develops.
- To obtain baseline data that can be monitored for changes over time.

➢ To gather support from stakeholders.

How Do You Conduct a Needs and Resources Assessment?

There are eight steps to conducting high quality needs and resources assessments. Following these general steps can be useful if your group members decide to conduct the assessment process themselves or if they hire a professional. Use these steps as the road map.

Key Points

While national, state, and regional data may be interesting, local data will be the most useful. Also remember to check that your data are relatively recent (i.e., at least within the last year).

1) Set up an assessment committee or work group of members from your group to collect the data. Be sure to include key stakeholders.
2) Examine what data are currently available to assess the risk and protective factors.
3) Determine what data still need to be collected by your group.
4) Determine the best methods to gather the data and develop a data collection plan.
5) Implement the data collection plan.
6) Analyze and interpret the data.
7) Select the priority risk and protective factors to be addressed.
8) Use those priority factors to develop goals and objectives and to select programs/strategies to implement.

Step 1. Set Up an Assessment Committee or Work Group of Members from your Group to Collect the Data. Be Sure to Include Key Stakeholders

In many coalitions or community groups, there are people who enjoy gathering information (or data) and determining the best way to use it. These people may be in academic or research positions or may be an eager graduate student who might want some course credit or experience in data analyses. Whatever the case, determine who on your committee might be the best people to handle the task for gathering and reviewing data. When forming this committee, remember that not everyone has this interest. Once your assessment committee is developed:

- Identify roles for each committee member (e.g., gathering data, developing survey questions, running focus groups, analyzing data, facilitating priority-setting session).
- Document how key stakeholders (e.g., providers, clients, youth, etc.) are involved in the assessment processes.
- Document how diverse and hard-to-reach populations are involved.

Step 2. Examine What Data Are Currently Available to Assess the Risk and Protective Factors

There are a variety of data that are regularly collected (in state and local agencies) and can be accessed by you and your group. These types of data are called archival data. One potential method for completing this step is to begin with the list of risk and protective factors related to alcohol and other drug use (Appendix 1C). Then determine what data you already have (or can get pretty easily) for each of the risk and protective factors. This will take time and will require community involvement. Begin by contacting your local or state prevention coordinator to determine what existing data are available.

Needs and resource assessments vary depending on the breadth and scope of what you are trying to examine. For example, a local service provider may want to assess the needs of a particular youth population within a specific school or neighborhood. The focus of a larger community coalition or interagency partnership might be the needs of an entire neighborhood, a community, or several counties. State agencies are likely to have an even wider scope. They may concentrate on larger areas around the state (e.g., regions) and assess the needs among many groups of people.

Ideally, the data collection efforts should match the size of the area in which you are interested. If you are interested in learning about a single high school, national data will provide some context but will not be helpful in determining what the real needs are of the school. It would be better to collect school-level data, such as the results of a student school survey, grades, or numbers of disciplinary problems. Appendix 1D has examples of statewide data sources (from California) and data sources from the national level.

Step 3. Determine What Data Still Need to Be Collected by the Coalition

After examining what data are available, it becomes clearer which data still need to be collected. Use collaborators to brainstorm about data sources and how to obtain reports of similar efforts that have been conducted in the recent past. Appendix 1E provides variables that can be used as indicators for the risk factors as you determine specific data needed. As you compile this information and begin thinking about a data collection plan, you may want to consider common needs assessment questions that are relevant to prevention initiatives:

Key Points

Remember, the more thorough you are in completing data collection, the more effective and accurate you will be in designing a plan to meet the needs of your target population.

1) What are the major problems/issues in your targeted area?
2) How important are these problems/issues to different sectors of the community (e.g., parents, youth, service providers, the faith community, policymakers, etc.)?
3) How prevalent are these problems/issues among the targeted population?
4) What community, individual, peer, family, and school risk factors in your area underlie or contribute to these problems?
5) What factors in your community, families, or individuals protect people from these problems/issues?
6) What resources already exist in the community that address the targeted problem, either through reducing risk factors or strengthening protective factors?
7) How ready is the community to embrace strategies and actions to address the identified problems/issues?

Step 4. Determine the Best Methods to Gather the Data and Develop a Data Collection Plan

Once you have determined what data still need to be collected, you should identify ways to collect those data. Below are some key points to remember when trying to get data from state/local agencies, nonprofit organizations, and the community.

- Get people's investment by explaining how the data will be used.
- Invite a person from a new organization who may be resourceful in obtaining data to join your group.
- Consider "who" is making the request for the data. Many times, more "informal" channels and extended relationships can be extremely valuable (e.g., the superintendent is the neighbor of the coalition chair).
- Offer to share your findings with the group/organization from which you are requesting information.
- Get "clout" on your team. People in influential roles can often get access to information that may be otherwise difficult to obtain.

As you consider specific methods/sources for gathering additional data, the following options may be helpful.

Archival Data (Existing Data).

- *Health Indicators/Archival Data*—Various social and public health departments maintain information on various health conditions including teenage pregnancy, HIV/AIDS diagnoses, substance abuse admissions, families receiving welfare benefits, unemployment levels, percentage of households below the poverty line.
- *Census Records*—Census (www.census.gov) data provide demographic information for the United States. Census record data may also be available for the population and demographic distribution of your targeted community. . Many states have similar information on their own web sites.
- *Police Arrest and Court Data*—Police arrest figures provide information about crime in various areas of the community including the types of crimes being committed and the age of offenders.

Qualitative Data.

- *Key informant surveys*—Key informant surveys are conducted with those individuals who are important leaders (e.g., mayor, police chief, local pastor) and/or representatives in their communities. They "know" the community and are likely to be aware of the extent of the needs and resources (National Institute on Drug Abuse [NIDA], 1997).

- *Community Meetings/Forums*—In this method, various community individuals are invited to a series of meetings and are asked about their understanding of the needs and resources. Although key leaders are often present, the meetings are held to obtain information from the general public.
- *Case Studies*—A case study method uses information about service recipients in order to learn more about the service itself and about what other services may be needed.
- *Focus Groups*—Focus groups may be particularly useful if you need to get information quickly, when you want an opinion from an established group and is regarded as an ideal format for getting at the underlying attitudes, feelings, beliefs and behaviors of a group. Besides being more efficient than interviews, focus groups get discussions going that would not occur in one-on-one interactions and are good at getting participants to identify false or extreme views. In a focus group format, 6-12 individuals convene and answer a predetermined set of open-ended questions from a facilitator. While some like to recruit a variety of people for each focus group, it is preferable to convene participants for each group that have similar characteristics, like parents, teachers, service providers, and even youth. There is more information about focus groups in question ❻. See Appendix 1B for a youth focus group guide.

Surveys (New Quantitative Data).

- *Service Providers Surveys*—Service providers possess knowledge about the nature of problems in a community, what programs and resources are available, and who is and who is not being served.
- *Client or Participant Surveys*—Clients and program participants are excellent sources of information on what needs are being met and what more should be done .
- *Targeted Population Problem Behavior Surveys*—Self-report surveys and comprehensive assessments on persons who are to be targeted by the initiative (e.g., youth 12-17 years of age) provide useful information on the extent and nature of their problem behaviors and other issues. Appendix 1A has several surveys for youth, parents, and teachers that you can use in your community.

Community Resources.

- *Resource Asset Mapping*—Mapping of community problems (e.g., locations of liquor and cigarette outlets, high crime areas) and community resources (including existing programs and services that address the targeted problem) provides evidence on where problems are already being addressed versus those that are unmet needs.

Environmental Climate.

- *Environmental Scan*. Appendix 1B provides a tool to assess how much the local environment promotes the use of alcohol, tobacco, and other drugs (e.g., number of tobacco outlets near schools, number of liquor stores, etc.).

Data Collection Plan Tool. Having a clear data collection plan will help to ensure that the data collection process is on track. In general, the key components of a data collection plan are the following:

- Risk/protective factors to be assessed.
- Indicators used for measurement.
- How/where to get the data.
- Persons responsible.
- Dates by which key tasks are to be completed.

Appendix 1F is a tool that can be used or modified for data collection. An example of a completed tool is below.

Sample Data Collection Plan Tool

Factor to be Assessed	Indicators to be Measured	Method for Data Collection	Where found?	Completed by/Person Responsible
Availability of alcohol	Number of liquor licenses issued Number of sales to minors	Archival data Observations/ underage buys	Licensing board	2/1/04 (Mary and Ann) 1/15/04 (ten youth led by Billy and Mr. Smith)
Favorable attitudes toward alcohol use	Survey of 9th grade youths' attitudes toward use of alcohol	Youth survey	Survey developed locally	2/26/04 (subcommittee—point person, Dr. Stone)

Collecting Data on Resources. Methods for conducting a resource assessment vary depending on the scope of your assessment process. In general, however, it is advantageous to determine

what existing resources (e.g., programs) are currently available in your targeted area. This will help you to not duplicate efforts by designing programs for target populations who are already being served and help you to examine how effective these existing resources are.

In general, the key elements in a resource assessment of existing programs are

- name of program
- location (in or close to the community of interest)
- ages of population served
- how often the program operates (e.g., weekly, daily)
- meeting times of the program
- risk/protective factor it addresses
- information about program effectiveness.

These elements are just starting points. Additional information may be relevant such as the level of parental involvement, domains the program targets (e.g., individual, family, etc.), or how participants are recruited. Appendix 1G contains a general resource assessment matrix that will help you get started.

An additional strategy for conducting an assessment of resources is to identify assets in the community. Institutions such as churches or schools or important neighborhood leaders such as local pastors or businesspersons can serve as valuable assets to your program by donating financial resources, meeting space, or legitimacy. Once assets are identified, they are "mapped" in order to portray the quantity, location, and accessibility of the community's assets. Similarly, Geographic Information Systems (GISs) are software systems available to map specific points of interest (usually by zip codes) in an assessment. University-based researchers in geography, urban planning, marketing, and sociology are the best sources of information on GISs.

Step 5. Implement the Data Collection Plan

This step is fairly straightforward, but there are some things to keep in mind. First, try to stay true to your data collection plan. If you must modify it, have a logical reason for doing so. Staying true to the timeline may be the biggest challenge. Second, identify leaders in this process who are

organized, good planners, and responsible. It may be necessary to "check in" with them to see how their tasks are progressing and if they need some additional assistance. Third, be a good partner. If you promised a nonprofit agency or a community group that you would share data or partner with them in some way, follow through with that promise. Lastly, remember to collect the data you will use and use the data you collect. Gathering information that is not useful is a waste of valuable time.

Step 6. Analyze and Interpret the Data

This section of GTO-04 is probably the most difficult to write because communities face a wide variety of situations. The complexity (or simplicity) of this task will depend on how well you have formed your assessment questions and how much data you have to present.

While this may be a good place to hire an expert to assist in data analyses and interpretation, there are general guidelines that we can suggest:

- Archival data (e.g., information collected by agencies such as arrests for driving under the influence (DUI), hospitalizations due to overdoses, juvenile arrest data) have a long time lag, so they may not be as current as you would like. Therefore, don't place too much emphasis on this type of data unless they are corroborated by other sources of data.
- Similarly, when confronted by conflicting information between archival data and more subjective data (e.g., what people tell you in focus groups or on surveys), lean toward placing greater emphasis on what local people say. After all, they have recent information (personal observations and reports from others), they know the targeted area best, and in most cases, they have less reason to be biased. As an example, a key informant living in one neighborhood block revealed accurately that there were methamphetamine labs in his neighborhood, but the state (or local) data showed no indication of the availability of methamphetamine or its use.
- Remember that interpretation of data can be tricky. Are DUI arrests rising because there is more drinking and driving or is the enforcement better? Interpreting data can be difficult and is not an exact science. In going through this process of interpretation, spend a lot of time asking

"why" questions, trying to determine why the data suggests certain patterns. Now is the time to convene your partners and key stakeholders to help make sense of the data.

- The combination of data sources is necessary in order to get a complete picture of the problem or issue. One single data source is difficult to interpret in isolation. However, multiple sources of both subjective and objective data add greater clarity to the problem, increase accuracy in defining the problem, and instill confidence and common understanding among program stakeholders. Where data sources do not suggest similar patterns (e.g., community perceptions of a problem with underage drinking not matching police arrests for underage drinking), then it is important to give credibility to the community perception data. For example, it would be important to look for why DUI arrests may be low—perhaps it is not a priority area for the officers or maybe the police are understaffed.

Step 7. Select the Priority Risk and Protective Factors to Be Addressed

This process occurs after you have done a great deal of work. That is, you have gathered and analyzed data and are ready to determine what risk/protective factors will be given priority for action, knowing that it is impossible (and not recommended) that everything try to be done at once.

When prioritizing risk factors to be addressed, the following three suggestions are offered by Communities That Care, an assessment and planning model developed by David Hawkins, Richard Catalano, and colleagues of the Social Development Research Group, University of Washington, and marketed by Channing Bete:

1) Which risks are most prevalent in your community? Based on
   - trends
   - comparison with other data (national, state, other communities')
   - comparison across risk factors
   - your interpretation of the data and possible explanations.
2) Is there an identifiable "cluster" of risk factors that, addressed together, could provide a synergistic response?
   - For example, if both youth and parental attitudes are favorable toward alcohol use, what interventions could be

implemented together to change the attitudes of both groups?

3) At what developmental periods are children most at risk in your community?

For example, if risk factors are prevalent in transition times for youth in your targeted area (e.g., middle to high school, high school to college), then it may make sense to give high priority to those risk factors during these developmental periods.

In general, it is recommended that the community prioritize two to five risk/protective factors to address first.

Additional factors we recommend to consider when prioritizing the risk factors are the following:

- What risk factors are major sources of serious consequences?
- What risk factors are modifiable or preventable within your time frame and budget?
- What risk factors are easily measurable (based on your circumstances) and are not being addressed effectively with other initiatives (determined by your resources assessment)?
- What risk and protective factors show the greatest likelihood for positive results (highly associated with substance use)?

Step 8. Use Those Priority Factors to Develop Goals and Objectives and to Select Programs/Strategies to Implement

The information you collect in the assessment processes and the risk factors you prioritize should provide a "road map", guiding you toward the choice of the most appropriate interventions. For example, if your priority/risk factors are mostly in the community and environmental domain, then the most appropriate interventions may be merchant education, social marketing campaigns, and strategies that deal with enforcement and consequences. If your assessment shows particular problems in a

Important!

Please remember that there is no magic bullet in prevention, and no one program will be sufficient. You must be comprehensive in your approach and work toward targeting multiple domains (individual, school, family, community).

school or with a targeted set of youth, then perhaps strategies that are more school-based will be most appropriate.

Levels of Needs and Resources Assessments

In some cases, your organization may be heavily resourced and have a lot of time to devote to the assessment process. More often however, many communities have minimal time and little funding. As a result, in GTO-04 we discuss three levels of the assessment process, differentiated by various factors such as funding, time, and need for immediate action.

> *Level 1*: You are broadly assessing a targeted area, examining a variety of risk and protective factors related to a variety of types of substance use.
>
> *Level 2*: You are assessing a targeted area and already have a general idea of the salient risk and protective factors and the related substances being used.
>
> *Level 3:* You are assessing a targeted area to gain information on specific risk and protective factors and to gather data on particular substances being used.

The assessment processes and tools may be different depending on the level you choose. The following may be helpful in deciding which best suits your situation.

Level 1

Choose if the targeted area is undefined and if

1) you need to have wide range of community involvement in the planning and implementation of the assessment processes
2) community members need a lot of training on implementing needs and resource assessments
3) you have a fair amount of time for completion (at least six months)
4) you have a fair amount of resources (money, volunteer time).

If these are true in your community, it may be to your advantage to contract with a professional company or an experienced evaluator to help conduct the assessments. Contact your local or state prevention coordinator for names of respected individuals or local companies. One popular company

is Channing Bete, which markets the Communities That Care model.

Contact:

Channing Bete Company
One Community Place
South Deerfield, MA 01373-9989
1-877-896-8532/8533
Web site: www.channing-bete.com

Other evaluators who can assist with a comprehensive needs and resources assessment can be contacted through the American Evaluation Association at www.aea.com.

Level 2

Choose if the targeted area is somewhat defined and if

1) there is a shorter time frame in which to work
2) the target population is more narrow
3) a needs and resource assessment has been done recently (within the last two years)
4) there is a reason to think needs and resources have recently changed
5) you want to involve more people and get additional support and community "buy in."

Level 3

Choose if the targeted area is narrowly defined and if

1) the target population is almost certain
2) there is a pretty clear idea about what the problem is
3) existing data point to the same priority problems
4) it is urgent to act immediately.

If these are true in your community, there may be pressing problems that need attention immediately. If you select either of these types of assessment, remember the following:

- You may only uncover the "tip of the iceberg" of your suspected problem.
- Problems that are not readily apparent may not be revealed at all.
- You may need to act very quickly and analyze the data immediately.

In GTO-04, we provide "initial versions" of tools that can be used to conduct the assessments. These tools can (and should) be modified based on the specific questions you are trying to answer. Appendix 1A in this manual includes surveys for youth, parents, and teachers as well as a form to summarize your results. Appendix 1B is a form to assist with an environmental scan and a guide to conducting youth focus groups. Links to some useful web sites are also provided below.

Internet Resources

Needs and Resources Assessment

The Community Tool Box is a web site created and maintained by the University of Kansas Work Group on Health Promotion and Community Development in Lawrence, KS, and AHEC/Community Partners in Amherst, Massachusetts. The core of the tool box is the "how-to tools" that provide simple language to explain how to do the different tasks necessary for community health and development.

Identifying local needs and resources	http://ctb.lsi.ukans.edu/tools/EN/section_1019.htm
Identifying community assets and resources	http://ctb.lsi.ukans.edu/tools/EN/section_1043.htm
Developing baseline measures	http://ctb.lsi.ukans.edu/tools/EN/section_1044.htm
Logic model	http://ctb.lsi.ukans.edu/tools/EN/section_1877.htm

WINNERS Example: Needs and Resources

The coalition members quickly realized that the school incident was a "symptom" of larger problems in their school. The coalition decided that it would be best to conduct a complete needs and resources assessment, with the targeted population of their students and families. This would help determine the real and underlying problems associated with the incident in the school. The GTO team was useful in helping them establish what methods and assessment questions the coalition needed to ask.

Methods

In order to gather as much information as possible, several methods of data collection were implemented. These methods were established based on what the coalition wanted to know.

- It was decided that several **parent forums** would be held at the school to have parents respond to particular questions such as the following:

- What are the significant stressors for you and your family?

- What particular stressors do you see in the life of your child?

- What solutions do you see as being the most helpful?

➢ Because not all parents could attend the forum, the coalition decided that a **follow-up survey** mailed to parents would be useful in gathering the same information from a larger sample of parents.

Results

In addition to the parent forum and survey, the coalition also reviewed archival data and conducted a resource assessment.

Results of Assessments

Archival Data	Parent Forums	Parent Surveys	Resource Assessment
➢ There is a decline in the overall grade point average (GPA) for 6th and 7th graders	➢ Parents care deeply about their children and are feeling overwhelmed by various challenges	➢ Parents reported being overwhelmed	➢ There are few programs and/or resources available in the community to address the needs of the targeted population
➢ There are increased rates of disciplinary referrals for 6th and 7th graders	➢ The welfare-to-work initiative has placed many parents in jobs resulting in less structure and supervision for their children	➢ Parents reported many financial problems	➢ The schools in the district were willing to open their doors for after-school activities
➢ 40% of students come from single-parent families or have four or more siblings	➢ Parents noted that their kids had little contact with adults, especially male role models	➢ Parents reported a concern about their children's negative behavior (e.g., stealing, lying, fighting)	➢ The YMCA had a van in which they could transport individuals
➢ 50% of school-aged children live at or below the poverty level, and 70% receive subsidized lunches		➢ Parents reported suspicions about alcohol and other drug use and concern about an increase in smoking rates	➢ Public-private partnerships were established, including collaboration with the local manufacturing agency which had no money to contribute but could contribute volunteer time from employees

Checklist for Accountability Question ❶: Needs and Resources

Make sure you have…

- ❑ Identified a specific targeted area (e.g., school, neighborhood, community) to assess.
- ❑ Examined rates of alcohol and other drug abuse related incidents in your target area.
- ❑ Begun to identify a potential target population from within the target area whose behavior needs to be changed.
- ❑ Compiled baseline data on the target population and on a comparison population (if available).
- ❑ Clearly articulated the causes and underlying risk and protective factors within your target area showing the factors most likely contributing to the problem.
- ❑ Considered which Level of needs and resources assessments best fits your particular situation.
- ❑ Conducted a resource or asset assessment determining what resources are already available to address the identified needs.

Chapter Two
Question #2: What Are the Goals, Target Populations, and Objectives (i.e., Desired Outcomes)? (Goals)

Definition of Goals

To plan its strategies, an organization must first establish goals for moving toward its vision. Goals reflect what impacts you hope to achieve in the future and should focus on behavioral changes. Goal statements provide the overall direction of the program and state what is to be accomplished. They provide the foundation for specific objectives and activities that will ultimately define the program (Virginia Effective Practices Project, 1999). For example, a potential goal statement might be, "To increase the age of first alcohol use in junior high school students from 12 to 14 years of age."

Goals are …

broad statements that describe the desired longer-term impacts of what you want to accomplish.

Once the goals are clearly defined, it will be much easier to identify specific objectives (i.e., desired outcomes) for how the program should change the target population in order to meet the longer-range goal.

LONG-RANGE GOALS → IMPACTS

Definition of Objectives (Desired Outcomes)

In the GTO-04, objectives and desired outcomes are used interchangeably (e.g., meeting objectives is the same as obtaining desired outcomes). In specifying your objectives, consider how your participants should change as a result of your program. In the area of ATOD, changes in risk and protective factors can be used as objective statements since these factors have consistently shown to be related to ATOD use.

Objectives (i.e., desired outcomes) are …

the specific *changes* expected in your target population(s) as a result of your program.

OBJECTIVES = DESIRED OUTCOMES

Objectives and/or outcome statements are changes that occur as a result of specific programs. Typically, objectives are related to changes in:

- Knowledge: What people learn or know about a topic (e.g., warning signs of marijuana use, effective ways for setting limits on adolescents)
- Attitudes: How people feel toward a topic (e.g., attitudes toward ATOD use, merchants' attitudes toward selling alcohol to minors)
- Skills: The development of skills to prevent ATOD (e.g., peer refusal skills, parental supervision skills)
- Behaviors: Changes in behavior (e.g., reduced use of alcohol among middle school youth, increased frequency in "carding" underage youth trying to buy cigarettes)

Outcomes can also be measured at higher levels such as at the community level. Sample outcomes for community wide interventions might include changes in:

- community awareness and mobilization
- changes in policies and laws to control drinking and drug use (e.g., DUI laws)
- increased cooperation and collaboration among community agencies

Why Is Specifying Goals and Objectives Important?

- Specifying the changes you expect in the target population helps to inform what types of programming you should potentially select to implement.
- Clearly identifying the particular target population helps to inform what types of programming may "fit" with programs already offered for that group.
- Clearly identifying goals and objectives suggests outcome statements that will be useful in evaluation.

How Do You Develop Goals and Objectives?

Goals

In identifying goals, it may be useful to address questions such as the following:

- What are we trying to accomplish?
- What are the desired results we expect?
- How would we like the conditions (e.g., risk and protective factors) to change?

If it is decided to implement an evidence-based program, it may be that the goals are already identified for you. That is, most program developers have already worked out, through their own evaluation studies, which goals are appropriate to expect that the program achieve.

Objectives or Desired Outcomes

To develop useful objectives (or outcome statements), remember to describe what specific change(s) you expect to occur as a direct result of your program. Keep these in mind:

1) An objective should be specific and measurable.
2) An objective should specify *what will change* (e.g., certain risk factors, attitudes); *for whom* (e.g., seventh grade students) *by how much* (e.g., decreased approval of peer smoking by 10 percent); *by when* (e.g., by the end of your program, at a six-month follow-up).
3) There is likely to be more than one objective for each goal.
4) The objectives statements should be logically linked to support the attainment of the goal(s).

Key Points

Don't phrase a goal statement as an activity. *To implement a mentoring program* is NOT a useful goal statement; it does not describe a future condition you wish to achieve.

In specifying objectives, it is useful to address questions such as the following:

- What should be the immediate changes in our target population as a result of our program?
- What changes are reasonable to expect?

- What measures—tests, surveys, or other measuring tools—will be needed?
- Do we have access to these measures (or know someone who can help)?

Writing Objectives … The ABCDE Method*

Those working with the Safe and Drug-Free Schools and Communities Act may be familiar with the ABCDE method of writing measurable goals and objectives. It is another useful tool when developing objectives.

A—Audience (The population or target audience for whom the desired outcome is intended)

B—Behavior (What is to happen? A clear statement of expected behavior change)

C—Condition (By when? What is the time frame for implementation and measurement?)

D—Degree (How much change is expected?)

E—Evidence (How will the change be measured?)

*Virginia Effective Practices Project, 1999.

Definition of Target Population

Information obtained from Question ❶ may broadly suggest a certain population that your program should target (e.g., school-aged children of alcoholics), but it is important to be as specific as possible. For example, all fifth and sixth grade students who are attending the three elementary schools in District #17 would be a specific target population.

Target population is …

the participants your program is designed to change.

There are situations when you may have a primary and a secondary target population. For example, to change family risk factors related to youth alcohol use (e.g., parental attitudes favorable toward use, family conflict), it may be necessary to target your programming to the parents (primary target population) who will then make changes in how they interact with their children (secondary target population). In this case, to judge whether your program was a success, you ought to first assess the primary target population (e.g., parents) before examining whether changes in their children will occur.

In specifying the target population(s), it may be useful to answer the following questions:

- Who will be receiving services?
- Whom are we hoping our program will change?
- How many would you like to include?
- How will you recruit them into your program?
- How will you keep them in your program?

Remember: It is important to be realistic in listing the group(s) you hope to target. It is easy to cast a wide net and hope to affect many different people. However, if you believe that your program will impact large groups of people (e.g., all youth in the county, all individuals "at risk" for certain problems), you must measure changes in your desired outcomes in that broad population. You will need to determine whether it is realistic to think that your initiative or program will be able to have that wide an impact.

How Do You Recruit a Target Population?

Recruitment and retention of participants can be a challenge to a program's success. Many groups report that youth and parents are difficult to engage in new programs, especially if they are not mandated.

Several common ways of recruiting youth participants are the following:

- Send a letter or flyer home to the parents with the student or by mail.
- Hang flyers on the walls in schools or in after-school agencies.
- Make presentations to whole classes of students.
- Make announcements on the school loud speaker.
- Take ads out in local newspapers.
- Run public service announcements (PSAs) on local radio stations favored by local youth.

Recruitment through the schools seems to be best for recruiting youth, although the choice of these recruitment methods also depends on the type of program. Some ideas that have worked are the following:

- Ensure that the program takes place during the school day and have it be mandatory (say, for all 9th graders). This obviously will require convincing school leadership that you have a program that will help the students dramatically since class time will have to be sacrificed. Even with this approach, you still won't get 100 percent participation because of school absences, but it is much preferred than running the program after school, which usually means the program will be voluntary (it is unlikely that you will be able to keep students after school nonvoluntarily).
- Position the program as a way to solve a current problem that the school has (e.g., the need for structured activities during a study hall or after lunch and before afternoon classes).
- Another option is to use after-school agencies such the YMCA, the Boys and Girls Club, or any number of local recreation centers as a home base.
- A useful, but time-intensive, way is to use personnel from the school (guidance counselors, school nurses, school psychologists) or from an after-school agency to refer youth to you. After you have a referral, meet with the youth either in school or, even better, at their home with their parents. This way you are involving the family (an excellent strategy according to all principles of effective prevention) and showing that you are serious about investing your time into the program.
- Incentives, incentives, incentives!! Build them into your program and the program's budget. Examples include food, small gifts, privileges like skipping an assignment, extra credit, field trips for participations, etc.
- Use a "lottery"-type incentive system where every time a person comes to a session (or complies in some way that leads to attendance/participation) their name is placed in a "hat" and a drawing occurs later to determine the winner of a prize (e.g., gift certificate). Ideally, the system is set up so the more frequently a person attends/participates, the more times his or her name goes into the hat, increasing the chances of winning.

Recruiting adults, especially parents, is also difficult. Here are some suggestions:

- Programs with adults often have to be run at night to accommodate those who are working.

- Organizing on-site child care also helps those who have young children.
- Food is a must, especially if the adults/parents are attending during mealtime.
- Transportation is frequently a critical issue. Try to provide it if possible.
- For parents/adults, implement the program at their workplace by teaming up with large employers and running the programs during lunch hour. (Remember to get the employers as your collaborators!)
- Referrals from school or after-school agency staff with individual follow-up is a good way to recruit adults or parents in addition to local newspaper ads or PSAs.

Key Points

Your style of interacting with your target population will help you keep people involved. Keep these ideas in mind: Be organized, come early and greet each participant, be approachable, learn names, don't ridicule, keep your promises, stay later and interact with people more informally, be supportive and show your enthusiasm.

The Goals Tool

This tool (in Appendix 2) organizes the prompts listed above for the objectives and has space to record the goals and target populations. It is also organized in such a way that each goal is linked to a specific objective, which is linked to a specific target population.

WINNERS Example: Goals, Target Population, and Objectives

The coalition identified goals, and objectives (desired outcomes) they would like to see achieved with a specific target population. These initial thoughts of the coalition helped clarify some of the challenges for evaluation. An example of the goals tool is presented below.

WINNERS Goals Tool

Goals	Objectives Questions	Objectives Answers	Target Population (who and how many?)
1. Improve school performance in the targeted youth.	What will change?	Grade point average	50 students in the 5th grade at "Your Town" elementary school
	For whom?	50 students	
	By how much?	10% increase	
	When will the change occur?	After 1 year	
	How will it be measured?	Report cards	
2. Improve the discipline of youth in school.	What will change?	Disciplinary referrals	50 students in the 5th grade at "Your Town" elementary school
	For whom?	50 students	
	By how much?	10% decrease	
	When will the change occur?	After 1 year	
	How will it be measured?	Office records	
3. Improve the "character" of youth in school.	What will change?	Character	50 students in the 5th grade at "Your Town" elementary school
	For whom?	50 students	
	By how much?	20% increase	
	When will the change occur?	After 1 year	
	How will it be measured?	Survey scores	

Checklist for Accountability Question ❷: Goals

Make sure you have …

- ❑ Program goal(s) that are clearly stated and not phrased as activities.
- ❑ Program goal(s) that are realistic and identify the expected results.
- ❑ Clearly defined the target population(s) or participants.
- ❑ Decided how participants will be recruited and retained.
- ❑ Objectives (e.g., desired outcomes) that are linked to your goals.
- ❑ Specified the amount of change expected in each objective.
- ❑ Specified by when you expect the objectives to occur.
- ❑ Clarity about how the objectives will be measured.
- ❑ Access to the information needed to measure the goals and objectives.

Chapter Three
Question #3: Which Evidence-Based Programs Can Be Used to Reach Your Goal?
(Best Practice)

So far, the needs and resources of your target area have been assessed and goals and objectives specified. The time has come to determine what program(s) should be implemented. Fortunately, you don't have to start from scratch. In prevention, there is a growing body of literature highlighting what works in prevention in various domains (e.g., individual, family, peer, school, community). Incorporating evidence-based programming is a major step toward demonstrating accountability. We call all the different types of programs that have demonstrated some effectiveness (described below) "*best practices.*"

Types of Best Practice Programs

The Institute of Medicine (IOM) classification system that follows may be of interest to those who are looking for particular programs for their target populations. In the field of prevention, it is common for programs to be defined based on this classification system, which generally highlights the target population for which the program is intended.

a. Universal: These programs are directed at all populations, including those who have not been identified as high risk for substance abuse but for whom exposure to prevention strategies may reduce the possibility of use. Examples include

   i. changes in laws or policies that affect everyone in a community

   ii. interventions in schools that include all students or perhaps a particular grade (e.g., 5th grade).

b. Selected: These programs are directed at groups who face above-average risks for developing substance abuse problems although they may have not yet been

identified as having specific problems. Examples include

i. children of alcoholics

ii. youth who have significant histories of previous substance abuse.

c. Indicated: These programs are directed at groups who have known risks for developing substance abuse problems. Examples include

i. youth who have been treated but are at high risk for relapse

ii. youth who have significant levels of risk for use with minimal protective factors in their favor (e.g., influence of a caring adult, positive school performance).

Definition of Evidence-Based Programs

Evidence-based is …

determined by a process in which experts, using commonly agreed upon criteria for rating interventions, come to a consensus that evaluation research findings are credible and can be substantiated.

One type of best practice is the use of evidence-based programs, which are often synonymous with "science based" or "research based" programs. The term "evidence based" refers to a process that is based on scientific methodology. To determine if a program is truly evidence based, clearly defined, objective criteria have been established for rating program effectiveness. Several examples of these criteria are

- the degree to which the program is based on a well-defined theory or model
- the degree to which the target population received sufficient intervention (i.e., dosage)
- the quality and appropriateness of data collection and data analyses procedures
- the degree to which there is strong evidence of a cause and effect relationship (i.e., a high likelihood that the **program** *caused* or strongly contributed to the **desired outcomes**).

Why Is Implementing Evidence-Based Programs Important?

- To ensure that your program is based on a proven or tested theory of change (e.g., cause and effect relationship).
- To ensure that you are spending resources on programs that incorporate principles of effective programming known to be associated with positive results.
- Increasingly, funders want to invest their limited dollars in programs that are more likely to make a difference.

Programs that are deemed "evidence based" are able to stand up to certain standards and criteria for review. In general, evidence-based programs are theory driven, with program activities related to that theory, and have been reasonably well implemented and evaluated. The Center for Substance Abuse Prevention (CSAP) has defined three levels of evidence for these types of programs:

- Promising programs are those programs that have been reasonably well evaluated and shown to have some positive outcomes. However, the findings are not yet consistent enough or the evaluation is not rigorous enough for the program to qualify as an effective program.
- Effective programs are evidence-based prevention programs whose rigorous evaluations (process and outcome) have consistently shown positive outcomes.
- Model programs are evidence-based prevention programs that both qualify as effective programs AND are available for dissemination, with support and technical assistance, from the program developers and other consultants.

To date, over 50 programs have been identified as model programs, 40 as effective programs, and another 40 as promising programs. The descriptions of these programs can be found in Appendix 3A. You can access information about these programs by going to http://www.modelprograms.samhsa.gov.

Other organizations like the Department of Education (DOE) through its Safe and Drug Free Schools and Communities Act use slightly different labels (e.g., exemplary) to describe evidence-based programs. The DOE web site lists 9 exemplary (similar to "model" above) and 33 promising programs: http://www.ed.gov/about/offices/list/osdfs/resources.html . The Office of Juvenile

Justice and Delinquency Prevention's review of effective family interventions to prevention of substance abuse and delinquency can be found at www.strengtheningfamilies.org. As you might imagine, many programs are on multiple lists.

What About the Realities of Using Evidence-Based Programs?

There are increasing demands on project staff to choose incorporate evidence-based programs. Although many of these programs were developed with substantial funding and implemented under special conditions (e.g. university settings), the move toward accountability has increased the importance of local communities using proven programs.

Many situations exist where staff are unable to implement an evidence-based program for several reasons. First, an evidence-based program may not exist for their identified needs, selected target population, and/or environmental/cultural context. For example, does a family strengthening program developed in the Midwest generalize to families in the southeast? The answer is not always clear. Do the materials come in different languages? These are practical issues that need to be addressed when trying to replicate already "proven" programs.

Second, the monetary cost of many evidence-based prevention programs may be too high for community-based initiatives. This is a real challenge. Balancing the monetary costs of implementing an evidence-based program with an agency's own resources and capacities is something that each agency will have to address. The cost of NOT implementing an evidence-based program should also be considered. In other words, implementing a less-expensive program that does not lead to the desired changes in your target population is not an attractive alternative.

If funding is not sufficient to purchase a prepackaged, "evidence-based" program, a common question is, "Should I adapt or modify an evidence-based program?" If so, how can I adapt a program if I am supposed to be implementing the program close to how the developers intended (i.e., the issue of fidelity)? These are difficult questions and ones that many prevention researchers are trying to answer. So far, there are no easy answers, but the

Fidelity is …

the degree to which a program is implemented like the program developer intended.

latest thinking from experts in prevention is that it is in general important to strive for program fidelity. At the same time however, you should determine if there is a need for adaptation and if one is identified, do them with quality. For example, if it is not possible to deliver all 12 sessions of a parenting class, is it enough to do only 8 sessions? In general, these issues are unclear and sometimes unpredictable (e.g., because of bad weather or low turn out). The following section describes a process for how to balance fidelity and adaptation .

Fidelity vs. Adaptation

The following steps, taken from Backer (2002), outline how to navigate this fidelity/adaptation balance. Although there is no research study that "proves" these steps to be the best, they are based on the common wisdom of many practitioners and researchers. These steps assume that the program has a planning group that represents the local community. These steps are presented in greater detail in Appendix 3B.

1) Determine what aspects of the program can be adapted and why. Contact the program developer to determine the importance of each program component (e.g., mentoring, tutoring, parent involvement). If you can't deliver a particular component (e.g., the five weekly booster sessions), does the developer have research showing how critical that omission is?

2) Understand the core components of the program and its theory (i.e., HOW the program is supposed to work). In general, research shows that it is not detrimental to add components (if the new components are consistent with the program and principles of effective prevention such as adding a parenting component), but deleting core aspects of the program can greatly affect results in a negative way. Try to preserve the theory of the program as you are making changes.

3) Estimate, in detail, the human, financial, technical, and structural/linkage resources that will be needed for tracking and managing fidelity and the potential adaptations needed in the program. Try to build those costs into initial grant proposals or additional requests for funding.

Definition of Local Innovations

Consumers, clients, and citizens as well as practitioners *can* and *do* develop new ideas about effective programming and put them into practice. For example, someone who was neither a scientist nor a practitioner developed one of the most effective treatments for alcoholism. The developer of Alcoholics Anonymous was simply someone who was seeking help for his own problem with alcohol. We are strong advocates that those working in the area of prevention frequently generate best practice information that should be accessible to all. However, these local innovations must at least meet the CSAP criteria for promising programs (show some positive outcomes, but not enough for effective program status) in order to be considered for continued implementation or dissemination. There are also community-developed programs that may be effective even though they have never been formally evaluated. Although the program may be accomplishing positive results in a particular community, it is hard to recommend the program to others without some positive evaluation results.

Local innovations are ...

knowledge that is developed from the field that has shown some positive outcomes.

National Registry of Effective Prevention Programs (NREPP): Promoting Local Innovations

To promote local innovations, CSAP has developed a registry of high-quality programs that come from local prevention practitioners. The following are 15 criteria these programs must meet to be included in NREPP.

NREPP Criteria

- Theory—the program must have a well-articulated theory about why its program activities are likely to produce results related to substance abuse behavior.
- Intervention fidelity—the program must have consistency in the content and the way it is delivered.
- Process evaluation measures—the implementation of the program must be measured (type and length of program activities, who participated, etc.)
- Sampling strategy—the program must have a selection strategy for the participants.
- Attrition—the program must show the attrition rate ("no shows") and document why attrition occurred.
- Missing data—the program must have a good plan for dealing with incomplete measurements.
- Outcome measures—the program must select and implement relevant quality measurement tools.
- Data collection—the program must demonstrate quality in how the data are collected.
- Analyses—the data analyses must be done well with technical adequacy.
- Other plausible threats to validity—the evaluation must consider other explanations for the program effects.
- Replications—the program must record the number of times it has been used in the field.
- Dissemination capability—the program materials describing how to implement the program must be ready for use by practitioners in the field.
- Cultural and age appropriateness—the program must address different ethnic/racial and age groups.
- Integrity—the program findings must be the result of a rigorous evaluation.
- Utility—program findings must be useful in informing prevention theory and practice.

By addressing each accountability question in a high-quality manner, GTO-04 can help your programs meet all of the NREPP criteria. Once these criteria are met, the local innovation becomes one of CSAP's model programs. If you are interested in submitting your prevention program, contact Steve Schinke directly toll-free at (866) 43NREPP (436-7377), toll-free fax

(877) 413-1150, or email NREPP@intercom.com. See http://www.preventionregistry.org/ for details and directions on applying.

Lessons from Prevention Research About "What Works"

Principles of Effective Prevention

Our experience is that coalitions and other groups (e.g., schools) are interested in implementing programs or initiatives shown to be effective through research. However, because these programs are expensive and have requirements that are difficult to obtain, they are not always implemented with fidelity. As a result, these groups develop their own programs or modify elements of existing evidence-based programs to meet their needs. While this practice is not necessarily bad, certain "rules" or principles must be considered when developing and/or adapting a program. These principles can be found in Chapter Six (shaded box Lessons from Prevention Research from NIDA).

New Research Findings from Prevention Research

Recently, CSAP published (Schinke, Brounstein, & Gardner, 2002) a preliminary "core components" analysis of 17 model programs (programs found to be effective and that are being actively disseminated). CSAP sponsored this analysis to answer questions about adaptation and fidelity because practitioners want to know how much they can modify model programs. What are the core components that they should definitely keep if they are going to modify a program? In other words, what really makes the program work?

This information is also important for practitioners who want to develop their own programs. Although CSAP describes these results as preliminary, they are definitely worth reporting here. The highlights are described below. Additional information can be obtained from the full CSAP report, *2002 Annual Report: Science-Based Prevention Programs and Principles,* available at: http://modelprograms.samhsa.gov/template.cfm?page=pubs_2002report.

The review of the first 17 CSAP model programs found that they share several features (these features do not necessarily apply to ALL programs). In general many of these programs

1) Address generic life skills or ATOD-related knowledge and skills; but ATOD-related content alone is insufficient.
2) Place an emphasis on creating lasting changes within the individual, family, and school domains in an effort to create "care communities" that share accountability for change.
3) Use materials that are clear and easy to follow.
4) Meet about once a week (at least school-based programs).
5) Promote a consistent message through multiple channels (e.g., parents, teachers, peers).
6) Attend to the characteristics of the target population that place them at risk for ATOD use. (e.g., mentoring programs if the participants need social support and positive relationships with adults).
7) Emphasize relationship building as a precursor to the delivery of program content. The first step is gaining influence with the group.
8) Work through naturally occurring social networks (schools, sports teams).
9) Tailor materials to specific groups and discourage the use of the "one-size-fits-all" approach.
10) View individuals and families in relation to their strengths and assets rather than only focusing on deficits.
11) Have high fidelity to the curriculum; implement the program with sufficient strength (i.e., dosage) and consistency (that is, there is a set curriculum of program activities that are well attended over time).
12) Have well trained "delivery agents" (i.e., staff) implement the program. Attributes of the trainers appear to be critical to program success. For example, trainers who have established relationships with the population (versus outside) are more effective.
13) Involve parents to enhance their involvement and their skills.

How Do You Choose an Evidence-Based or a Local Innovation Program?

Examine what evidence-based and best practice resources are available in your content area:

1) Select the content area(s) you will be working in (e.g., drug abuse, pregnancy prevention, crime prevention, etc.) and review lists of best practices in your content area.
2) Determine what resources are available in that area (e.g., access resources such as libraries, particular literature areas, web sites).
3) Talk to others who have implemented programs in your content area(s).
4) Review interventions that best match the age, type of population (universal, selected, or indicated) and ethnicity and gender of your intended target population. Some web sites include matrices of programs by age and type of targeted populations (e.g., www.strengtheningfamilies.org).

Determine how the results of the evidence-based/best practice program fit with the goals and objectives already identified in question ❷:

1) Ensure that each potential intervention being considered was
   - evaluated according to evidence-based /best practice standards
   - shown to be effective for similar target populations(s)
   - shown to be effective for similar problem areas that you will be addressing.
2) If adapting an evidence-based intervention to fit your local context, make sure that the principles of effectiveness in Chapter Six (shaded box Lessons from Prevention Research from NIDA) are followed and all new research findings are considered.
3) Assess the cost of the proposed intervention and what resources are required for implementation (covered in more detail in question ❺).

4) Ensure that the intervention is age appropriate and culturally relevant for your target population.

Select the program:

1) Select your program based on the risk and protective factors of your target population and the resources you have available.

2) If you are using a local innovation, remember to utilize the principles of effectiveness in Chapter Six (shaded box Lessons from Prevention Research from NIDA) and all new prevention research information, like the kind just presented.

WINNERS Example: Best Practice

The coalition reviewed potential evidence-based programs to meet the needs of the target population. However, no programs were suitable for the needs of the population, its demographics, and larger goals of the project. As a result, it was determined that the coalition must develop its own program to meet its needs.

An initial review of the literature showed that there was a fifth-grade curriculum that emphasized specific character traits (e.g., honesty, integrity, trust) that showed positive results. The coalition contacted the program's developer who shared the basic structure of the "Character Counts" curriculum with them. The coalition began to adapt the curriculum to meet its needs but was challenged as to how other parts of their goals could be accomplished.

Through the local chamber of commerce, the principal recruited a local manufacturing company that had offered their employees' time during extended lunch breaks to devote to community issues, especially those related to youth. As a result of the synergy between the needs of the youth and what the company was ready to deliver, a mentoring program was started within the school. The mentoring component added to the "Character Counts" curriculum was renamed as the "Helping Build Character" program.

- The majority of the mentoring program was conducted at the school and was designed to foster critical skills within the youth. For example, mentors were asked to devote weekly time to reinforce lessons taught in the character-building classroom segments.

- Building skills in the areas of communication, responsibility, and honesty were the integral parts of the "Helping Build Character" program.
- Tutoring (e.g., helping with homework) was also part of the program.

Checklist for Accountability Question ❸: Best Practices

Make sure you have …

- ❑ Examined what evidence-based resources are available in your content area.
- ❑ Determined how the results from the evaluations of the evidence-based program or local innovation fit with your goals and objectives.
- ❑ Determined if the results from the evaluations of the evidence-based program or local innovation are applicable to your target population (e.g., same age, similar characteristics).
- ❑ Included the evidence-based principles of effectiveness and new research findings if you are adapting an evidence-based program or improving a local innovation.
- ❑ Constructed a logic model of your program to foster clarity of purpose, buy-in from stakeholders, and a rationale for program selection.

Chapter Four
Question #4: What Actions Need to Be Taken So That the Selected Program "Fits" the Community Context? (Fit)

Definition of Program Fit

Program fit can be thought of in a variety of ways. In this question, the idea is that there should be an assessment of how the proposed intervention (chosen in the previous chapter) will fit with:

Program fit is…

the degree to which a selected best practice program fits within the program and community context.

- values and practices of the community
- the characteristics (e.g., age, gender, ethnicity, language, rural/urban, level of need, etc.) of the target populations
- the philosophical mission of the host agency or organization
- the culture of the target population, which affects how they can be reached and best served (e.g., poor mothers with several young children at home may not be able to travel to distant programs)
- the community's level of readiness for the prevention intervention
- the priorities of key stakeholders, including funders, policymakers, service providers, community leaders, and program participants
- other programs and services that already exist to serve the targeted population.

Why Is Assessing Program Fit Important?

- To ensure that the program is consistent with the mission of the host agency or organization.
- To ensure that the selected intervention matches the needs and the characteristics of the target population.
- To ensure that your program's goals complement those of other available programs.
- To ensure that excessive duplication of effort with other similar programs in the area does not occur.
- To ensure that the community can support the program and has the capability to benefit from it.
- To ensure adequate resources exist to implement the program properly.
- To ensure sufficient participant involvement in the program.
- To improve the likelihood of success for the program.

To further demonstrate the importance of "fit," the following are examples of programs implemented with poor fit:

- A community-based effort to enact a secondhand smoking ban in local restaurants may not fit with the local business community's readiness and willingness to support such a ban.
- A family strengthening program effective for families of adolescents and elementary school children may not fit in a context that is seeking to strengthen parenting skills among teenage mothers.
- An Alcoholics Anonymous–based abstinence and social program effective with Native American youth may not fit in a context that is seeking to reduce alcohol consumption among urban African American youth.
- A program involving well-baby and home visits may not fit in a context where the mothers are suspicious of social workers and will not allow them into their house, for fear that their baby will be removed.

How Do You Determine Program Fit?

It is important to make good use of the data collected from the needs and resource assessments. This information should include knowledge of the targeted community's stage of readiness for the prevention program, a cultural analysis of the values and traditions of the targeted population and the community, a full understanding of the characteristics and behavioral habits of the targeted population (e.g., an alcohol abuse support group for seniors should not be offered in the evening because it may be unlikely they will travel out of their homes at night), knowledge of other programs that are similar in the target areas, and a grounding in the philosophy of the host organization.

Consider the cultural context and "readiness" of the targeted participants and their communities for the proposed prevention program:

1) Conduct a cultural analysis of how the communities' values and traditions affect their beliefs about health promotion issues and what they believe to be the most appropriate ways to communicate and provide helping services.
2) Conduct a community readiness analysis—that is the degree of awareness of the issue or problem; community member knowledge of it; their willingness to accept help or interventions that require changes in behavior, attitudes, and knowledge; and their resiliency and capability to make changes in their lifestyle habits and behaviors. For more information on how to assess community readiness, look at the NIDA monograph by Kumpfer, Whiteside, & Wandersman (1997).
3) Determine whether the proposed program is appropriate given the cultural context and community readiness issues.
4) Determine whether modifications or adaptations are needed to help the selected program more appropriately fit the cultural and community readiness context.
5) Consider the cost and feasibility of any adaptations or modifications needed.

Consider how your selected program "fits" with the targeted population. Examine the characteristics of the population shown in the past to be helped by the selected program and

determine the extent to which they match the characteristics of the targeted population in your community:

1) Consider whether the program activities and services and methods of delivery are suitable for your targeted population. If not entirely suitable, can the program still be successful? Can a program with a better "fit" be found? If there is not another program that is a better fit, then determine what changes to the proposed model are needed to have the program fit your targeted population's needs.

2) Consider the cost and feasibility of these adaptations and modifications (for example, the cost of translating an entire curriculum into another language).

Consider how your selected program "fits" with other local programs already offered to your target population and programs that serve the larger community:

1) Determine if similar programs are being offered for this particular population: Assess what is already going on within your particular location AND for the target population you wish to serve.

2) If similar programs exist for this population, how does your program differ? Will the new program meet certain needs of the target population that are not met by the existing program? Or will it serve people not served by the existing program because of caseload, space, or budget constraints? Together with other program providers, make sure that the new program strengthens or enhances what already exists in your area for your target population.

3) Does it enhance (e.g., a tutoring component being added to an existing after-school program), detract (e.g., distributing condoms interferes with abstinence-based curriculum), or provide an opportunity for a new collaboration (e.g., high school students begin mentoring younger children)?

Consider the philosophy and values of your service agency and whether the proposed program is compatible with them (e.g., a controlled drinking program may not fit well with an agency that endorses total abstinence):

1) Examine the values and underlying philosophies of your agency and its key stakeholders such as board members, funders, and volunteers.

2) Examine the key prevention practices of the selected program and determine whether they are consistent with your agency's core values, prior education level, and experience of staff assigned to implement the program. Determine whether modifications or adaptations are needed for the proposed program to "fit" with the core values of the agencies.

WINNERS Example: Program Fit

Prior to beginning the program, the coalition partners examined what programs were already available in the community for this particular target population. Other than a Sunday school class held by one of the churches and some recreational activities at the local YMCA, there were no ongoing programs that served this particular target population. Given the rural nature of this school district, it was clear that transportation was an issue and that many of the students did not attend outside programs (about 25 percent attended the church class).

After it was determined that this program was not a duplication of efforts for the targeted group, the coalition began to examine how the potential program "fit" with the values of the lead agency (e.g., school) and the larger community. The coalition easily determined that the "fit" was a good one in that the community wanted a solution to the problem, the public-private partnership was viewed as advantageous, and the program contained no "controversial" issues.

Checklist for Accountability Question ❹: Fit

Make sure you have …

- ❑ Conducted an assessment of local programs addressing similar needs.
- ❑ Determined how your program will fit with existing programs offered to the same target population.
- ❑ Determined how your program will fit with existing programs offered to address similar needs.
- ❑ Assessed how your program will fit with existing programs to meet larger community goals.
- ❑ Examined how the program will fit within your agency's or group's organizational structure.

Chapter Five
Question #5: What Organizational Capacities Are Needed to Implement the Program? (Capacities)

In this question, your organization must determine whether there are sufficient organizational capacities available to successfully implement the identified program.

Definition of Organizational Capacity

Organizational capacity refers to different types of resources an organization has to implement and sustain a prevention program and includes

- *human capacities* (e.g., staff with appropriate credentials and experience, leaders who understand the program, strong program leadership, strong staff commitment for the program, etc.)
- *technical capacities*, which include the expertise needed to address all the aspects of program planning, implementation, and evaluation
- *fiscal* capacities or the adequate funding to implement the program as planned
- *structural/formal linkage capacities,* which are the links to, and buy-in from, other key members of the community and access to the target population.

Why Is Assessing Organizational Capacities Important?

The reason it is important to assess your capacity before program implementation is because capacity directly relates to *how well* the program will be implemented. If there is not enough capacity to implement the program as intended, then it is likely that the program will not achieve the outcomes desired. The goals of the capacity assessment should be to determine what capacities the organization possesses and what capacities the

organization needs to develop to implement a program with quality. Some programs may be too difficult or resource intensive for an organization to deliver with quality. In cases where the organization does not possess adequate capacities, clear plans should be developed to obtain or access them elsewhere, modify the program so that it requires fewer resources, or choose a different (e.g., less resource-intensive) program.

Capacities in More Detail

The capacities listed here represent what research has shown to be important in planning, implementing, and evaluating prevention programs.

Staff Capacities That Are Specific to a Particular Program

Each program that your organization may implement will require certain staff qualifications (e.g., minimum degree needed, years of prevention experience).

There is some evidence to show that staff with more formal education do better at using prevention research and conducting program planning and implementation. If a program (evidence-based or otherwise) requires that staff have certain qualifications in order to run the program effectively, we recommend that these requirements be followed. Under-qualified staff (even those who have been trained in the program's specifics) may make the program less effective. Some programs recommend gender or ethnic matching or balance in staffing.

Staff Training.

- The majority of the studies that have looked at the effects of teacher or staff training have shown that it enhances teacher knowledge, attitudes, intentions, and comfort level with a new program, which improves the delivery of that program.
- The types of training that seem to work best are "active" learning in which the participants have the opportunity to practice or role play the program and then receive feedback on how they did. Training that involved "passive" activities, such as only watching a video or reading the printed program materials were associated with poorer program delivery.

- For programs that do not offer training, check with the program developer to see if they have any training mechanism at all (Appendix 3A has a listing of the contact information for the developers of Center for Substance Abuse Prevention model programs).
- Training is also important for local innovations (locally developed programs that show promise). Figure out which sets of skills are required and provide active training for staff.

Staffing Level.

- For model programs: Similar to staff training, it is highly recommended to follow program guidelines on the number of staff required for program implementation. Asking teachers, trainers, or staff to do a great deal more than was initially planned by program developers will result in inadequate implementation.
- For local innovations: It is difficult to know the exact number of staff to recommend. However, when considering the tasks for staff to complete, besides the obvious program implementation and service delivery tasks, do not forget all the other questions in the GTO-04 model. Will you want staff to conduct an evaluation of the program as well as implement it? When other tasks such as evaluation, continuous quality improvement, and sustainability are all "tacked on" to an already full load of program delivery, it is not likely that these tasks will be done well—unless the capacity is available.

Staff Capacities That Are Common to All Programs

In addition to the numbers and types of staff required for a certain program, it is often beneficial for staff to have a general set of skills in the following areas. These skills can apply to many different types of programs and strategies:

- Commitment
- Feelings of ownership
- Leadership
- Communication
- Conflict resolution
- Decisionmaking
- Meeting facilitation.

66► Capacities ❺

Much has been written about how to improve the capacity in these areas. A nice summary is available at two different web sites: the Community Tool Box and the Conflict Resolution Network. See Appendix 5A for links to web pages that cover these topics.

Technical (Expertise) Capacities

In this question, GTO-04 provides information about additional types of technical expertise that will be needed for successful program delivery.

Access to program materials. Although some programs may have materials that are available at no cost, it is recommended that all of the program materials be obtained from the original source. Materials that are obtained from other colleagues (i.e., photocopied) may be cheaper in the short run, but they may also be incomplete and out of date (program developers are constantly updating their materials). Appendix 3A has a listing of the contact information for the developers of all Center for Substance Abuse Prevention model programs.

Access to personnel with appropriate evaluation skills. Having someone available who knows about evaluation can be critical to implementing a sound evaluation plan. Questions ❼ and ❽ will provide you with evaluation knowledge and tools, but you may still want additional expertise for more complicated evaluations. There are several options for obtaining this type of expertise (Harding, 2000):

- Contact others working on programs like yours to recommend an evaluator they have worked with.
- Obtain published evaluation studies of programs like yours from journals such as *American Journal of Evaluation* (http://www.elsevier.com/locate/ameval/) or *Evaluation and Program Planning* (http://www.elsevier.com/inca/publications/store/5/9/3/index.htt) and contact the authors. Even if they are not local, they may be able to recommend an evaluator in your area.
- Look in the yellow pages under "consultants."
- Call the local university psychology, sociology, education, and public health departments and inquire about which faculty member does research in your area. University web pages also have information about faculty and their interests.

- Look at the programs of conferences that are relevant to your area. For example, the American Evaluation Association (AEA, http://www.eval.org) has a conference every November and also lists other relevant conferences (http://www.eval.org/meetings.html).

Once you identify potential candidates to evaluate your program, ask about the following:

- Their biases about programs like yours (do they believe programs like yours are worth doing?). Don't hire evaluators who strongly believe that programs like yours do not work.
- Their experience in evaluating programs like yours. Don't pay evaluators to learn a new area (they should pay for that). Therefore, hiring a skilled evaluator who is inexperienced in your area could be a bargaining chip to reduce the cost.
- Whether the program staff can carry out some evaluation tasks to reduce the costs (like survey administration).
- Who owns the data and under what circumstances can the results be disseminated. You should develop an agreement with the evaluator that you be allowed to review the report prior to dissemination in presentations or publications.
- Who the evaluator works for and who will receive the final report. This may not always be clear. Will the evaluator report to the funder, a state agency, to the local agency sponsoring the program, or to the program staff itself?
- What the budget is. This includes an outline of major tasks, a timeline, what personnel (e.g., senior vs. research assistants) will be working on what tasks, other direct costs (photocopying), and indirect costs (overhead).

Fiscal Capacities

Adequate funding is needed to ensure successful implementation of a prevention program, especially since many evidence-based programs can be expensive to purchase and then require additional resources for training and technical assistance. Jane Callahan, the Director of Community Anti-Drug Coalitions of America's (CADCA) Coalition Institute has organized the different types of funds that groups can pursue. The most important lesson learned from

looking at this list is that it is best to pursue many funding streams at once.

- *Grants.* Either through government (federal, state, county, city) or through private foundations and corporations, grants can provide a great deal of resources during a time-limited period (usually anywhere from 1 one to five years). However, they are difficult to obtain and require grant writing expertise. Grant applications often require a large effort for an uncertain payoff. Often, grants ask for a specific type of proposal (called a request for proposals or RFP), and you may have to fit your project into what the funder is looking for. Professional grant writers are available, but many charge a fee (sometimes a flat fee, sometimes a percentage of funded grants). Some university or private evaluators will write a grant or part of a grant for free, if they will receive an evaluation subcontract—if the grant is funded. Answering the ten GTO-04 questions ahead of time can greatly increase the likelihood of obtaining grant funds, since the answers to these accountability questions are what funders want to know (what are the needs, what is the plan, how will you evaluate, etc.).
- *Gifts*. Direct types of donations or contributions (often from individuals) can be solicited in many ways, such as a direct mail campaign, PSAs, etc. Certain gifts can be earmarked for certain one-time purchases (e.g., a van, new office equipment).
- *Sponsorships*. Funds that help pay for one time or recurring events. Sponsors receive "positive press" in exchange for their contributions.
- *Fund Raising Events*. Activities such as bake sales, golf tournaments, and car washes not only can raise funds, but if they are high profile enough (e.g., involve a celebrity) can also raise awareness of the group's mission.
- *Sale of Products*. T-shirts, bumper stickers, pins, etc.
- *Special Tax Set Asides*. Voters, through a ballet initiative, earmark special funds. This requires legislative effort to get such an initiative on the ballet.

These funds usually come with certain requirements from the funder, such as having official nonprofit status. In addition, different funders offer different types of funds. For example, "core" funding such as paying rent and overhead may require a

different kind of funding than the costs it takes to implement specific programming.

Very often, when making a request for funds, whether through a grant or through another funding type, there is only one opportunity to make the request. Therefore it is critical to build in as many types of costs as possible because it is unlikely that there will be a later opportunity to ask for more. This list serves as a reminder of various types of costs when putting together budgets:

- Personnel (e.g., program director, program coordinator)
- Transportation
- Special trips
- Printed materials costs
- Participant incentives
- Food costs
- Cost of the program curriculum
- Baby sitting
- Volunteers
- Equipment costs
- Space (e.g., # of rooms)
- Evaluation costs (data collection, data entry, following participants over time).

Internet Resources

The following is a listing of the web pages that specifically address funding for substance abuse prevention for various governmental agencies.

- Substance Abuse and Mental Health Services Administration (SAMHSA): http://www.samhsa.gov/funding/funding.html
- National Institute on Drug Abuse (NIDA): http://www.drugabuse.gov/funding/
- National Institute on Alcohol Abuse and Alcoholism (NIAAA): http://www.niaaa.nih.gov/extramural/extramural.htm
- Centers for Disease Control and Prevention (CDC): http://www.cdc.gov/funding.htm)
- Department of Education's Safe and Drug Free Schools program: http://www.ed.gov/offices/OESE/SDFS/programs.html

- Office of National Drug Control Policy: http://www.whitehousedrugpolicy.gov/funding/index.html
- Office of Juvenile Justice and Delinquency Prevention (OJJDP): http://ojjdp.ncjrs.org/grants/grants.html
- Office of Justice Programs (OJP): http://www.ojp.usdoj.gov/fundopps.htm

Structural/Formal Linkage Capacities

Sharing resources and forging links among organizations is often critical to the success of programs. Therefore, your organization may want to *collaborate* with other groups and individuals who can add certain skills, access, and resources that your organization may not possess. For example, educators, students, parents, police, the media, religious leaders, the business community, health professionals, university-based professionals, and members of local government are all persons who can add to the success of your program. In addition, securing "*buy-in*" from local leaders not only will add to the success of a program, but without it, programs often fail.

Collaboration

Collaboration is important to the success of most programs. For example, youth who want to implement a tobacco or alcohol "sting" program to catch retailers who sell to minors would need to collaborate with the local police to make the program a success. A mentoring program may collaborate with a local chamber of commerce to help identify adult mentors from the business community.

Generally, there are four levels of collaboration, each with certain requirements and benefits (Himmelman, 1996):

1) *Networking*: Exchange information for mutual benefit; the most informal type
   - ➢ requires little trust or time, although these factors may be barriers to expanded collaboration
   - ➢ example: Two after-school coordinators share information about their own programs

2) *Coordinating*: Exchange information and change activities for mutual benefit and a common purpose

   - requires among collaborators more trust and time, and fewer turf issues
   - example: Two after-school prevention programs change their operating hours to provide more complete coverage to families in their area (one is early, one is late).

3) *Cooperating*: Exchange information, change activities, and share resources for mutual benefit and a common purpose

   - requires among collaborators a) more organizational commitment than networking and coordinating; b) resources = human, technical, or financial; and c) high amounts of trust, time, and access to each other's turf
   - example: Two after-school prevention programs share space and funding for services to better meet the needs of the families they both serve.

4) *Collaborating*: A formal sustained commitment by several organizations to ENHANCE EACH OTHER'S CAPACITY for a common mission by sharing risks, responsibilities, and rewards

   - example: Two after-school prevention programs provide professional development to each other's staff to better meet the needs of the families they both serve.

Community Readiness

Community readiness is the interest and ability of a community to begin implementing a program. Implementing programs in communities that are not "ready" may result in poor outcomes. Addressing community readiness is a process, and groups may want to improve readiness prior to choosing the program to implement. There are nine stages that communities typically go through. Therefore, if a community is at an early stage and is not ready to take on new programming, efforts may be better spent bringing that community to a higher stage of readiness before implementing. The table below outlines those stages.

If you want to increase community readiness, see Kumpfer, Whiteside, & Wandersman (1997), *Community Readiness for Drug Abuse Prevention: Issues, Tips, and Tools,* NIDA, Rockville, MD, NIH Publication No. 97-4111. This manual follows the PREVENT model (**P**roblem defined by needs assessment,

Recognition of problem by community, **E**xistence of funding, **V**ision, **E**nergy to mobilize and sustain, **N**etworking with stakeholders, **T**alent/leadership) in assessing and enhancing community readiness for prevention. A slide presentation of this model is available online at the National Clearinghouse for Anti-Drug Information (NCADI) http://ncadi.samhsa.gov/multimedia/mediaDetails.aspx?ID=35. A training of trainers manual is also available from NCADI (http://ncadi.samhsa.gov/).

Community Readiness Stages

Stage 1: Tolerance
- Community tolerates or encourages behavior
- Supported by pro-ATOD (alcohol, tobacco, and other drugs) community norms

Stage 2: Denial
- ATOD is a problem, but not seen as a problem here
- If there is local recognition, there is low efficacy to address it

Stage 3: Vague awareness of ATOD problems
- Community has awareness, but little specific knowledge about it or motivation to do anything

Stage 4: Pre-planning
- Local recognition of ATOD problems, some general information available, leaders identified, but no action yet

Stage 5: Preparation
- Active leadership, planning, and pursuit of funding
- General knowledge of prevention
- Trial runs of programs

Stage 6: Initiation
- Start of programming
- Still doing staff training
- Some knowledge of risk & protective (R&P) factors

Stage 7: Institutionalization
- Programs are routine, staff are trained
- No sense of accountability for outcomes
- Community does not improve on current practice or assess R&P factors regularly

Stage 8: Confirmation/expansion
- Old programs are valued and supported
- Community is also looking for better programs
- Ongoing R&P factor assessments

Stage 9: Professionalization
- Targeted prevention based on sophisticated knowledge of R&P factors
- High community support
- Ongoing evaluation used to improve programs

How Do You Assess Capacities?

By this point you have identified needs and resources, clarified goals, and selected a program. Now it is time to consider systematically whether everything is in place to implement your program and the capacity tool will assist you to do that.

The Capacity Tool

The capacity tool (see Appendix 5B) in GTO-04 will help you to assess different types of capacities. The capacities listed here represent what research has shown to be important in planning, implementing, and evaluating prevention programs. The capacity tool will prompt you to specify what capacities are needed for the specific program you have chosen in question ❸. Additional prompts are the following:

- What are the requirements for each type of capacity? If you are using a CSAP model program, the capacity requirements for individual programs are listed in Appendix 5C.
- Does your organization have the ability to meet those requirements?
- What is the plan to improve your capacity if found to be insufficient?

WINNERS Example: Capacities

The coalition assessed its human, technical, fiscal, and structural/linkage capacities. Parts of that assessment are documented on the sample capacity tool reprinted below. The coalition members found that they had the necessary funding (fiscal capacity), commitment from the community (structural/linkage capacity), and access to individuals with appropriate credentials and experience (human capacity) to implement the program. The GTO team was able to enhance the coalition's technical capacities in evaluation. The assessment did show a clear need for training.

WINNERS Capacity Tool: Program-Specific Staff Capacities

Capacity Assessment Item	Requirements	Is the Capacity Sufficient?	Plan to Enhance the Capacity
Staff training needed	Classroom teachers need to know how to deliver "Helping Build Character" program in school	Not at this time	Use staff from the local alcohol commission, with assistance from the program developer, to train classroom teachers
	Volunteers need to know what is involved in being mentors and how to fill this role	Not at this time	Staff of the program will train volunteers

WINNERS Capacity Tool: General Staff Capacities

Capacity Assessment Item	Requirements	Is the Capacity Sufficient?	Plan to Enhance the Capacity
Commitment	Classroom teachers and volunteers need to be committed to the programs	Yes	None needed

WINNERS Capacity Tool: Technical (Expertise) Capacities

Capacity Assessment Item	Requirements	Is the Capacity Sufficient?	Plan to Enhance the Capacity
Access to personnel with appropriate evaluation skills	Need expertise to conduct a process and outcome evaluation	Not at this time	Work with the GTO team to use the materials in GTO-04 to conduct the process and outcome evaluation

WINNERS Capacity Tool: Structural/Linkage Capacities

Capacity Assessment Item	Requirements	Is the Capacity Sufficient?	Plan to Enhance the Capacity
Collaboration with key partners	Need to collaborate with the local middle school, chamber of commerce	Yes, strong relationships already exist with these groups	None needed
Buy-in of local stakeholders	The middle school and chamber of commerce need to believe in the program	Yes	None needed

WINNERS Capacity Tool: Fiscal Capacities

Capacity Assessment Item	Requirements	Is the Capacity Sufficient?	Plan to Enhance the Capacity
Full costs	$5,000	Not at this time	Local commission will provide a small "community grant" to the coalition
Transpor-tation	None needed		
Special trips	None needed		
Printed materials costs	$2,500 for the "Helping Build Character" program materials	Not at this time	See above under "Full costs"
Participant incentives	None needed		
Food costs	$300 for food at mentoring meetings		See above under "Full costs"
Baby sitting	None needed		
Volunteers	Volunteers needed to deliver "Helping Build Character" program and to be mentors		Approach teachers to volunteer; go through local chamber of commerce to get adult mentors
Equipment costs	None needed		
Space (e.g., # of rooms)	Space needed to hold the mentoring group meetings		Approach middle school for use of the gymnasium
Evaluation costs (data collection, entry, following participants over time)	$2,200 to cover the cost of the GTO team (mostly from the local university's psychology graduate program, supervised by a professor) and the costs of the surveys		See above under "Full costs"

Checklist for Accountability Question ❺: Capacity

Make sure you have …

- ❑ An understanding of all the requirements for the program
- ❑ Staff with appropriate credentials and experience, and a strong commitment to the program
- ❑ Adequate numbers of staff
- ❑ Clearly defined staff member roles
- ❑ Adequate technical resources
- ❑ Adequate funding to implement the program as planned
- ❑ Adequate linkages to other community organizations
- ❑ Community leaders who understand and strongly support the program
- ❑ A plan to address any areas in which there is insufficient capacity

Chapter Six
Question #6: What Is the Plan for This Program?
(Plan)

Definition of Planning

It is important to have an ongoing planning document that specifies who will do what, when, and where. Planning issues can be relevant at a larger level (e.g., county plan) and/or at a smaller level (e.g., planning a specific program). This GTO-04 question has tools that can assist practitioners to plan their programs well so that they can be implemented with all of the necessary ingredients for a good program.

A plan is …

a roadmap for your activities that will facilitate systematic implementation of a program.

Why Is Good Program Planning Important?

Although planning takes time away from program activities, the tools in this section are designed to assist you to remember all of the necessary details to implement a quality program. Good planning can improve implementation, which in turn, can lead to improved outcomes. Just like a "to do" list used to organize tasks; these tools provide a straightforward method to plan your program. Just think about what it takes to build a house—all of the planning and checklists that are necessary to go through BEFORE hammering the first nail. If all of the parts are completed, it will be much more likely that you will achieve the desired outcomes.

How Do You Plan a Program?

GTO-04 prompts you to consider all the critical ingredients of a good plan. Use the planning tool below to plan your programs. The planning tool can be found in Appendix 6A.

Planning Tool

Below is a description about how to use the planning tool. Each heading corresponds to a different part of the tool.

Program Name and Summary. It is useful for your planning documents to include a program title and a program summary. The summary is a brief description of the program components of your program or strategy that includes a thumbnail sketch of the program's goals and activities, as well as a simple statement about *HOW* the program is expected to have a positive impact (this is often called the program's logic model, "theory of action," or "theory of intervention"—i.e., the basis behind the intervention such as the theory of social inoculation). If you are using a best practice or evidence-based program, this summary might be found in the program's materials. If you are using a program of your own design, you will need to write one. It is useful to have the summary appear in future reports, since it will orient your audience to the program and its purpose.

Identifying Program Components or Major Types of Activities. Programs are made up of specific components or program activities. In question ❻, each component is linked to one or more objectives. For example, the components of a parenting program might include parenting classes, home visits, and community meetings. Each of these components should link directly to program objectives.

In choosing how specific you will be in identifying program components, think about what will be useful to monitor throughout the implementation of your program. You do not need to identify every single detail of running the program (e.g., copying worksheets). Think about choosing specific components in terms of how they might inform the evaluation process. Examples of primary components are the following:

- A series of sessions on life skills.
- School assembly.
- Having one-on-one counseling sessions.
- Airing a series of PSAs.

In the planning tool, put each of the components in the first column and put the program objective(s) that relate to each component in the second column. If the component does not

support any of your stated objectives, you should think about how valuable the component is to your stated goals and consider whether or not to include the component. If not, consider expanding your goals and objectives.

If you are choosing a best practice or evidence-based program consider whether or not you will adapt the principal components to your community or attempt to implement them as the developers initially intended. If you decide to adapt, enter in the third column how you plan to adapt the component.

If you are building a new program, you may want to make sure that your new program is consistent with the principles of effective prevention. For example, NIDA has identified important principles for prevention programs in the family, school, and community domains through many years of research. Therefore, even though your program may not be "evidence-based," following these general guidelines will ensure that your program is in line with what is known to be effective.

Lessons from Prevention Research from NIDA

- Prevention programs should be designed to enhance "protective factors."
- Prevention programs should target all forms of drug abuse.
- Prevention programs should include skills.
- Prevention programs for adolescents should include interactive methods.
- Prevention programs should include a parents' or caregivers' component.
- Prevention programs should be long term.
- Family-focused prevention efforts have a greater impact.
- Community programs that include media campaigns and policy changes are more effective when also accompanied by school and family interventions.
- Community programs need to strengthen norms against drug use.
- Schools offer opportunities to reach all youth populations.
- Prevention programming should be adapted to the local community.
- The higher the level of risk of the target population, the more intensive the prevention effort must be and the earlier it must begin.
- Prevention programs should be age specific, developmentally appropriate, and culturally sensitive.

Also, a review of the prevention literature across a number of domains (Nation et al., 2003) showed that all effective programs

- are *comprehensive* or multi-component interventions
- use *varied teaching methods* that build awareness of problems and build skills
- are of *sufficient dosage* to get the desired effects and follow-up as needed
- are *theory driven* or have a logical basis that is supported by research
- foster *positive relationships* with both peers and adults
- are *appropriately timed*, implemented before the development of problems and sensitive to participants' age
- are tailored to community norms and program participants (i.e., *Socioculturally relevant*)
- use *outcome evaluation* to assess well-specified goals and objectives
- employ *well-trained staff.*

Once you have examined these principles, choose the ones that apply to each of the components of your program. The more principles that apply to your program, the more likely you are to get outcomes. For more information about the NIDA lessons, go to http://www.drugabuse.gov/Infofax/lessons.html.

Identifying Anticipated Outputs. What outputs will show that the components were implemented as intended?

Outputs are the direct products of program components and usually are measured in terms of work accomplished. In GTO-04, there are two types of outputs to track: One is the *service delivered* (number of hours, sessions, PSA ads aired, etc.) and the other is the *number of people served*. Like distance and destination signs on a highway, outputs indicate that your program is going in the direction that you intended. Below are examples of outputs for different types of program components.

Anticipated Outputs

If your component is …	A possible program output might be…
Parenting classes	Number of parents attending the classes (people served) Percentage of parents completing classes (people served)
A school-based prevention program	Number of children attending the program (people served) Attendance at each session (people served)
An anti-drug media campaign	Number of PSAs aired (services delivered)

Anticipated outputs should be stated in precise terms. For example, a road sign that reads "Los Angeles this way" is not as helpful as a sign that reads "Los Angeles 100 miles."

Having a well defined target population and clear and specific program objectives helps to define your anticipated outputs.

In the process evaluation chapter (question ❼), the anticipated outputs will be compared with the actual outputs of the program. If you are not achieving the objectives you desire, looking at differences between anticipated and actual outputs could demonstrate why. By monitoring program outputs throughout the course of the program, you will gather information to make improvements while the program is still active.

Planning Each Program Component. Now that you have chosen your program components, each one needs to be planned. Here, think about the major *activities* that need to be completed in order to make each component successful. Each component is made of several activities. Therefore, it is important to list each of the activities necessary to implement your program.

This is where you plan in detail the activities that make up your program's components. Some activities could include the following:

- *Recruitment of participants*. How will you "enroll" participants into your program? Will you post flyers to advertise the program, collaborate with other agencies such as schools and boys and girls clubs, or access the participants of your own agency? (Question ❷ has tips for recruitment.)
- *Staff training*. If staff are unfamiliar with the program, one of the first key activities would be staff training for conducting the program.
- *Other activities*. In addition, there are many programming activities to be considered (e.g., planning meetings, transportation issues, providing food).

For every activity above, consider the important planning elements:

- *Scheduled dates*. When will the activities occur? By deciding upon the approximate dates for the completion of each activity, a timeline will emerge. Use these dates to assess if your program is being implemented in a timely fashion.

- *Who will be responsible*? Before implementing a program, decide which staff will be responsible for each activity. Will it be from the existing staff? Will new staff or an outside agency be hired?
- *Resources needed*. Consider what resources are needed for each activity. This may be financial resources as well as specific supplies like food, markers, or paper. Do they need to be purchased with grant funds? Will they be donated by local businesses? Are the specific amounts in the initial budget request still correct? If not, what changes are needed?
- *Location*. Determine where to hold the various activities. Will you hold your program in a boardroom? In a gymnasium? In a church? Certain locations will require significant lead time to reserve, and the space available may determine the type of program that can be conducted.

Collaboration Partners. In this section, you identify the collaborative partners and the roles each partner will play in the implementation of your program. Collaboration, including the development of partnerships in your community, is an integral part of effective substance abuse prevention. Effective programs enhance the efficiency and effectiveness of their own efforts by developing partnerships with other agencies. Such efforts promote the sharing of ideas, resources, and even staff members. Question ❺ has more information about different types of collaboration.

Program Integration. Every effort should be made to integrate the current program with other programs and services to ensure that resources are maximized and services are not duplicated within a community. Your efforts to do this are listed in this section. Information that you gathered from other programs in your resource assessment would be useful here.

Budget of Program. What are the anticipated costs of the program or strategy? Appendix 6B describes a straightforward procedure for estimating the true cost of your prevention programs developed by EMT Associates (Hahn-Smith & Stuart-Cassel, 2002; www.emt.org).

Implementation Barriers. Prevention programs can be difficult to implement and often face many challenges. It is helpful to forecast what these challenges or barriers might be and generate possible solutions for them. The planning tool

contains a table for you to consider what the barriers to your program might be and space to generate solutions to those barriers. You may not know the solutions now, but you will be able to update it at any time in the future.

Summary Checklist

What must be done to prepare for this program or strategy? Have these tasks and activities been sufficiently addressed? The summary checklist serves as the checklist for this GTO-04 question and is used to plan and document efforts that were made to "gear up" or prepare for a program prior to its implementation. The checklist is a series of prompts to ensure that certain necessary tasks were completed prior to beginning the program. The items listed are likely to be necessary elements for any program, such as "duties assigned," "resources obtained," and "location identified," but are not exhaustive. For many programs, there may be additional tasks that must be done before the program begins, and the checklist allows you to customize. For example, conducting background checks on potential mentors is a task that is specific to a mentoring program.

It may be helpful to organize the checklist by program component, creating checklists for each separate part of a program. For instance, if your program or strategy includes home visits, health screenings, and service coordination efforts, a separate checklist can be created for each of those components. Once you have a list of tasks that best represents your program, check "yes" (Y) for the tasks that have been sufficiently addressed. For each task that has not been completed ("no" (N)), provide a plan for addressing it in the future and a date by when it will be completed. Check "not applicable" (N/A) if the task listed is not relevant to your program.

A Word About Planning Culturally Appropriate Programs

Many program staff have long recognized the necessity to be culturally competent in their work (e.g., prevention programs, treatment programs, media strategies). Awareness of, and attention to, cultural issues in the planning, implementation, and evaluation stages of programming ought to be considered. According to Resnicow, Soler, Ahluwalia, Butler, and

Braithwaite (2000), staff should incorporate "ethnic/cultural characteristics, experience, norms, and values" of the target population when implementing programs. Some programs have been designed to be relevant for a wide variety of target groups; however, many need to be adapted to fit the local context. Although there is not evidence at this time to show that culturally tailored best practice programs get better outcomes compared with the "off-the-shelf" generic versions, Kumpfer and associates (2002) did find that there was better recruitment and retention of participants using the cultural adaptation of the Strengthening Families Program compared with its generic version.

Therefore, you should take into account cultural factors when planning a program to ensure that it will truly address the needs of the target group in a meaningful way. For example, consider if the "appearance" of the program is appropriate, including the staff, curriculum materials, types of food, language, music, channels of media, and settings. Asking experts and members of the target population themselves to review program materials can be a good way to assess whether your program is culturally appropriate. In addition, the following discussion questions can be used to begin a dialogue about the program's cultural fit:

- Are any program staff representative of the target population?
- Are the curriculum materials relevant to the target population?
- Have the curriculum and materials been examined by experts and/or members of the target population?
- Are the types of food served appropriate to the target population?
- Does the program consider language/context/socioeconomic status of the target population in its materials and programming?
- Are the program staff culturally competent to work with the target population?

WINNERS Example: Planning

After school officials and community stakeholders approved the selected program, it became necessary to develop the details of the plan. A part-time project

director was hired with the funds from the local alcohol commission to help organize and run the program. The project director and the coalition together used the GTO tools to develop a plan for program implementation with a flexible timeline, and portions of the planning tool are reprinted here. First, the team determined specific program components that would link to the identified objectives. For example, having mentors assist certain students with their homework and provide tutoring was linked to the objective of increasing students' commitment to school. After linking the program's major components to the objectives, it became necessary to select specific tasks that would be implemented within each component. For example, it was necessary to determine who would lead each component, i.e., what role would the teachers and mentors play in implementing the curriculum and providing extra academic assistance to the children? The team also needed to develop a plan for recruiting, selecting, and training mentors.

WINNERS Planning Tool

Program Name and Summary

Title: WINNERS
Summary: The first component, the "Helping Build Character" curriculum, enhances responsibility, trust, and integrity among developing youth. The second component, a mentoring program, will involve regular meetings between adults from the community and the target youth. Activities will include tutoring (e.g., helping with homework) and sports and other recreational activities that will provide an opportunity for discussions about values. Behavioral practice and modeling are central to promoting changes in moral conduct.

Identifying Program Components

Program Component	Which Objectives Are Linked to Each Component?	If Using a Model Program, What Is the Adaptation Plan (or None Needed: Will Be Implementing As Intended)?	If Building Your Own Program, Which Principles of Effective Prevention Are Consistent with Your Program?
10 "Helping Build Character" classroom sessions	Decrease disciplinary referrals by 10% after one year, measured by school records Improve "character" by 20% after one year, measured by a survey	Adding a mentoring component to the classroom curriculum	Prevention programs should include skills. Schools offer opportunities to reach all populations. Prevention programs should be age specific, developmentally appropriate, and culturally sensitive.
Mentoring	Improve 5th graders GPA by 10% after one year, measured by report cards		Prevention programs should be long term. Prevention programs for adolescents should include interactive methods.

Identifying Anticipated Outputs

Program Component	Anticipated Program Output(s)	
	Services Delivered	How Many?
1st Component: 10 "Helping Build Character" classroom sessions	Hours	10
	Sessions	10
	Ads	N/A
	Advertisements aired	N/A
	Materials distributed	"Helping Build Character" booklets (one for each student)
	Assemblies	N/A
	Other	N/A
	Persons served -total/per service	50
2nd Component: Mentoring	Hours	90 minutes weekly for 40 weeks = 60 hours (20 for fun activities, 40 for tutoring)
	Sessions	40
	Ads	N/A
	Advertisements aired	N/A
	Materials distributed	N/A
	Assemblies	Two total group mentoring meetings
	Other	N/A
	Persons served -total/per service	50

Planning Each Program Component

Components	Specify Key Activities and Their Details	Scheduled Dates	Who Is Responsible?	Resources Needed/ Materials to Be Provided	Location
Component 1: 10 "Helping Build Character" classroom sessions	Recruit teachers	Late Jan. to Feb. 97	Project director	School leadership agrees	Your Town Elementary School
	Identify students	Late Jan. to Feb. 97	Project director	Parent consent forms	Your Town Elementary School
	Train teachers	Late Feb. 97	Project director	Helping Build Character training materials	Your Town Elementary School
	Weekly class sessions	Weekly - — March to Dec. 97	Classroom teachers	Someone to call and remind participants to attend	Your Town Elementary School
	Monitor progress of sessions- — fidelity monitoring	Weekly— March to Dec. 97	Classroom teachers	Copies of fidelity tool	Your Town Elementary School

Planning Each Program Component—continued

Components	Specify Key Activities and Their Details	Scheduled Dates	Who Is Responsible?	Resources Needed/ Materials to Be Provided	Location
Component 2: Mentoring	Recruit mentors	Late Jan. to Feb. 97	Project director	Flyers advertising program	Major businesses in town
	Recruit mentees	Late Jan. to Feb. 97	Project director	Flyers advertising program	Your Town Elementary School
	Match mentors and mentees	Late Jan. to Feb. 97	Project director	-Pool of mentors -Pool of mentees	Your Town Elementary School
	Introductory Mentoring meeting: Provide information about successful Mentoring; announce matches	Feb. 25, 1997	Project director	-Funds for food -Handouts about Mentoring program	Your Town Elementary School
	Meeting of mentors and mentees: Various community activities, tutoring	Weekly— March to Dec. 97	Program participants (mentors/ mentees)	School facilities, equipment, supplies	Your Town Elementary School
	Monitor progress of matches—mentor survey	Weekly— March to Dec. 97	Project director	Copies of surveys	Your Town Elementary School
	Monthly meetings of whole group	Monthly— March to Dec. '97	Project director	Someone to call and remind participants to attend	Your Town Elementary School

Target Groups

Target Group(s)	Anticipated Number	Recruitment Plan
All three 5th grade classes in Your Town Elementary School	50	Mail information letter and consent form to the students' homes. Make presentations to the students and parents at teacher-parent conferences

Collaboration Partners

Collaboration Partner	Role of Partner
Your Town Elementary School	Provide space for mentor meetings Provide the classroom time and teachers The target group will be Your Town Elementary 5th grade students
Local businesses through the chamber of commerce	Provide adult mentors

Program Integration

Existing Program/Organization	Integration Efforts
Your Town Elementary	Use class time to deliver the Helping Build Character program

Implementation Barriers

Program Barriers	Proposed Solutions
Difficulty recruiting interested mentors	Highlight the individuals and their companies in the local media

Summary Checklist, Component 1

Checklist Item		If No, Plan for Completion	By When?
Component 1: Helping Build Character			
Y	Resources obtained		
Y	Person responsible		
Y	Staff trained		
Y	Duties assigned		
Y	Location identified		
Y	Timeline written		
Y	Collaborative partners identified		
Y	Cultural issues addressed		
Y	Program materials developed		
Y	Barriers considered		
Y	If preexisting program, all components are included OR adapted with good justification		
Y	If building new program, components are in line with principles of effective prevention		

Summary Checklist, Component 2

Checklist Item		If No, Plan for Completion	By When?
Component 2: Mentoring			
Y	Resources obtained		
Y	Person responsible		
Y	Staff trained		
Y	Duties assigned		
Y	Location identified		
Y	Timeline written		
Y	Collaborative partners identified		
Y	Cultural issues addressed		
Y	Program materials developed		
Y	Barriers considered		
Y	If preexisting program, all components are included OR adapted with good justification		
Y	If building new program, components are in line with principles of effective prevention		

Chapter Seven
Question #7: How Will the Quality of Program and/or Initiative Implementation Be Assessed? (Process)

How well a program is implemented is critical to obtaining positive results. You developed the program's plan in the previous question. In this question, the process evaluation will identify how well the plan is put into action.

Definition of Process Evaluation

A process evaluation assesses what activities were implemented, the quality of the implementation, and the strengths and weaknesses of the implementation. This information can help to strengthen and improve the program as necessary. A well-planned process evaluation is developed prior to beginning a program and continues throughout the duration of the program.

Why Is a Process Evaluation Important?

Generally, the most important process evaluation question is "Was the program implemented as planned?" Usually, the next most important question is "Was the program implemented with quality?" Process evaluation data are useful in two primary ways: for short-term and for long-term improvement.

Short-Term Improvement

Tracking the different aspects of a program's implementation yields information about the components and activities that are working well and the ones that are having a negative impact on the program's success. This information then allows program staff to make midcourse corrections right away to keep the program on track.

Long-Term Improvement

In the long-term, a process evaluation helps explain the final evaluation results. This is because to obtain positive outcomes, one needs both:

- An appropriate program and rationale or theory behind that program (based on the underlying causes of the problem)

  AND

- High quality program implementation.

As can be seen from the table below, knowing whether or not the implementation was done with quality can tell you whether the selected program and its underlying theory of change is appropriate. For example, if the process evaluation indicates high-quality implementation but the program does not produce positive outcomes, then there are likely to be problems with the program theory.

Process Evaluation

The process evaluation showed:	and the outcome evaluation showed:	Then it is likely that staff chose the:
High-quality implementation	Positive outcomes	Appropriate program and program theory
High-quality implementation	Negative outcomes	Inappropriate program and program theory
Poor-quality implementation	Negative outcomes	Appropriate OR Inappropriate program and program theory

In addition, the process evaluation also provides information about the successful components and activities so they can be repeated in the future and also provides information about what activities needed to be discontinued. This is helpful when attempting to repeatedly conduct the program. Finally, a process evaluation can help to demonstrate a level of program activity (to the media, community) before the outcome evaluation has a chance to show results.

How Do You Conduct a Process Evaluation?

There are several process evaluation questions that can be asked of prevention programs, each involving a specific type of data collection. The Process Evaluation Matrix table below shows different process evaluation questions and their corresponding data collection activities.

Process Evaluation Matrix

Process Evaluation Questions	Process Evaluation Activities	Process Evaluation Resource Requirements
Did the program follow the basic plan for service delivery?	Monitoring program outputs	Expertise: Low Time: Low
What are the program characteristics?	Organizational assessment	Expertise: Low Time: Low
What are the program participants' characteristics?	Demographic and risk factor assessment	Expertise: Moderate Time: Moderate
What is the participants' satisfaction?	Satisfaction surveys Focus groups	Expertise: Low Time: Moderate Expertise: High Time: Moderate
What is the staff's perception of the program?	Program debriefing Focus groups Interviews	Expertise: Low Time: Low Expertise: High Time: Moderate Expertise: Moderate Time: Moderate
What were the individual program participants' dosages?	Monitoring individual participation	Expertise: Low Time: Moderate
What were the program components' levels of quality?	Fidelity monitoring: Staff Fidelity monitoring: Observers	Expertise: Moderate Time: Moderate Expertise: Moderate Time: High

The Process Evaluation Planning Tool

The first step in doing the process evaluation is to decide what process evaluation questions will be addressed, what tools will be used, their schedule, and the person or persons responsible. Below is the process evaluation planning tool (see Appendix 7A for a clean copy) that can help you organize the plan for your process evaluation. The process evaluation questions are reprinted in the Tool. Below is information specifically organized around each of these process evaluation questions and their corresponding data collection tools and methods.

Process Evaluation Planning Tool

Process Evaluation Questions	Process Evaluation Tool/Method	Schedule of Completion	Person Responsible
Did the program follow the basic plan for service delivery?			
What are the program characteristics?			
What are the program participants' characteristics?			
What is the participants' satisfaction?			
What is the staff's perception of the program?			
What were the individual program participants' dosages?			
What were the program components' levels of quality?			

Did the Program Follow the Basic Plan for Service Delivery? (The Implementation Tool)

The implementation tool helps you determine whether the program was implemented according to the plan developed in question ❻. This type of process evaluation is usually the most straightforward to conduct.

Monitoring the degree to which the program plan was followed involves developing a careful description of what was actually done as part of the program; what, if anything, was left out; and how many people were reached or included in each component of the program. Documenting whether or not the components were carried out as intended is essential in evaluating a program. If the program is not carried out as designed, then it is probably not reasonable to expect that the desired program objectives will be accomplished.

The implementation tool is designed to assess several aspects of program implementation and can be useful in a wide variety of programs (see Appendix 7B for a clean copy). Information from the planning tool is carried over into the subsequent sections of the implementation tool and customized to best fit the needs of your program. Although all parts of the GTO-04 planning tool should be referred to periodically during the course of running a program, the implementation tool should be

used *all* of the time. Information is most useful when recorded during or immediately after each class or activity. Otherwise, important information that could help improve the chances of achieving results might be overlooked or forgotten.

Monitoring Component Outputs

In this part of the implementation tool, dates of each proposed component and their anticipated output (as stated in the planning tool) are recorded in the appropriate column. Later, immediately after each activity is implemented, the actual outputs for each component are recorded in the appropriate column.

An important part of understanding how well a program worked involves understanding how much of the program was actually received by participants. It is useful to think of programs like medications in terms of dosage. If you are giving a ten session training program to high school students and some students attend only seven of the sessions, those students do not receive the same dosage as those who attended all ten sessions. Similarly, if you planned for ten sessions but for some reason gave only eight, the program may not have been powerful enough to accomplish your desired goals and objectives. The dosage of a program can be expressed as the %*Output*. This number represents a comparison of the anticipated outputs and actual outputs of a program. Dividing the actual output by the anticipated output and multiplying that number by 100 produces the %*Output*.

$$Actual / Anticipated * 100 = \%Output$$

For example, if one of the planned activities was to conduct underage tobacco stings (having youth pretend to want to buy tobacco at a store to see if the store employee appropriately verifies their age), you would record the dates and numbers of stores you planned to "sting" in the date and anticipated output columns. After each "sting" date, you would record the actual number of stores visited in the Actual Output column. By the end of the program, if you anticipated having ten stores visited and you actually visited six, the %*Output* would be 60% (6/10 * 100 = 60%).

This recording form has been designed to be as flexible as possible. The level of information recorded here will vary from program to program. In some cases, it may be useful to record data on a day-by-day basis. In other cases, it may be

more efficient to present data by summing up information over weeks or months.

Component. In this column, list the name of the component as stated in the planning tool.

Date. In the "date" column, describe the period that the information in that row represents. As stated above, data may be aggregated across different time spans. The type of date(s) recorded here may vary. For instance, it may be helpful to summarize the number of actual one-on-one sessions on a weekly or monthly basis. For group programs that are delivered in a limited number of sessions (e.g., ten), attendance should be recorded for each session.

Implemented as Planned? The third column asks for a consideration of how well the components of the program were implemented. You are asked to rate the implementation as "high," "medium," or "low." If, for whatever reason, major changes take place in the actual implementation of a component (e.g., certain barriers or practical considerations make it necessary to change the design), a rating of "low" would be appropriate. If the implementation of the activity were very close to or exactly like it was planned, the rating would be "high."

Anticipated Program Output(s). In the fourth column, place the anticipated program output(s) that were listed in the planning tool.

Actual Program Output(s). The actual program output(s) are listed in this column. If, for example, 100 children were expected to participate in your weekend library reading program, but only 80 children participated, 100 children would be the "anticipated output" and 80 children would be the "actual output."

- Attendance by session/component. This information can be considered an "output," therefore the implementing staff need to keep records or attendance logs of who attended. This information can be entered into a database along with outcome evaluation data.

%Output Actual/Anticipated. Divide the actual output by the anticipated output and multiply by 100. Place that number in this column.

Progress, Problems, and Lessons Learned. Successes, challenges, barriers, changes to the program, and other lessons learned with regard to activities should be recorded in this column.

Planning Activities

Using the planning activities from the planning tool, the implementation tool monitors whether these tasks were completed in a timely fashion.

Components, Key Planning Activities, Dates Scheduled to Complete Activity. The specific component, the corresponding planning activity, and dates by which the activity was to be completed should be taken from the planning tool and reprinted here.

Actual Date of Completion. The date that the planning activity is actually completed should be entered here.

Progress, Problems, and Lessons Learned. Successes, challenges, barriers, changes to the program and other lessons learned with regard to the completion of planning activities should be recorded under "Progress, Problems, and Lessons Learned."

Target Groups

In the first part of the implementation tool, you address the extent to which the target group defined in the planning tool has been recruited and involved in your program. There are four columns of information in the target group part:

Target Group(s). Definitions of the target group are copied directly into the "Target Group(s)" column.

Anticipated Number. The anticipated number is the exact number indicated in your plan from the planning tool's "How Many" column.

Actual Number. Shortly after implementation of the program or strategy starts, you can begin to look at possible differences between the anticipated and actual members of your target group. For example, if you planned to recruit 100 high-risk teens from a middle school for participation in a classroom-based prevention program and the actual number of participants was 70, you will want to address these discrepancies in this section. This may be particularly important given that your objectives should have specified a certain number of participants who would benefit from the program.

Recruited as Planned? The method of recruitment ("How will they be recruited") may be copied into the "Recruited as Planned" column from the planning tool. In this column, you will address whether or not participants were recruited according to your plan. If there are discrepancies between the planned method of recruitment and the actual method of recruitment,

those discrepancies should be recorded here. For example, if you planned to recruit teens through referrals from school guidance counselors, but ended up expanding your base of recruitment to all teachers, staff at local after-school programs, and churches and faith-based organizations, you will want to make note of that under "recruited as planned."

Progress, Problems, and Lessons Learned. Successes, challenges, barriers, changes to the program and other lessons learned with regard to the target group should be recorded under "Progress, Problems, and Lessons Learned."

Collaboration Partners

In this part of the implementation tool, you address the extent to which a program has achieved expected collaboration. There are four columns of information in this part:

Anticipated Partner/Anticipated Role. The anticipated partners are identified in the planning tool. Collaboration partners and their roles are copied into the anticipated partners and anticipated roles sections, respectively.

Actual Partner/Actual Role. In these columns, differences between the actual and anticipated partners and roles identified in the plan are documented. Agencies or organizations that became partners after the program was initiated or after the plan was submitted may be identified here. When an anticipated partner does not collaborate with the program or strategy, this should be documented here and explained in greater detail under "Progress, Problems, and Lessons Learned."

Progress, Problems, and Lessons Learned. Successes, challenges, barriers, changes to the program and other lessons learned with regard to the collaboration partners should be recorded under "Progress, Problems, and Lessons Learned."

Program Integration

Existing Program/ Anticipated Integration Effort. The anticipated integration efforts are identified in the planning tool. Existing program(s)/organization(s) and integration efforts are copied into the Existing Program and Anticipated Integration Efforts columns, respectively.

Actual Integration Effort. In this column, differences between the actual and anticipated integration efforts identified in the plan are documented. Integration efforts that occurred after the program was initiated or after the plan was submitted may

be identified here. When the effort did not occur as planned, this should be documented here and explained in greater detail under "Progress, Problems, and Lessons Learned."

Progress, Problems, and Lessons Learned. Successes, challenges, barriers, and changes to the program related to integration efforts should be documented under "Progress, Problems, and Lessons Learned."

Progress, Problems, and Lessons Learned

For each part of the implementation tool, space is provided under "Progress, Problems, and Lessons Learned" to document the successes and challenges experienced during the implementation of a program. Documenting and reviewing the progress, problems, and lessons learned on a regular basis help to keep track of the ways a program is, or can be, adjusted to meet the needs of participants.

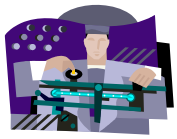
Recording the successes and challenges of a program is helpful for at least two reasons.

- Looking for barriers, obstacles, and challenges to a program presents the opportunity to make improvements.
- Recording challenges and successes helps to avoid pitfalls in future implementation of similar programs, both for your organization and others that might use your program

There are two questions to be considered in the "Progress, Problems, and Lessons Learned" section. The first has to do with specific things that went well and not so well as a result of implementing this program. The second involves thoughtful consideration of areas in need of attention. These questions should be addressed regularly in any program. How often you address these questions may vary from program to program, but it is important to ask these questions frequently and to keep a written record of how these questions are addressed.

For example, when running a program, you might uncover evidence that the program is not engaging as many "hard-to-reach" or "at-risk" participants as you had hoped. Then, it may be useful to rethink some of the strategies and activities undertaken by the program and make necessary changes to ensure that a larger number of targeted participants are being reached.

What Are the Program Characteristics? (Organizational Assessment)

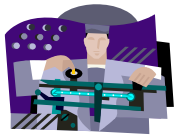


When trying to understand a program and how it affects change in its participants, it is important to have some information about the program as a whole. This type of information provides a context in which the other process and outcome evaluation data can be interpreted. The following are variables that would be good to assess in order to learn about an organization.

- Capacity (maximum could serve)
- Current enrollment
- Number of paid & volunteer staff
- Operation hours
- Food served
- Transportation
- Funding sources
- Mission/philosophy
- Curriculum used
- Cultural sensitivity
- Waiting list
- Demographics (age, sex, race/ethnicity) of those enrolled
- Neighborhoods served
- Program staff qualifications
- Fees
- Types of collaboration
- Current evaluation methods used
- Involvement of parents & families
- Perceived barriers

Appendix 7C has an instrument that can be used to assess all of these characteristics. It was designed to be completed by a program director or any staff member who has a good working knowledge of the program. It can be used with an agency or just with a single program. This instrument is similar to the one discussed in question ❶, which can be used to assess community resources.

What Are the Program Participants' Characteristics? (Demographic and Risk Factor Assessment)

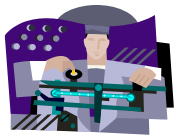


In addition to gathering information about the program as a whole, it is also important to gather individual participants' demographic and risk factor and protective factor data. Demographics are variables like age, sex, race/ethnicity, and native language. Risk and protective factors, discussed in detail in the Introduction, include many variables spread across the individual, peer, family, and community domains. Often, these types of questions are asked as part of an outcome assessment survey. One survey that assesses demographic, risk, and protective factors is the California Healthy Kids survey. This survey is described in more detail in Appendix 1D.

What Is the Participants' Satisfaction? (Satisfaction Surveys and Focus Groups)

One aspect of a process evaluation is how much the participants enjoyed the program. Typically, participants who enjoy the program more will attend more often and be more engaged in the program. Two ways to assess participants' satisfaction is to administer brief surveys to the participants or to conduct a focus group.

Satisfaction Surveys



Administering a satisfaction survey is a quick way to gather information from participants about what they think of the program recently conducted. These surveys are usually easy to do and do not require a great deal of time. The easiest way to collect these surveys is to administer them to participants at the end of each session or activity before they leave by building the satisfaction survey into the program (e.g., include it as an agenda item, etc.). This is preferred to waiting to the end of the program to administer surveys; otherwise the participants will have to remember how they felt about past sessions. If the surveys cannot be administered during the actual program, they can be handed out with self-addressed and stamped envelopes so the participant can complete the survey and return it later. This method, however, adds expense (cost of postage) and will yield a lower rate of surveys completed. Final cautions about these surveys:

- Satisfaction surveys often show that participants were at least somewhat satisfied. You should be aware of this possibility and interpret the results with some caution. If satisfaction surveys show negative results, that requires real attention.
- High program satisfaction does NOT equal positive program outcomes. High program satisfaction may be associated with positive results, but they are not the same thing. It is very possible that a program could have very satisfied participants who do not improve at all in the areas targeted by the program. This is why satisfaction surveys should be considered as just one part of an overall evaluation.

Actual satisfaction surveys that you can use with your programs can be found in Appendix 7D.

Focus Groups

Data from focus groups often yield "qualitative" (i.e., text) data as opposed to surveys, which usually yield "quantitative" (i.e., numerical) data. Qualitative data usually have rich descriptions of a topic area, such as satisfaction with a program. Focus groups are in-depth interviews with a small number of carefully selected people brought together to provide their opinions. Unlike the one-way flow of information in a one-on-one interview, focus groups generate data through the give and take of group discussion. Listening as people share and compare their different points of view provides a wealth of information—not just about what they think, but why they think the way they do. Therefore, focus groups are an excellent method to learn about attitudes and get suggestions for improvement.

Tips for Conducting a Focus Group

1. Identify goals. Create a one or two sentence statement of the goal of the focus group. Specifically, what do you want to know?

2. Recruit 6 to 12 participants. A group of more than 12 is unmanageable, and less than six makes it difficult to stimulate a useful discussion. Recruit two more people than you need (in case of no-shows). Keep in mind the composition of your group will affect the discussion and therefore the data that are generated (i.e., all male vs. mixed gender, all adolescents vs. adolescents and their parents). It is usually best to have a group of people that are alike in some way that is related to the topic of interest (i.e., all have experience attending your program). Incentives such as food, small stipends (e.g., $20.00), or coupons often improve focus group attendance.

3. Create a focus group guide. The guide is not a verbal survey, but it lends some structure to the discussion and should be no longer than 12 questions. Using the metaphor of a funnel, each major topic should start with more broad questions (e.g., What did you think about your parenting skills program?), and get more specific (e.g., What were some barriers to implementing the parenting program? How did a lack of transportation hinder the program?). The guide should include questions of how, why, under what condition, and should avoid leading questions or questions that only elicit a yes or no answer.

4. Find a moderator. The moderator encourages interaction among group members, ensures all people participate and that the discussion stays on topic, regulates any overly dominant group members, summarizes points made by group members, and is nonjudgmental.

5. Conduct the Focus Group or Groups. Focus groups tend to be about one and half hours (no more than two). Typically they start with introductions of each member and an overview of the topic and a statement of purpose of the group. In addition to the moderator, it is good to have a second person in the room to take notes.

6. Analyze the Focus Group Data. Typically the focus groups are audio taped and transcribed. The analysis of the transcript can be as simple as the number of times different themes appear in the transcript as a measure of importance of that theme. You can have themes that your are looking for and/or you can let themes emerge from the data.

More information about focus groups is available from the American Statistical Association on its web site, http://www.amstat.org/sections/srms/brochures/focusgroups.pdf. Appendix 7E contains a checklist on what should be covered in an introduction of a focus group and a worksheet on how to take notes during a focus group written by a consultant from the Department of Veteran Affairs.

What Is the Staff's Perception of the Program? (Program Debriefing, Interviews, Focus Groups)

Program staff are often in an excellent position to comment on how well a program is being implemented. Although they may be biased, they still can provide a different view from "the trenches" that can be useful for program improvement. There are three methods for gathering data on staff perspectives: program debriefing, interviews, and focus groups.

Program Debriefing

A straightforward way to conduct a debriefing is for staff to quickly meet immediately after a program component (e.g., a

session) has been conducted and answer the following two questions:

- What factors facilitated implementing this program component?
- What factors were barriers to implementing this program component?

The "Project Insight Form" (See Appendix 7F) can be used to track the responses to these questions. This form allows program staff to think about which factors were barriers to program implementation (e.g., poor attendance, inadequate facilities, etc.) and which factors facilitated program implementation (e.g., well-trained staff, transportation provided). This information can be tracked over time to see if the barriers identified are adequately addressed.

Focus Groups

Using the same method as described above, the participants would be staff members instead of participants.

Interviews

Using a similar type of questioning as a focus group, but doing so with just one person, an interview can be a way to get detailed information about program implementation from staff. Like a focus group, there should be a limited number of questions asked and the structure of the interview should be in a funnel: Each major topic should start with more broad questions (e.g., What did you think about your parenting skills program?), and get more specific (e.g., What were some barriers to implementing the parenting program?). Also like a focus group, the data can be analyzed by looking for the number of instances certain themes appear in the transcripts or notes. Some examples of interview questions:

- What were some barriers to implementing the program?
- What were some facilitators to implementing the program?
- How could the program be improved?
- What is working well in the program?
- Are there aspects of the program that were planned but not implemented? Why?

➢ To what extent did you deviate from your program's plan? Why?

➢ What would you do differently the next time the program is implemented?

What Were the Individual Program Participants' Dosages? (Monitoring Individual Participation)

One of the most important functions of a process evaluation is to track *how much* of the program individual participants receive (often called the program "dose," borrowing the term from the use of medications). Even though an individual is enrolled in a program, if they do not attend or attend very little, there is less of a chance that the individual will get the full effect of the program. Although attendance is tracked at the program level in the Monitoring Component Outputs section above, it is actually better to track each individual's level of participation in the program. To do this, keep a log or an attendance sheet on all the participants.

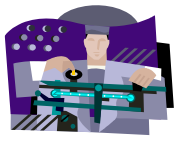
Why is this important? Because the interpretation of the outcome evaluation data will be very different given different dosages received. For example look at the following table.

Sample Outcome Evaluation Results and Interpretations

If the process evaluation showed:	and the outcome evaluation showed:	A likely interpretation is:
Very low attendance or "dose" for all participants	Positive outcomes	Participants changed on their own NOT due to the program
Very low attendance or "dose" for all participants	Negative outcomes	Participants did not get enough of the program
Very high attendance or "dose" for all participants	Negative outcomes	The program chosen might not be the right one for this target group

This table shows a more specific instance of the Process Evaluation table that appears in the "Why Is a Process Evaluation Important?" section earlier in this chapter.

What Were the Program Components' Levels of Quality? (Fidelity Monitoring)



It is important to track how well the implementation matched the program developers' intentions. If you are using a best practice or evidence-based program, very often these programs come with their own tools to assess fidelity. Check with those

responsible for disseminating the program to see if they have these types of instruments. If one such instrument does not come with the program materials, call the program developer to see if an experimental tool is in the works or if perhaps other purchasers of the program have created one.

If you are using a homegrown program, a local innovation, or a best practice or evidence-based program that does not have a fidelity instrument, you can adapt the process described in Appendix 7G for creating your own tool to track fidelity.

WINNERS Example: Process Evaluation

The GTO team and the coalition designed several methods to promote the integrity of program implementation and track its progress. Mentors completed weekly logs documenting meetings with mentees and evaluated the children's progress using the character education curriculum. The log also included questions related to relationship development and allowed mentors to report problems or concerns. In addition, teachers completed a checklist to document the use of curriculum materials (i.e., fidelity) and rated its effectiveness and age appropriateness. Open-ended questions were presented to team and committee leaders once a month (using the Project Insight Form) to determine what elements facilitated or served as barriers to implementation . They used the implementation tool to organize information about how much and how well WINNERS was implemented, comparing the anticipated outputs with what was in the original plan. Portions of the implementation tool are reprinted below.

WINNERS Process Evaluation Planning Tool

Process Evaluation Questions	Process Evaluation Tool/Method	Schedule of Completion	Person Responsible
Did the program follow the basic plan for service delivery?	Implementation tool	Regularly	Project director
What are the program characteristics?	None		
What are the program participants' characteristics?	Outcome survey	Pre and post (one year later)	Project director with assistance from classroom teachers
What is the participants' satisfaction?	Outcome survey	Pre and post (one year later)	Project director with assistance from classroom teachers
What is the staff's perception of the program?	Project Insight Form	Monthly	Project director
What were the individual program participants' dosages?	Attendance records	After each session of Helping Build Character	Teachers
What were the program components' levels of quality?	• Mentor logs, to document relationship progression • Teacher checklist, to document the implementation of the Helping Build Character curriculum	After each mentor-mentee meeting	Mentors

WINNERS Implementation Tool

Monitoring Component Outputs

Component	Date	Imp. As Planned? (High, Medium, Low, No)	Anticipated Program Output (s)	Actual Program Output(s)	% Output Actual/ Anticipated
10 Helping Build Character classroom sessions	May 97	High	10 sessions with a total of 50 5th graders	Attendance: Session 1: 90% Session 2: 80% Session 3: 70% Session 4: 70% Session 5: 70% Session 6: 65% Session 7: 65% Session 8: 80% Session 9: 90% Session 10: 70% 10 session average among 45 5th graders: 75%	75% attendance
Weekly mentoring meetings	Weekly - March to Dec. 97	-High for recreation -Low for tutoring	40 Weekly meetings with 50 5th graders for 90 minutes each: -30 minutes recreation -60 minutes tutoring	40 weekly meetings with 45 5th graders, 90 minutes each: -90 minutes recreation -10 minutes tutoring	-100% total -300% for recreation -17% for tutoring
Introductory Mentoring meeting	April 97		Provide information about successful mentoring and announce matches to 50 mentors and 50 mentees; distribute mentoring information to mentors	30 Mentors 35 mentees	60% for mentors 70% for mentees

Progress, Problems, & Lessons Learned Regarding Program Outputs

Tutors felt more comfortable doing recreation than tutoring and found the recreation to be more enjoyable. Students were much more interested in the recreation than tutoring. Holding the tutoring sessions in the gymnasium did not work well.

Mentors felt that there was too much paperwork to do in the program.

Planning Activities, Component 1

Components	Key Planning Activities	Dates Scheduled to Complete Activity	Actual Date of Completion
Component 1: 10 Helping Build Character classroom sessions	Recruit teachers	Late Jan. to Feb. 97	March 97
	Identify students	Late Jan. to Feb. 97	March 97
	Train teachers	Late Feb. 97	April 97
	Weekly class sessions	Weekly - March to Dec. 97	May 97
	Monitor progress of sessions - fidelity monitoring	Weekly - March to Dec. 97	May 97

Planning Activities, Component 2

Components	Key Planning Activities	Dates Scheduled to Complete Activity	Actual Date of Completion
Component 2: Mentoring	Recruit mentors	Late Jan. to Feb. 97	March 97
	Recruit mentees	Late Jan. to Feb. 97	March 97
	Match mentors and mentees	Late Jan. to Feb. 97	Late March 97
	Introductory Mentoring meeting: Provide information about successful mentoring; announce matches	Feb, 25, 1997	April 97
	Meeting of mentors and mentees: various community activities, tutoring	Weekly - March to Dec. 97	Weekly - April to Dec. 97
	Monitor progress of matches - mentor survey	Weekly - March to Dec. 97	Weekly - March 97to Jan. 98
	Monthly meetings of whole group	Monthly - March to Dec. 97	Monthly - April 97 to Jan. 98

Progress, Problems, & Lessons Learned (i.e., Barriers to Implementation)

Some difficulty finding all 50 student participants.

Got off to a late start, as it took longer than expected to obtain all the program materials and conduct training.

Target Groups

Target Group(s)	Anticipated Number	Actual Number	Recruitment (Carried Out As Planned?)
5th graders from "Your Town" Elementary (3 classes)	50	45	90%: Students in all three social studies classes were asked to participate. Letters were sent home to the parents, and teachers also discussed the program at teacher-parent conferences

Progress, Problems, & Lessons Learned Regarding the Target Group and Its Recruitment

Parents of 5 students did not want their children to participate in the program and would not consent. Reasons included feeling that it was not the school's place to teach "character," did not want time taken away from social study content. These students were assigned to a study hall that focused on social studies reading and homework.

Collaboration Partners

Anticipated Partner	Actual Partner	Anticipated Role	Actual Role
"Your Town" Elementary	"Your Town" Elementary	Provide space for mentor meetings Provide the classroom time and teachers	Did provide space for mentor meetings, classroom time, and teachers
Local businesses through the chamber of commerce	Local businesses through the chamber of commerce	Provide adult mentors	Did provide adult mentors

Progress, Problems, & Lessons Learned Regarding Collaboration

The school and local chamber of commerce were very committed and fulfilled their role as anticipated.

Program Integration

Existing Program	Anticipated Integration Effort	Actual Integration Effort
"Your Town" Elementary	Use class time to deliver the Helping Build Character program	Did deliver Helping Build Character program during social studies classes.

Progress, Problems, & Lessons Learned Regarding Program Integration

Teachers were somewhat irritated that some of their time to teach social studies content was reduced to make way for this program, but overall they were happy to contribute to building their student's character as a preventative intervention.

Checklist for Accountability Question ❼: Process Evaluation

Make sure you have …

- ❑ For each component, tracked actual duration
- ❑ For each component, tracked actual attendance
- ❑ Measured program characteristics
- ❑ Measured participant characteristics (e.g., age, race, sex)
- ❑ Measured participant satisfaction
- ❑ Tracked individual participation in the program
- ❑ Measured how well the implementation followed the program guidelines (i.e., fidelity)

Chapter Eight
Question #8: How Well Did the Program Work? (Outcomes)

Definition of an Outcome Evaluation

An outcome evaluation attempts to document whether or not the program caused an improvement among the participants on certain areas of interest (e.g., drug use, risk and protective factors) and by how much.

Why Is Conducting an Outcome Evaluation Important?

Measuring outcomes provides evidence that your program accomplished its goals. Evaluating the desired outcomes answers important questions such as the following:

- Did the program work? Why? Why not?
- Should we continue the program?
- What can be modified that might make the program more effective?
- What evidence proves that funders should continue to spend their money on this program?

How Do You Conduct an Outcome Evaluation?

There are several steps that need to be taken to conduct an outcome evaluation. First, *what* will be measured needs to be identified. Will it be actual rates of drug and alcohol use? Risk factors associated with drug and alcohol use? Or the adoption of a new anti-tobacco policy? (Whatever it is, when it is collected, it is often called "*data*"). Next, the *design* of the evaluation needs to be set. Deciding on an evaluation design typically establishes *who* will be measured and *when*, themselves key aspects of the evaluation. Also, the *methods* to be used in the evaluation need to be identified, accompanied by a plan to put those methods into place (often called "*data collection*").

Finally, the data needs to be *analyzed* and *interpreted*. There are many different types of measures, designs, and methods to analyze data, and they are described in some detail below. Although these steps will be described in a linear fashion, each step is related to each other. For example, certain types of measures lend themselves to certain types of designs, which are linked to certain types of methods.

What Should Be Measured?

Outcomes are *changes* that occur as a result of your program.

As stated in question ❷, common outcomes for interventions aimed at individuals (e.g., youth) include changes in knowledge, attitudes, skills, and behaviors. Risk and protective factors are examples of specific knowledge, attitudes, and skills. Also stated in question ❷ was that outcomes can be measured at higher levels such as the community (e.g., changes in policies and laws to control drinking and drug use like DUI laws).

When positive changes in knowledge, attitudes, and skills take place, they do not always lead to changes in behavior. For instance, even if students know the risks related to smoking, believe that smoking is dangerous to health, and know how to refuse offers to smoke, they STILL may become smokers. Measuring only knowledge, attitudes, or skills may lead you to a different conclusion than you would have if you also measured behaviors. Although risk and protective factors are often associated with actual substance use behaviors, and therefore can be useful to assess progress toward behavior changes among youth, measuring actual behavior is still important.

What Are the Best Types of Outcomes to Measure?

Change in outcomes can be measured from the start of a program to months and sometimes even years beyond a program's official conclusion. Changes can occur, and can be measured, at multiple levels: individual, family, subgroup (e.g., third grade students with documented conduct problems), school, and whole communities. It is preferable to aim for reaching outcomes that

- affect actual behaviors (as opposed to only knowledge),
- affect larger groups of people (whole schools versus one classroom), and

- are longer lasting (as opposed to changes that disappear after the program ends).

Often, those who conduct programs assess process or outputs (e.g., number of youth in attendance, number of classes taught) and not outcomes. They may conduct satisfaction surveys that measure how pleased participants are with *how* the program is implemented. Unfortunately, a positive process evaluation (like a satisfaction survey that indicates if participants were happy with the program) will not prove that your program is successful. Assessment of satisfaction is necessary but not sufficient to document changes in the target population as a result of your program.

What Are Some Resources to Find Outcome Measures?

Resources such as *Measurement in Prevention* (Kumpfer, Shur, Ross, Bunnell, Librett, & Millward, 1993), *Prevention Plus III* (Linney and Wandersman, 1991), and a review by Kumpfer (1999) offer good places to start finding surveys that can be useful in measuring outcomes. Also, measures across five domains (alcohol, tobacco, and other drug use; individual/peer; family; school; and community) can be downloaded from the CSAP Core Measures web site: (http://www.activeguidellc.com/cmi/index.htm). The measures are the results of CSAP bringing together researchers in the substance abuse field to provide expert review and recommendation for measures to be used by practitioners. The new CSAP Prevention Pathways web site has lists of measures broken down by age group (12 and under, adolescents, adults): http://preventionpathways.samhsa.gov/eval/tools.htm. Another tip is to use standardized needs assessment questions that are from national or state surveys. This way, you will have data that can be compared with the norms across a state or the whole United States. See Appendix 1D for links to state and national surveys. Finally, a place to find measures for specific programs (especially best practice programs) is from the program developers themselves. Contact them and ask them to send you copies of the instruments they themselves used to evaluate their programs. Be sure to ask for scoring information (i.e., which items should be combined, items that should be reverse coded, how much change on the instrument is expected). Also, if you have purchased a program curriculum, it is likely that evaluation instruments that the developer recommends will also included be in the cost. Make sure to specifically ask for them.

When Deciding on Outcomes, You Should …

- *Create realistic outcomes*. Focus on what the program can realistically accomplish. You should not assess youth tobacco use in the whole state if you are implementing a new anti-smoking campaign in just one school district.
- *Make your outcomes specific*. You will need to translate the general topic of what your program targets (e.g., perception of risk of harm of smoking) into something that is specific and calculable, called measures (e.g., scores on questions designed to measure perception of risk in the Monitoring the Future Survey). Called indicators by some, measures are related to the specific characteristics of your desired outcome (see Appendix 1E for a list of indicators).
- *Have at least one measure for each outcome*. Although you must have at least one measure for each outcome, it is actually better to have *more than one* measure since not all outcomes can be adequately expressed just one way. For example, one important way to test marijuana use is by a self-report survey, but self-report data can be biased; so measuring the number of new cases receiving marijuana treatment in the target area can provide additional information about the program's effect. *Each type of measurement or data source can result in a somewhat different conclusion*. When different data sources (e.g., statistics collected by the public health department, program surveys, and literature reviews) all agree, then you can have more confidence in the conclusions. Once you choose how you will measure your desired outcomes, deciding on a program design and creating your data collection methods will be much easier. It is also helpful to look at the evidence-based literature and see how others have assessed programs like yours.
- *Use the shortest measure possible*. Find an established measure with the least number of items. Shorter measures will reduce the time needed to complete the measure and to enter the data into a computer.
- *Pilot test*. Find a handful of members from your target population and administer the measure to them as a trial run. Get their reactions. Did they understand the questions the way you had intended? Then make changes based on their critiques.

- *Formatting*. Combine all the questions into one survey and number them continuously. Start the survey with demographic questions (age, sex, race/ethnicity, grade) so that you better understand your target population. This also allows you to analyze the results by subgroup (e.g., boys vs. girls) to answer the question, "For whom was the program most effective?"

Select an Evaluation Design to Fit Your Program and Evaluation Questions

When conducting a program, what your evaluation question is will determine your design. For example, if you want to assess change in the target population and then determine to what extent your program actually caused that change (there can be many other factors impacting your issue that may not be related to your program), then a *Pre-Post with Control Group* (explained below) will be the appropriate design. If you want to just assess change in the target population or see if your target group met criteria for your program, then a *Pre-Post* (explained below) may be all that is needed. The "strength" of your evaluation design will impact your confidence that the program caused the change (cause and effect relationship).

A pre-post with control group → Is stronger than → A pre-post with comparison group → Is stronger than → A pre-post → Is stronger than → A post only

Since selecting an evaluation design can be difficult. You may want to consult with a local expert who has knowledge of evaluation designs.

Post Only. Using this design, staff only measure outcomes after they deliver their program to the target group. This design is the least useful because you are not able to compare your results after the program to a measurement taken before the program (called a "baseline" measurement). Therefore, it is difficult to measure change. This design only allows you to compare your results to previously collected data from another source (e.g., national trend data). Your outcome data may not be a perfect match with data from other sources (e.g., different measures, different groups of people), and therefore the comparison will be less relevant. For example, if you measure how harmful youth believe marijuana is after your program, comparing that to national data would be less useful than if you had collected the same data prior to the program. You can use this design when it is more important to ensure

that participants reach a certain threshold (e.g., 75%) than it is to know how much they changed.

O = program implementation.
X = measuring the participants.

Pre-Post. This design enables you to measure change by comparing your baseline measurement (remember, a baseline is a measurement taken before the program) to the measurement taken after the program. The measurement that is done twice (before and after) must be the same exact measurement, done in the same way in order to be comparable. Also, you need to make sure to allow enough time for your program to demonstrate outcomes. Although this design is an improvement over the Post Only, you still cannot have complete confidence that it was your program that was responsible for the changes in the outcomes. There may be many other reasons why a target group changes that has nothing to do with your program, such as changes in local enforcement policies or laws, new programs, or media campaigns.

Retrospective Pre-Post. This is a special case of the Pre-Post design in which participants at the end of a program rate themselves now and then, remembering back to what they were like before the program started and making a rating based on that memory. This design has certain advantages:

- Only administering the measure once reduces burden to the participant and cost to the evaluation.
- It may result in more honest answers as the participants have presumably come to trust in the program staff and have a better understanding of the concepts.
- There is no need for names or codes to track participants over time, which better ensures confidentiality.

In contrast, this design has all the drawbacks of the standard Pre-Post plus a new one: It may be difficult for participants to accurately remember how they were before the program started.

Measure Target Group Before	Implement Program to Target Group	Measure Target Group After
X	O	X

O = program implementation.
X = measuring the participants.

Pre-Post with a Comparison Group. The way to have more confidence that your program was responsible for the changes in outcomes is to also assess a group similar to your target group that did NOT receive the program (called a comparison group). In this design, you assess both groups before, deliver the program to one group (called the intervention or program group), and then measure both groups after. The challenge is to find a group that is similar to your program group on demographics (i.e., gender, race/ethnicity, socioeconomic status, education, etc.) and on the situation that makes them appropriate for the program (e.g., both groups are adolescent girls at risk for dropping out of high school). The more alike the two groups are, the more confidence you can have that the program was responsible for the changes in outcome. Typical examples of a comparison group are classrooms in a school where one class receives a program and is compared with another class that does not receive the program, or receives another existing program, or receives an intervention that involves much less contact.

Although having a comparison group answers the question about which group had a bigger change, it does not completely answer the questions about whether your program *caused* that change. There still could be other reasons, such as the two groups were different in some way (different ages, races, levels of risk) that affected the outcomes.

Measure Program Group Before	Implement Program to Program Group	Measure Program Group After
X	O	X
Measure Comparison Group Before		Measure Comparison Group After
X		X

O = program implementation.
X = measuring the participants.

Pre-Post with Control Group. In this design, you *randomly assign* people to either a control group or a program group from the same overall target population. Random assignment means that each person had an equal chance of winding up in either group (i.e., flip a coin to assign each participant to a group). Sometimes you can randomly assign larger groups like whole schools if you are working with a large enough number. A control group is the same as a comparison group (a group of people who are like the program group but do NOT receive the program) but is the result of random assignment. This is the best-known way to ensure that both groups are equal; therefore, this design gives you the most confidence to claim that your program caused the changes that were found.

Randomly assign (e.g., flip a coin) people from the same target population to →	PROGRAM Group	Measure Program Group Before	Implement Program to Program Group	Measure Program Group After
		X----------O----------X		
OR →				
	CONTROL Group	Measure Control Group Before		Measure Control Group After
		X----------X		

O = program implementation.
X = measuring the participants.

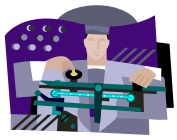
How to Choose a Design? Although the Pre-Post Design with Control Group gives you the most confidence that your program was responsible for the changes in outcomes, it is also the most difficult to implement, costs the most, and raises ethical issues about giving some people a program while withholding it from others at random. Therefore, you have to balance costs, level of expertise to which you have access, and ethical considerations against how much confidence the design will give you. Use the table below to weigh the pros and cons of the four different designs.

Comparisons of the Common Evaluation Designs

Methods	Pros	Cons	Costs	Expertise Needed to Gather and Use
Post Only	Easy to do, provides some information	Cannot measure change	Inexpensive	Low
Pre-Post	An easy way to measure change	Only moderate confidence that your program caused the change	Moderate	Moderate
Retrospective Pre-Post	Easier than the standard Pre-Post	Only moderate confidence that your program caused the change AND it may be hard for participants to recall how they were at the start	Inexpensive	Low
Pre-Post with Comparison Group	Provides good level of confidence that your program caused the change	Can be hard to find group that is similar to program group	High; doubles the cost of the evaluation	Moderate to high
Pre-Post with Control Group	Provides excellent level of confidence that your program caused the change	Hard to find group willing to be randomly assigned; ethical issues of withholding beneficial program from control participants	High; doubles the cost of the evaluation	High

OUR RECOMMENDATION	**Strive to do the Pre-Post with Comparison Group. If that is not possible, than at least do a Pre-Post.**

Choosing Methods for Measurement (Surveys, Focus Groups, Etc.)



Once you choose your design, you will need to decide upon how to collect the data. The table below highlights the strengths and weaknesses of various data collection methods. These include both quantitative and qualitative methods.

- *Quantitative methods answer who, what, where, and how much.* Emphasizing numbers, they target larger groups of people and are more structured and standardized (this means the same exact procedure is used with each person) than qualitative methods.
- *Qualitative methods answer why and how and usually involve talking to or observing people.* Emphasizing words instead of numbers, qualitative methods present the challenge of organizing the thoughts and beliefs of those who participate into themes. Qualitative evaluations usually target fewer people than quantitative methods.

Data Collection Methods at a Glance

Methods	Pros	Cons	Costs	Time to Complete	Response Rate	Expertise Needed
Interviews - face to face and open ended	Gather in-depth, detailed info.; info. can be used to generate survey questions	Takes much time and expertise to conduct and analyze; potential interview bias possible	Inexpensive if done in house; can be expensive to hire interviewers and/or transcribers	About 45 min. per interview; analysis can be lengthy depending on method	People usually agree if it fits into their schedule	Requires good interview/ conversation skills; formal analysis methods are difficult to learn
Open-ended questions on a written survey	Can add more in-depth, detailed info. to a structured survey	People often do not answer them; may be difficult to interpret meaning of written statements	Inexpensive	Only adds a few more minutes to a written survey; quick analysis time	Moderate to low	Easy to content analyze
Participant observation	Can provide detailed info. and an "insider" view	Observer can be biased; can be a lengthy process	Inexpensive	Time consuming	Participants may not want to be observed	Requires skills to analyze the data
Archival research	Can provide detailed information about a program	May be difficult to organize data	Inexpensive	Time consuming	Participants may not want certain documents reviewed	Requires skills to analyze the data
Focus groups	Can quickly get info. about needs, community attitudes and norms; info. can be used to generate survey questions	Can be difficult to run (need a good facilitator) and analyze; may be hard to gather 6 to 8 people together	Inexpensive if done in house; can be expensive to hire facilitator	Groups themselves last about 1.5 hours	People usually agree if it fits into their schedule	Requires good interview/ conversation skills; technical aspects can be learned easily
Observation	Can see a program in operation	Requires much training; can influence participants	Inexpensive; only requires staff time	Quick, but depends on the number of observations	Not an issue	Need some expertise to devise coding scheme

Data Collection Methods at a Glance Continued

Methods	Pros	Cons	Costs	Time to Complete	Response rate	Expertise needed
Self-administered surveys	Anonymous; inexpensive; easy to analyze; standardized, so easy to compare with other data	Results are easily biased; misses info.; drop out is a problem for analysis	Moderate	Moderate, but depends on system (mail, distribute at school)	Moderate, but depends on system (mail has the lowest)	Little expertise needed to give out surveys; some expertise needed to analyze and interpret the data
Telephone surveys	Same as paper and pencil but allow you target a wider area and clarify responses	Same as paper and pencil but miss people without phones (those w/low incomes)	More than self-administered	Moderate to high	More than self-administered	Need some expertise to implement a survey and to analyze the data
Face-to-face structured surveys	Same as paper and pencil, but you can clarify responses	Same as paper and pencil but requires more time and staff time	More than telephone and self-administered surveys	Moderate to high	More than self-administered survey (same as telephone survey)	Need some expertise to implement a survey and to analyze and interpret the data
Archival trend data	Quick; inexpensive; a lot of data available	Comparisons can be difficult; may not show change over time	Inexpensive	Quick	Usually very good but depend on the study that collected them	No expertise needed to gather archival data, some expertise needed to analyze and interpret the data
Record review	Objective; quick; does not require program staff or participants; preexisting	Can be difficult to interpret, often is incomplete	Inexpensive	Time consuming	Not an issue	Little expertise needed; coding scheme may need to be developed

Surveys. Surveys are a collection of questions that are asked to each respondent (those who are completing the survey) in the same exact manner, and each one of those questions usually has a fixed set of possible responses from which to chose. Surveys can be administered by mail, face to face, or over the telephone, but they all share these same properties. The benefit of surveys is that since respondents all face the same questions, their answers can be easily compared.

It is always better to use existing measures whenever possible, because those measures have many of the kinks worked out already. If you are conducting a program from the evidence-based or best practice literature, it is possible to use measures that have already been created for the program (even if you are modifying it). When contacting program developers for measures, be sure to specify your intentions for their use, because developers often have many different measures for different research purposes. Also, make to sure to ask for the scoring information. If there are no measures that come with the program, your best practice research may

lead you to other relevant measures that have been used by similar programs addressing the content of your program. Finally, if there is no survey available, you may want to create one yourself.

Although there are volumes written about how to design and administer surveys. The American Statistical Association has several brochures about survey research on its web site, http://www.amstat.org/sections/srms/whatsurvey.html, including the following:

- How to plan a survey.
- How to collect survey data.
- Designing a questionnaire (another name for a survey).
- Telephone surveys.
- Mail surveys.
- Pre-testing surveys (administering the survey to a few people to work out the bugs).

Archival Trend Data. Archival data already exist. There are national, regional, state, and local sources (i.e., health departments, law enforcement agencies, the Centers for Disease Control). These data are usually inexpensive and may be fairly easy to obtain. Several examples include rates of DUI arrests, unemployment rates, and juvenile drug arrest rates. Many sources can be accessed using the Internet. However, you may have little choice in the data format since someone else probably collected the data for another purpose. *It will probably require most quality programs several years to change archival trend data indicators* (if it is even feasible) since archival trend data usually cover larger groups (schools, communities, states).

Observations. Observations involve watching others (sometimes without their knowledge) and systematically recording the frequency of their behaviors according to preset definitions (e.g., number of times 7th graders in one school expressed anti-smoking sentiments during lunch and recess). This method requires a great deal of training for observers to be sure each behavior is recorded in the same way and to prevent their own feelings from influencing the results.

Record Review. A record review uses existing records from different groups or agencies (e.g., arrest reports, medical

records) as a data source. Record reviews usually involve counting the frequency of different behaviors. One program counted the number of times adolescents who had been arrested for underage drinking stated they obtained the alcohol by using false identification.

Focus Groups. For more information on focus groups, see the description in question ❼.

Unstructured Interviews. Similar to a focus group, but with just one person, an unstructured interview is designed to obtain very rich and detailed information via an interviewer who uses a set of open-ended questions. The interviewer guides the participant through the questions but allows the interview conversation to flow naturally, encouraging the participant to answer in his or her own words. The interviewer will often ask follow-up questions to clarify responses and to get more information. It takes a great deal of skill to conduct an unstructured interview and analyze the data. It is important to define criteria that determine who will be interviewed if you decide to use unstructured interviews.

Open-Ended Questions on a Self-Administered Survey. Usually at the end of a self-administered survey, open-ended questions ask those being surveyed to write their responses in sentences or phrases. Content of these data can be analyzed similarly to focus group data (i.e., look for themes).

Participant Observation. This method involves joining in the process that is being observed to provide more of an "insider's" perspective. Participant-observers then record the processes that occur as well as their own personal reactions to the process. This method produces detailed information, but it takes time (i.e., to gain trust, to gather enough data) and can be biased by the observer's personal feelings. The information is analyzed like focus group data (i.e., look for themes).

Determine Whom You Will Assess

Usually, selecting your design and measures also involves deciding *whom* you will assess. If you are conducting a prevention program with fifty 8th graders and have a comparison group of fifty similar 8th graders who do not receive the program, then it is clear you will assess one hundred students—everyone in each group. If your program is a community-wide media campaign, you can't assess everyone in

the community. You will need to measure what is called a *sample* of the overall population.

The larger and more representative the sample is of the overall population, the more confidence you can have about stating that the results of your sample apply to the overall population. For example, a representative sample of 4th graders exposed to a community-wide anti-drug media campaign might include

- some 4th graders from each elementary school,
- equal numbers of boys and girls, and
- might reflect the community ethnic/racial makeup of the community. If the community is 50% White, 35% African American, and 15% Hispanic, then you should strive to sample a group with the same proportions.

Determine When You Will Conduct the Assessment

The timing of your measurements is important and will result from your evaluation design. If your design is a Pre-Post, then you will need to conduct your measurement *before* your program group participants receive the program and then after they complete the program. Your measurement of change right after the end of the program is an intermediate outcome and will show if the program did what it claimed it would do. Sometimes, if you have enough resources and you can contact the participants after the program is completed, you can measure them a third time, perhaps six months after the end of the program. This is because measuring change only in the short term may not accurately reflect the success or failure of the program. For example, positive program effects that show up immediately after the end of the program may fade over time). When deciding how to allocate resources to your outcome evaluation, you may have no choice but to assess the effect of your program only on the intermediate outcomes (risk factors and problems behaviors). Typically, archival data (e.g., community or statewide surveys of large numbers of people) are used to track risk factors and behaviors over long periods of time (e.g., every six months or every year). However, it may be unrealistic to believe that one program will affect these long-term risk factors and behaviors.

Gather the Data

You first need to decide who will collect the data regardless of the method used. Whom you choose may affect the results.

Will the participants feel comfortable with the person you choose? Will they provide honest information or will they try to look good? Can the person gathering the data be as objective as the task requires? Important issues arise in data collection regardless of the method used. Some of these are described below.

Informed Consent and Assent

Potential respondents in your evaluation must be given the opportunity to give their consent to their participation. Many times this is accomplished through written consent. The participant (or their legal guardian if they are under 18) signs a consent form agreeing to take part in the evaluation (called obtaining "active consent"). If a youth under 18 has a guardian sign for him or her, it is also customary to have the youth sign an "assent" form. Although not binding, it does signal the youth is knowingly participating. In many places, like California, it is required to obtain active consent. However, in many other places, it is often sufficient to obtain "passive consent." Passive consent involves giving the potential participant the opportunity to refuse to participate verbally, without using a consent form. *In either case, the potential participants must be informed about the purpose of the evaluation, told that their answers will be kept confidential (and possibly anonymous), and that they can decline to participate at any time with no negative consequences.*

Confidentiality

You must guarantee that the responses of the participants will not be shared with anyone but the evaluation team unless the information shows imminent intent to harm themselves or others (a legal statute that varies by state). Confidentiality is honored to ensure more accurate information and to protect the privacy of the participants. Common safeguards include locking the data in a secure place and limiting the access to a select group, using code numbers in computer files, and never connecting data from one person to his or her name in any written report (only report grouped data such as frequencies or averages).

Anonymity

Whenever possible, data should be collected so each participant can remain anonymous. Again, this will ensure more

accurate information while protecting the privacy of the participants. However, if you are measuring participants' change over time (e.g., Pre-Post, Pre-Post with Comparison, Pre-Post with Control), you may need to match the responses of a specific individual's "pre" score with the same person's "post" score (some statistical analyses require matching). Therefore, you will not be able to guarantee the participants' anonymity because you will need to know who completed each measurement in order to match them.

Analyze the Data

Just as there are quantitative and qualitative data collection methods, there are also quantitative and qualitative data analysis methods. When using quantitative data collection methods like surveys, it is common to use quantitative data analysis methods like comparing averages and frequencies. When using qualitative methods like focus groups, it is common to use qualitative data analysis methods like content analysis. See the following table for designs discussed here, various data collection methods, and the corresponding types of analyses that can be used. In many cases, it will be worthwhile to consult an expert in data analyses procedures in order to ensure that the appropriate techniques are used. Methods for calculating and interpreting averages (i.e., means) and frequencies are included in Appendix 8A.

Linking Design, Collection, and Analysis at a Glance

Design	Data Collection Method	Data Analysis Method	# of Groups
Post Only	Surveys/archival trend data/observation/record review	Compare Averages. Compare average score on your measure to archival data or a criterion from literature/previous experience—"eyeballing" Frequencies. Eyeball different categories of knowledge/skills/behavior at ONE point in time	ONE (the group receiving the program)
	Focus groups/open-ended questions/interviews/participant observation/archival research	Content Analysis. Look for themes in the experience of participants	
Pre-Post	Surveys/archival trend data/observation/record review	Compare Averages. Compare change over time by looking at the % change from Pre to Post scores or change in an average score on a measure from Pre to Post Frequencies. Eyeball different categories of knowledge/skills/behavior at TWO points in time	ONE (the group receiving the program)
	Focus groups/open-ended questions/interviews/participant observation/archival research	Content Analysis. Look for change in themes over time	
Pre-Post with Comparison Group OR Pre-Post with Control Group (random assignment)	Surveys/archival trend data/observation/record review	Compare Means. Compare the comparison group's % change on a measure from Pre to Post with the program group's % change from Pre to Post OR compare both groups' average change scores from Pre to Post Frequencies. Eyeball different categories of knowledge/skills/behavior of the two groups at two different times	TWO GROUPS (the group receiving the program and a similar group NOT receiving the program)
	Focus Groups / open-ended questions/ Interviews/Participant-Observation/Archival research	Content Analysis. Look for change in themes over time and the difference between groups	

Interpreting the Data

In order to reach outcomes, programs need to be both implemented well (assessed by question ❼) and be based on good theory (assessed by question ❽). In other words, Good Theory + Good Implementation = Results. A poorly designed program, even

if implemented perfectly, will not produce outcomes. For example, even if a "dangers of alcohol" pamphlet is distributed to every high school student in a community (good implementation), it is unlikely that this program alone will produce changes in alcohol use among these students. How do we know this? The evidence-based and best practice literature has shown that "one-shot" education about the dangers of alcohol alone does not produce behavior changes.

Whatever the results, you need information from both questions ❼ and ❽ to guide your efforts in making improvements in your programs. For example, if a program is well implemented but does not produce positive results, you could conclude that the design or theory of the program was flawed and needs to be improved. You can conclude this only with information from both questions ❼ and ❽.

Benchmarks

Achieving desired outcomes tells you that your program was a success. Establishing thresholds in your desired outcomes (i.e., 70% of eighth graders will not have tried alcohol) may seem arbitrary; however, there are several methods to use in setting meaningful benchmarks. First, if you are using an evidence-based program, you can set objectives based on what the program has achieved previously in other communities. Second, you can use your own experience with a target group to set realistic desired outcomes. Third, you can use national or statewide archival data to give you a criterion toward which to aim (e.g., do you want to surpass the national drunk-driving rate in your community?).

Weigh Results Against the Cost of the Program

When possible, it is useful to create ratios of change (i.e., percentage change) to the amount spent on the program. Costs include not only all the "direct" funds required to plan, staff, implement, and evaluate the program, but also include rent and other costs associated with overhead ("indirect costs"). Appendix 6B from question ❻ describes a procedure for estimating the total costs per participant for prevention programs. Therefore, if you calculate the cost of delivering the program to a participant and you calculate the average improvement per participant, then you can state for every $__ invested, you were able to achieve __ improvement (e.g., change in the mean score).

The costs saved by positive results of the program (e.g., health costs associated with a 16-year-old NOT using drugs or alcohol) can be difficult to estimate but are important to include. If positive, this information can be used to generate positive public relations and media attention, justify continued funding, and secure new funding. In addition, this information can be used to help choose or design the most cost-effective program possible. For example, for every $1 invested, the Strengthening Families program has been found to save about $10, and the Preparing for the Drug Free Years program saves about $6 as a result of preventing alcohol use disorders (Spoth, Guyll, & Day, 2002).

Outcome Evaluation Tool

Very often it can be useful to organize different types of information about a program all in one place. The outcome evaluation tool is designed to organize, in one place, the following information:

- Summary of the needs assessment findings: Briefly summarize the needs of the community, including relevant risk and protective factors.
- The target group (including numbers): Briefly state who they are and how many.
- Objectives (e.g., desired outcomes): Get this information from question ❷.
- Measures used: State what measure you chose to use from this question.
- Design chosen: State which design you employed from this question.
- Number of people who were measured in the evaluation (often called a "sample size"): State how many completed the evaluation.
- Data analysis method: Explain how you analyzed the data.
- Pre and Post scores and their difference: Calculate the Post score minus the Pre score for each participant to obtain the "difference" score between the two. Then take an average of all those "difference" scores. If you are using

qualitative data, use the "difference/theme" column for describing the themes.

- Interpretation of the results: Explain what you think all of the data means when considered together.

Using the outcome evaluation tool in this way can also prepare you to write a summary report for your constituencies and funders.

WINNERS Example: Outcome Evaluation

The GTO team members selected a design that would best allow them to measure changes on the specific outcomes targeted. The team determined that the most appropriate design would be the Pre-Post with a Comparison Group, since the children receiving services had **not** been randomly selected, but chosen because of their high-risk status. The comparison group consisted of the same number of children in a nearby school who were similar in terms of socioeconomic status, grade level, and gender. The GTO team helped the coalition choose the Teacher-Child Rating Scale as the primary outcome measure because it had been used before successfully with similar programs. Grades were collected, and other survey items were developed according to unique attributes of the program and desired outcomes. The results of the evaluation indicated improvement in the program group's classroom behavior (i.e., disciplinary referrals) compared with children in the comparison school, who did not have the program. The program group also demonstrated significantly improved character scores compared to the comparison group. Not all desired outcomes were obtained; no changes in grade point average were evident between the two groups. Both groups demonstrated the same level of improvement in grade point averages from pre to post, suggesting that this change was NOT due to the program, but to some other unmeasured factor. Portions of the outcome evaluation tool are reprinted below.

Winners Outcome Evaluation Tool

Needs/Resources (Include Risk and Protective Factors):

- Decline in grades in 6th and 7th graders (poor grades, low bonding to school).
- Increase in disciplinary referrals (rebelliousness/delinquent behavior).

- Decreased parental monitoring (lack of communication and monitoring).

Target group (include numbers):

Fifty 5th graders from "Your Town" Elementary social studies classes.

Goal(s):

- To improve school performance in targeted youth.
- To improve "character" and reduce disciplinary problems.

Objectives (e.g., Desired Outcomes)	Measures	Design	Sample Size
Improve 50 5th graders' GPA by 10% after 1 year	Your Town Elementary School report cards	Pre-Post with Comparison Group	45 WINNERS 45 comparison
Decrease disciplinary referrals by 25% after 1 year in 50 5th graders	Your Town Elementary School records	Pre-Post with Comparison Group	45 WINNERS 45 comparison
Improve "character" of 50 5th graders by 25% after 1 year, measured by a survey	Teacher-Child Rating Scale with additional items developed according to unique attributes of the program and desired outcomes	Pre-Post with Comparison Group	45 WINNERS 45 comparison

Data Analysis Methods	Mean Pre Scores	Mean Post Scores	Mean Difference	Interpretation
Compare mean GPA scores between groups and over time	WINNERS = 2.5 Comparison =2.7	WINNERS = 3.0 Comparison = 3.2	+0.5 (20%) +0.5 (19%)	Both groups improved over time, but the same amount
Compare mean number of referrals between groups and over time	WINNERS = 25 Comparison =27	WINNERS = 5 Comparison = 29	-20 (80%) +2 (7%)	The WINNERS group improved, the comparison group worsened slightly
Compare mean character scores between groups and over time	WINNERS = 150 Comparison =150	WINNERS = 220 Comparison = 160	+70 (46%) +10 (7%)	Both groups improved over time, but the WINNERS group improved much more

Checklist for Accountability Question ❽: Outcome Evaluation

Make sure you have …

- ❑ Decided what you want to assess
- ❑ Selected an evaluation design to fit your program
- ❑ Chosen methods for measurement
- ❑ Decided who you will assess
- ❑ Determined when you will conduct the assessment
- ❑ Gathered the data
- ❑ Analyzed the data
- ❑ Interpreted the data

Chapter Nine
Question #9: How Will Continuous Quality Improvement Strategies Be Incorporated?
(CQI)

Definition of the CQI

Continuous quality improvement (CQI) involves the systematic assessment and feedback of evaluation information about planning, implementation, and outcomes to improve programs.

Why Is Using Continuous Quality Improvement Strategies Important?

Many programs are repeated over time. Given that few, if any, programs achieve perfect outcomes during the initial implementation, what can be done to improve the program's effectiveness in the future? There is a great opportunity to learn from previous implementation efforts when processes and outcomes of a program are well documented. Continuous quality improvement has gained great popularity in industry and is gaining wide acceptance in health and human service programs. Evaluation conducted in this manner should not be viewed only as documentation but also as a feedback mechanism that can guide future planning and implementation. In addition, the following illustrates the importance of CQI:

- Documenting program components that worked well helps ensure that future implementation will also be successful.
- Assessing what program components did not work well *overall* identifies needs for improvement.
- Assessing what program components did not work well for specific types of people (e.g., white males) identifies needs for specific improvements.
- Program personnel who are open to learning from their evaluation—by obtaining and using feedback—will

continuously implement increasingly more effective programs.

- The practical use of evaluation findings for program improvement increases interest in investing in evaluation.

How Do You Implement a CQI Strategy?

If you have completed a program (e.g., a mentoring program) this year and plan to do it again OR you continuously implement a program over time, how can you do it better? Implementing a CQI strategy in GTO-04 is straightforward: By asking and answering questions ❶–❽ **again**, you can potentially improve your program because you will be examining changes in these variables. For example, are there new needs (question ❶), are your goals different this time (question ❷), and is there a better evidence-based program (question ❸) available?

Examine Changes in the Program Context

In GTO-04, you can ask and answer questions ❶–❺ again to assess the "context" of the program. For example, have there been changes in the community's needs and resources? Perhaps the program was successful enough that a different problem or need is more pressing. If there are different needs to address, then the goals or desired outcomes must be updated, new programs will need to be found, etc. It is also possible that even if the needs of the community do not change, your organization may still want to update its goals and objectives. For example, if your program resulted in a 50% reduction in the 30-day use of marijuana, maybe next time you could aim for 60%.

If there are changes to questions ❶ or ❷, then the program or strategy used (question ❸) may need to be modified or changed altogether. Modifying a program could involve adding a new component to make the overall program more consistent with effective prevention principles (see question ❻ for a list of principles). For example, involving parents in a program that before only targeted youth could make the program more effective. Research on new evidence-based programs is being conducted all the time. Therefore, there may be better

programs and strategies available for the specific issue your organization is tackling.

You also must consider whether your program continues to "fit" with the mission of your agency and community. Does your organization and community still support the program? It is possible that your program needs to be modified if the priorities of your host organization or community have changed. Finally, you must continue to evaluate whether you have sufficient capacities to implement the program in a high-quality manner.

Use Information from the Planning, Implementation, and Evaluation Processes

Summarize the information learned by answering the accountability questions ❻–❽ again. What did your planning process and your process and outcome evaluations tell you? Do you need to make changes to improve the desired outcomes?

Did the process evaluation of implementation (question 7) show that some types of members of the target population were being reached (e.g., white females) and others (e.g., high-risk white males) were not? If yes, this may mean that additional strategies are needed to try to include the subgroup that was not reached. Did the outcome evaluation (question 8) show that the intervention worked for some types of members of the target population and not others? If yes, this may mean that different interventions might be needed for that subgroup and/or it may mean limiting participation to the types of people who benefit.

As you can see, often changes based on the responses to earlier questions, will require changes to the subsequent questions. For example, if you find that your organization must address new needs, this will require new goals and objectives, programming, fit and capacity assessments, plans, and evaluation strategies. In contrast, if the only significant result of the CQI review was that the process evaluation showed weak implementation in some areas, that may be the only aspect that will need to be addressed the next time around.

CQI Tool

Use the CQI tool in Appendix 9 to summarize the information learned by answering the accountability questions ❶–❽ again. The CQI tool also serves as this question's checklist.

WINNERS Example: CQI

The coalition members used the CQI tool to organize all the feedback from the evaluation in order make changes. Their completed CQI tool is reprinted below. The feedback included survey feedback from children, mentors, teachers, and parents. Changes included identifying additional resources, improved mechanisms for communication between mentors and teachers, increased efforts to attend to the children's perceptions of the mentoring relationship, reductions in participant paperwork, a more systematic method of identifying participants for the mentoring program, and the use of more sensitive outcome measures. In addition, it was determined that the tutoring sessions should not take place in the school gym.

WINNERS CQI Tool

Summary of Main Points Questions ❶–❽	How You Will Use This Information to Improve Program Implementation Next Time?
❶ Have the needs of the target group/resources in the community changed? No, there is still a need for the program.	No need to change the program based on this question.
❷ Have the goals/desired outcomes/target population changed? No, the goals, desired outcomes, and target population are still the same.	No need to change the program based on this question.
❸ Are new and improved evidence-based/best practice technologies available? Not at this time.	No need to change the program based on this question.
❹ Does the program continue to fit with your agency (both philosophically and logistically) and your community? Yes, the program fits with the school and community.	No need to change the program based on this question.
❺ Have the resources available to address the identified needs changed? Yes, there is less funding available from the local alcohol and drug commission.	Given the program's successes, we will apply to the school district and to private and federal sources for additional funds.
❻ How well did you plan? What suggestions do you have for improvement? There needs to be an improved plan to facilitate more tutoring between the mentors and mentees.	We will allocate additional training time to give mentors the skills and confidence they need to tutor the students.
❼ How well was the program implemented? How well did you follow the plan you created? What were the main conclusions from the process evaluation? The Helping Build Character program went very well. The mentors did well establishing their relationships but did not conduct nearly enough tutoring as was expected. Mentors had some complaints about paperwork.	Teachers will give the students assignments specifically designed to be worked on with mentors that involve business topics. Teachers will monitor these assignments as a way to monitor the tutoring. Program staff will have more contact with mentors to assess how the tutoring is going.
❽ How well did the program reach its outcomes? What were the main conclusions from the outcome evaluation for different types of participants? The program reached its expected character and discipline outcomes, but did not reach its academic outcomes.	Changes to the program will be made to improve academic outcomes (see responses above)

Chapter Ten
Question #10: If the Program Is Successful, How Will It Be Sustained? (Sustain)

Unfortunately, even high quality prevention programs are often not continued beyond their initial funding. This question can help you sustain your program or strategy.

Definition of Sustainability

Sustainability is the continuation of a program after the initial funding has ended. Programs are more likely to survive if they adapt themselves to fit the needs of the environment and the needs of their host organizations, which is consistent with the GTO-04 process.

Much of the literature on sustainability has been based on what happens after the initial external (or internal) funding of a program ends. If a program was begun with external funding, what happens after the funding is over? Does the program end when the funding ends? There are three general approaches:

1. Obtain new external funding to continue the program (e.g., obtain new grant funding).
2. Encourage the host organization or community to put its own resources into continuing the program (e.g., a foundation-funded, school-based mentoring program gets "picked up" by the school district).
3. Convince state, county, or city agencies to include the program in "on-going" public funding (e.g., block grants, state agency funding streams).

Not all programs should be sustained. Situations, personnel, and needs may change. Perhaps a more effective or more suitable program is available, the program was not effective, or the original need no longer exists. In other words, the program should warrant being sustained. The GTO-04 process should help you determine whether the program is worth sustaining.

Why Is Sustainability Important?

- Ending a program that obtains positive results is counterproductive when the problem that a program was created to address still exists or reoccurs.
- Creating a program requires significant start-up costs. Sometimes programs see their funds end or withdrawn before the program is fully implemented and has had enough time for the outcomes to be demonstrated, thus wasting many resources.
- If the programs are successful but not able to be sustained, there can be much resistance from the local community or host organization to starting another program at a future date (Shediac-Rizkallah & Bone, 1998).

How Do You Sustain Good Prevention Programs?

Surprisingly, there is relatively little research on "how-to" approaches for sustaining programs. We propose that whether you are thinking of obtaining additional resources from external sources (e.g., foundations, governmental sources) or from internal sources (host organizations providing additional resources), the following would be useful (Akerland, 2000; Shediac-Rizkallah and Bone, 1998):

To begin, determine if the program should be sustained. Your organization should answer the following:

- Does the program continue to address needs in the community?
- Has the program been shown to be effective (or the potential to be effective with realistic improvements)?

If the answer to either of these questions is no, then it may be better to find a different program than sustain the current one.

Once it is determined that the program is worth sustaining, the following guidelines should be helpful.

Program Effectiveness

While all programs that are effective are not necessarily sustained, programs should be effective to be worth sustaining. High visibility of the program (through publicizing the activities and early evaluation results of the

program) and a reputation for effectiveness have been related to sustainability.

Program Sustainability Plan

Develop a plan with a specific funding development committee in the first year and begin approaching potential sources prior to the program ending. Cultivate potential funders and invite them to program events.

Program Champions

Program sustainability is politically oriented and can depend on generating goodwill for the continuation of the program. Goodwill often depends on obtaining an influential program advocate or champion. The champion can be internal to the organization (high ranking member of the organization) or external to the organization (e.g., superintendent of schools, city council member).

Program Negotiation Process

Many programs are driven by categorical funding (where the funder dictates the priorities and sometimes what program should be used). Then when the community or host organization is asked to sustain the program, one finds that they have not really bought in to the program. A project negotiation process, which works to develop community collaboration in the project, will increase community buy-in.

Program Financing

Programs that rely totally on external funds are vulnerable. The following are recommendations for improving the probability of program financing: 1) careful planning from the beginning of the project by funders and grantees for eventual cutbacks in funding; 2) cultivation of additional resources while the program is ongoing, e.g., from in-kind costs or fees for services; 3) adoption of an entrepreneurial spirit in seeking additional support (question ❺ has additional information about fundraising).

Training

Programs that train people with secure jobs in the organization are more likely to have lasting effects. Those trained can continue to provide programming, train others, and form a constituency to support the program. In other words, if

the only people who operate the program are those fully funded by the program, when the funding ends there will be no one left to carry on any of its useful components.

Institutional Strength

The strength of the institution implementing the program is related to sustainability. Institutional strength includes goals of the institution that are consistent with program goals, strong leadership, and high skill levels. This suggests that where possible, programs should have strong institutions involved in their implementation (question ❺ has additional information about improving capacity of organizations).

Integration with Existing Programs/Services

Programs that are "stand-alone" or self-contained are less likely to be sustained than programs that are well integrated within the host organization(s). In other words, if a program is not integrated with other programs and services, it will be easier to cut when the initial funding ends. Therefore, program personnel should work to integrate their programs rather than to isolate and guard their programs.

Fit with Host Organization or Community

If the program addresses a specific need or problem for the host organization or local community, it will be perceived much more positively when funding is reduced. A program that can demonstrate a value over what came before it (either a previous program that was not as effective or a problem that was not being addressed) will be more valued by organizations and communities (question 4 has additional information about fit).

WINNERS Example: Sustainability

The GTO team members determined that WINNERS would be more successful and more likely to be sustained if they began planning for continued implementation before the end of the program when funding was exhausted. When it became clear that the program would demonstrate positive outcomes, the persons running the program at Your Town Elementary School asked the school district to fund the program after the funds from the local alcohol commission ended. Given the positive results, the school system agreed to integrate the program into its regular budget and to continue to fund the part-time project director position. In addition,

the local manufacturing company that supplied the mentors then decided to include descriptions about the program in its new-hire orientation to ensure a steady flow of new mentors.

Checklist for Accountability Question ❿: Sustainability

Make sure you have …

- ❑ Developed a sustainability plan and a committee or subgroup to implement the plan. The plan should consider the points below.
- ❑ Started discussions early with community members about sustaining the program.
- ❑ Ensured that the community's needs are driving the program.
- ❑ Developed a consensus-building process to reach a compromise for addressing different stakeholder (community, funder, technical expert) needs.
- ❑ Ensured that the program is achieving the desired outcomes.
- ❑ Begun an assessment of the community's local resources to identify potential "homes" for the program.
- ❑ Considered options (e.g., scaled-down version of the program) to discuss with those who may sustain the program.
- ❑ Clear strategies in place for gradual financial self-sufficiency.

Checklist for Accountability Question ⓾: Sustainability (continued)

Make sure you have …

- ❑ A strong organizational base for the program.
- ❑ A program that can be integrated with other programs.
- ❑ Adapted the goals of the program to the local population needs.
- ❑ A program that is compatible with the mission and activities of the host organization.
- ❑ A respected program champion.

A program that is endorsed from the top of the organization.

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