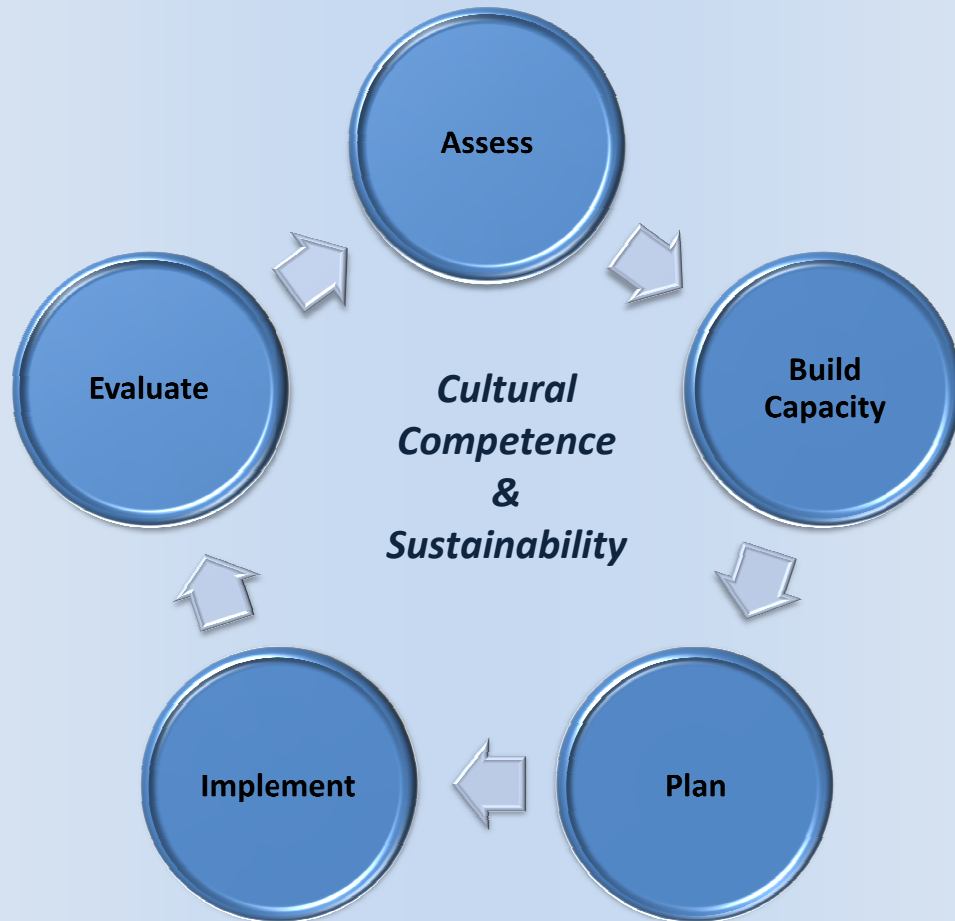


# Maine's Strategic Prevention Framework Guide to Evaluation and Planning



*November 2009*



John E. Baldacci, Governor

Brenda M. Harvey, Commissioner

*[This page intentionally left blank.]*

# Maine's Strategic Prevention Framework Guide to Evaluation and Planning

*Prepared for:*  
*Maine Department of Health and Human Services*  
*Office of Substance Abuse*  
*41 Anthony Avenue*  
*#11 State House Station*  
*Augusta, ME 04333-0011*



*Prepared by:*  
*Hornby Zeller Associates, Inc.*  
*373 Broadway*  
*South Portland, ME 04106*



*November 2009*

*[This page intentionally left blank.]*

# Contents

<b>Introduction</b>	<b>1</b>
<b>Why Evaluate?</b>	<b>3</b>
<b>The Strategic Prevention Framework (SPF)</b>	<b>5</b>
<b>Evaluation Part I: Understanding the Types of Evaluation</b>	<b>9</b>
Process Evaluation	10
Outcome Evaluation	11
<b>Evaluation Part II: Designing the Evaluation</b>	<b>13</b>
Create an Evaluation Team	13
Develop/Review a Logic Model	14
Determine Your Evaluation Question(s)	15
Identify Your Evaluation Measures	16
Consider Data Resources and Needs	19
Decide on Data Collection Methods	20
Write Down the Evaluation Plan	22
<b>Evaluation Part III: Analyzing the Information</b>	<b>25</b>
Finding Meaning Within Data	25
Analyzing Process Data	25
Analyzing Qualitative Data	26
Analyzing Quantitative Data	27
Seeing the Whole Picture	28
Implications	29
<b>Evaluation Part IV: Using Your Evaluation Results</b>	<b>31</b>
Internal Uses	31
External Uses	32
Disseminating Results	33
<b>Conclusion</b>	<b>35</b>
<b>Glossary of Terms</b>	<b>37</b>
<b>Appendices</b>	<b>40</b>

*[This page intentionally left blank.]*

## Introduction

Over the past few years, you and your coalition have been participating in the Strategic Prevention Framework State Incentive Grant (SPF SIG) and working with the Office of Substance Abuse (OSA) to implement various evidence-based strategies to prevent substance abuse in your community. As we approach the final year of SPF SIG, you may wish to *evaluate* those strategies to learn where they have worked well and to pinpoint areas where you want to make changes in the future to be more effective. The contents of this guide are a resource that has been produced for you as a SPF SIG grantee; *none of the activities are required*. While this guide is organized around the Strategic Prevention Framework principles, it can be used as a framework to evaluate any substance abuse prevention strategy.

The guide will first provide you with a brief overview of how evaluation fits in to the concept of the Strategic Prevention Framework and how evaluation can be useful to you. The guide will then take you step by step through many different types of activities that you can undertake to evaluate the prevention strategies you have been implementing. Throughout this process, the guide will help you understand what you are evaluating and why, as well as suggest data sources and provide methods to collect, compile, and analyze data.

Hornby Zeller Associates will be conducting an evaluation of the SPF SIG and its impact on *statewide* prevention efforts, as well as evaluating the implementation of the SPF SIG *statewide*. This guide is designed to help you learn more about the effectiveness of your specific initiatives. If you choose to complete the activities outlined in this guide, the end result will be an evaluation of your strategies that identifies strengths, weaknesses, and effectiveness from your perspective. This knowledge can be used to help you and your coalition make decisions about how to approach prevention in the future.

Some of the special features of this guide include:

- SPF SIG specific examples in each major section;
- A glossary of evaluation terms at the end of the document;
- A coalition-specific logic model based on your HMP Workplan; and
- Resource lists and data analysis tools.

If you have any questions at any time regarding your evaluation process, do not hesitate to contact Hornby Zeller Associates, Inc. (HZA) at (207) 773-9529 or toll-free at (866) 207-2077.

*[This page intentionally left blank.]*



## Why Evaluate?

Evaluation helps you to understand what strategies are working and what are not working in a planned and organized way. The results of evaluation may be used to refine program implementation, concretely illustrate progress toward program goals, and ultimately recruit funding for evidence-based programming. The goal of the Strategic Prevention Framework is to implement evidence-based strategies and/or programs that “fit” with your populations needs. Evaluating the strategies you have chosen to implement can help you to determine whether the strategies do, in fact, meet your community’s needs and whether they have been effective.

In addition to determining the effectiveness of your strategies on preventing substance use in your community, evaluating the Strategic Prevention Framework will provide you with information on how to proceed with prevention programming in the future. For example, did any unforeseen circumstances or needs prevent you from implementing a strategy as planned? Did any strategies require more time, money, or staff than anticipated? Did any strategies face a substantial amount of reluctance or excitement by participants? Did the plan reduce substance use? The answers to these questions are especially important given the current fiscal climate in which fewer resources may be expected to produce greater results.

Evaluation can also function as a tool in a larger effort to strengthen your prevention infrastructure. It can help lead agencies and collaborating organizations to think more deeply about the specific strengths and needs of each strategy and to engage in a dialogue about how to best address the identified issues. It can also help determine the best combination of strategies to use to reach the outcomes you desire.

The evaluation process entails several steps. The remainder of the guide describes each step in more detail and has been broken into the following sections:

- *The Strategic Prevention Framework* provides a basic overview of outcomes-based prevention and the SPF model.
- *Understanding the types of evaluation* describes process evaluation and four kinds of outcomes evaluations in order to help you decide what kind you want to use.
- *Designing the evaluation* lays out 6 steps for you to follow once you have decided you want to evaluate.
- *Analyzing the information* contains ways of looking at data, techniques for grouping non-numerical information, and questions to help keep you focused as you look at all that information.
- *Using the evaluation results* includes tips for how and when to release information, to whom, and tips for presenting information effectively.

*[This page intentionally left blank.]*

## The Strategic Prevention Framework (SPF)

The Strategic Prevention Framework (SPF) is an approach to prevention that embraces and promotes the outcomes-based prevention model and data-driven decision-making. The theory behind SPF SIG is that there are factors that “cause” or have an impact on substance use and the **consequences** related to use. Generically, these **causal factors (also known as contributing factors)** are categorized into groups called **intervening variables**, which include:

- Access and Availability – through social and retail sources (e.g., getting drugs and alcohol from friends or family or an alcohol retailer not carding properly)
- Pricing & Promotion (e.g., two-for-one specials or industry sponsorships or signage)
- Social/Community Norms (e.g., parental/community attitudes and beliefs)
- Enforcement (e.g., lack of compliance checks & policy enforcement, party patrols)<sup>1</sup>
- Policy (e.g., lack of drug free school or drug free worksite policies)

The SPF framework is intended to build state and local capacity to decrease substance use and abuse and is comprised of these five steps:

1. Conduct a community needs assessment;
2. Mobilize and/or build capacity;
3. Develop a comprehensive strategic plan;
4. Implement evidence-based prevention programs and infrastructure development activities; and
5. Monitor process and evaluate effectiveness.<sup>2</sup>

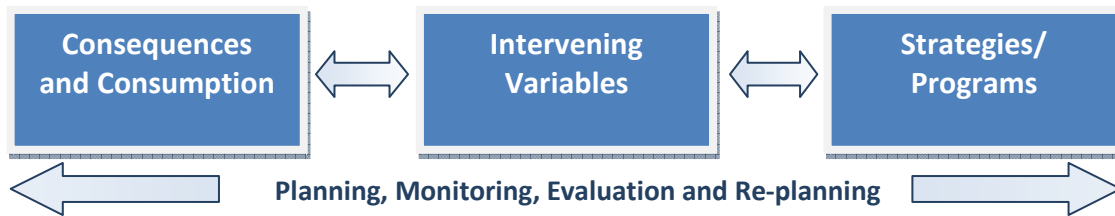
The outcomes-based prevention model asks you to look at the negative outcomes associated with substance abuse (i.e., binge drinking, OUI, violence etc.) to the factors that contribute to those outcomes (i.e., alcohol is priced low), and to select strategies that specifically address those factors. Moreover, SPF embraces the “environmental” approach to prevention; that is, that changes to the environment will prevent most individuals from engaging in risky substance use behaviors<sup>3</sup>. It is through positively impacting intervening variables through carefully selected **environmental strategies** that we achieve **population-level** changes in substance abuse consumption and consequences. The model is represented in the following diagram:

---

<sup>1</sup> "A General Causal Model to Guide Alcohol, Tobacco and Illicit Drug Prevention: Assessing the Research Evidence." Multi-State Technical Assistance Workshop. Washington, DC. March 16, 2006.

<sup>2</sup> "SAMHSA Action Plan: Strategic Prevention Framework Fiscal Years 2006 and 2007." Substance Abuse and Mental Health Services Administration. 3 Jul 2006 <[http://www.samhsa.gov/Matrix/SAP\\_prevention.aspx](http://www.samhsa.gov/Matrix/SAP_prevention.aspx)>.

<sup>3</sup> Lowther, Mike and Johanna D. Birckmayer. "Outcomes-Based Prevention." Multi-State Technical Assistance Workshop. Washington, DC. March 16, 2006.



In Maine, the Office of Substance Abuse (OSA) has been implementing steps one through four of the SPF since 2005. As a result of these efforts, OSA has achieved the following:

- conducted a statewide needs assessment, including special studies on cultural sub-populations and coalition governance;
- crafted a statewide strategic plan that identified Maine’s priority areas to be addressed by the SPF;
- funded 15 coalitions to assess and articulate local needs related to these priorities through the creation of county strategic plans; and
- funded 28 community coalitions in 2007 throughout the state to implement evidence-based strategies that address the identified needs.

As a SPF SIG funded coalition, your role in outcomes-based prevention in Maine has been to:

- understand the problem to be addressed;
- assess intervening variables for planning purposes;
- prioritize intervening variables for action;
- choose effective and relevant strategies to address the intervening variables; and
- implement those strategies.

Since 2007, HMP coalitions have been busy. During the first year, they implemented at least 465 alcohol-related prevention activities across the state as part of the SPF SIG initiative. They have disseminated parental monitoring campaign materials through an estimated 321 channels (e.g., media outlets, doctor’s offices, convenience stores) and almost 400,000 individuals have been exposed to these prevention messages. Throughout the state, more than 2,000 local merchants have been invited to participate in Responsible Beverage Service and over 1,900 staff have been trained. They have worked with close to 100 police departments to enhance the effectiveness of local enforcement policies and practices and as a result of these efforts, 30 model policies have been adopted. During that timeframe, Maine has seen nearly a *four percentage point decrease* in statewide rates of youth alcohol use in the past month.

*But what do those numbers mean for your coalition and your community?*

This guide intends to assist you with evaluating your SPF SIG work and has been tailored to the SPF SIG strategies being implemented throughout Maine. It uses examples and tools that are

specific to your work to help you determine if you are employing evidence-based environmental prevention strategies in a manner that best addresses substance use and abuse in your community. The guide also intends to provide you and your coalition with a way to take ownership of your achievements, to promote your successes and to produce materials that will help sustain your work in the future. Tips for success<sup>4</sup> and questions to consider appear throughout this guide to assist you with conducting your own evaluation.

---

<sup>4</sup> These types have been adapted from McNamara, Carter (1997-2007). *Pitfalls to Avoid, Adapted from the Field Guide to Nonprofit Program Design, Marketing and Evaluation*. Retrieved May 28, 2007, from [www.managementhelp.org/evaluatn/fnl\\_eval.htm](http://www.managementhelp.org/evaluatn/fnl_eval.htm)

*[This page intentionally left blank.]*

## Evaluation Part I: Understanding the Types of Evaluation

Evaluation findings can be used to determine whether a particular program or policy is working and to decide whether it should continue. Evaluation findings can also be used to make midcourse adjustments, as well as to inform strategic planning. And they can be used to appeal to third parties for additional funding support. To put it another way, effective program management and strategic planning includes evaluation. The primary types of Program Evaluation include Process Evaluation and Outcome Evaluation. Each type of evaluation answers different questions, and therefore has different intentions, measures and, quite often, different data sources.

It is important to keep in mind that many words are often used to describe similar concepts. This is due to the multi-disciplinary character of evaluation; that is, it pulls methods, resources and concepts from many different areas of study. The figure below groups commonly used words according to where you are in the planning, implementation and evaluation process.

<b>Common Words and Terms</b> <i>(Adapted from "A Word About Words" in CACDA's Evaluation Primer)</i>			
<b>What you want</b> <b>(SPF 1-3)</b>	<b>What you do to get</b> <b>there (SPF 3 &amp; 4)</b>	<b>Are you getting</b> <b>there? (SPF 4 &amp; 5)</b>	<b>Did you get there?</b> <b>(SPF 4, 5 &amp; 1)</b>
<ul style="list-style-type: none"> <li>• Aim</li> <li>• Goal</li> <li>• Objective</li> <li>• Target</li> </ul>	<ul style="list-style-type: none"> <li>• Activity</li> <li>• Input</li> <li>• Approach</li> <li>• Initiative</li> <li>• Method</li> <li>• Policy</li> <li>• Practice</li> <li>• Program</li> <li>• Strategy</li> </ul>	<ul style="list-style-type: none"> <li>• Output</li> <li>• Benchmark</li> <li>• Indicator</li> <li>• Measure</li> <li>• Milestone</li> <li>• Short-term Outcome</li> <li>• Intermediate Outcome</li> </ul>	<ul style="list-style-type: none"> <li>• Impact</li> <li>• Outcome</li> <li>• Results</li> </ul>

## Process Evaluation

Process evaluation measures the activities and actions you took to implement the strategies that will help you meet your goals – essentially, the who, what, when, why and how. Capacity-building goals and objectives are best measured by process evaluations, as are implementation targets.

A process evaluation also compares the work that is being done to what you originally planned to do. You can see what you did differently and begin to think about why you strayed from the plan when you did. A process evaluation should also consider the quality, strengths and weaknesses of both the plan and the actual implementation. You should consider how well the strategy addresses community needs, matches your coalition’s available resources (both financial and in terms of staffing), and whether or not it seems capable of producing your desired outcomes.

<b>Who...</b>	<ul style="list-style-type: none"> <li>planned to undertake each action?</li> <li>actually completed each action?</li> <li>were the planned participants?</li> <li>were the actual participants?</li> </ul>
<b>What...</b>	<ul style="list-style-type: none"> <li>action steps were planned?</li> <li>action steps were actually taken?</li> </ul>
<b>When...</b>	<ul style="list-style-type: none"> <li>was each action planned to be initiated and completed?</li> <li>was each action actually initiated and completed?</li> </ul>
<b>Why...</b>	<ul style="list-style-type: none"> <li>was each action taken?</li> <li>were any adjustments made?</li> </ul>
<b>How...</b>	<ul style="list-style-type: none"> <li>was each action actually implemented?</li> <li>well does the strategy match community needs?</li> </ul>

Process evaluation also attempts to measure short-term successes in terms of immediate *reactions* or *knowledge acquisition*. Assessing a reaction means measuring how participants perceived or felt about a program or service (e.g., through satisfaction surveys). For example, a coalition may wish to ask participants in a Responsible Beverage Service Training whether or not the training was relevant or will help them do their jobs more effectively. Evaluating short-term knowledge acquisition means measuring whether people have learned new skills, knowledge, or attitudes as the result of your efforts. For example, before a parent education session, participants could be asked a short series of True/False questions that reflect the session objectives. After the session, participants could be asked to revise their answers in a separate column based on what they learned. When collected and aggregated, you could determine the immediate impact of that session on participants’ knowledge.

The results from a process evaluation should help you decide whether you should adjust your implementation to be more effective, and when/where those adjustments should occur in your implementation process.



## Outcome Evaluation

Quite simply, an outcome evaluation tells you whether your activities have made a difference in behaviors or consequences. That is, you are trying to measure the extent to which your prevention efforts are creating changes in the factors that will help you achieve your long-term goals. An outcome evaluation can help you to decide whether to expand what you are doing, or terminate the work and shift your resources elsewhere.

Outcomes evaluation usually measures changes in *behavior* or the long-term effects on *well-being*<sup>5</sup>. Evaluating changes in behavior means you are trying to measure the transfer of newly acquired information, skills, or attitudes to daily activities. Evaluating the impact of your work on community well-being means you are trying to know if people directly benefited from the strategy (or strategies) that you implemented; that is, was the strategy effective at meeting your goal of improving community well-being by reducing substance abuse?

The challenge of outcomes evaluation is to know how long it will take for people to incorporate new behaviors into their lives. Another challenge is to understand how multiple variables might affect someone's decision to change his or her behavior or overall well-being. For example, research shows that media publicity about enforcement activities (e.g., newspaper articles) alongside increased enforcement efforts is far more effective at changing underage alcohol consumption than enforcement efforts alone. This is because the combined approach impacts young people's *perceptions* about being caught, not just their chances.

It is also hard to directly link your results to your intervention or strategy. Including a **control group** (i.e., a group of persons who did not receive the strategy) in your evaluation design for comparative purposes can help. Another way to help indicate results is by designing a time series (looking at indicators before and after your strategy or program has been implemented). Since this level of evaluation often involves more time and effort, it is important to keep outcomes evaluation focused on the goals and mission of your coalition.

---

<sup>5</sup> Kirkpatrick, D.L. (1994). *Evaluating Training Programs: The Four Levels*. San Francisco, CA: Berrett-Koehler.

*[This page intentionally left blank.]*

## Evaluation Part II: Designing the Evaluation

This section covers the six key steps that you should take when designing your evaluation:

1. Creating an Evaluation Team
2. Developing/Reviewing a Logic Model
3. Determining Your Evaluation Question(s)
4. Identifying Your Evaluation Measures
5. Deciding on Your Data Collection Methods
6. Writing Down your Evaluation Plan



**TIP:** Include stakeholders, internal and external, in your evaluation planning.

### Create an Evaluation Team

The first step in designing an evaluation is to pull together a team of people who will oversee the evaluation process. These may or may not be the same people who are responsible for implementing the evaluation activities. A good place to start might be your Steering Committee or Community Board. Ask the group whether anyone is interested in being part of an evaluation subcommittee, and try to get good community and stakeholder representation. It is also helpful to have someone on the team who is knowledgeable about research practices. The following list contains representation to consider:

- Coalition Staff
- School Personnel
- Police Department
- Community Members (e.g., youth, parents)Local Businesses


### Creating Your Evaluation Team: Key Questions to Consider

- How will your stakeholders, primary and secondary, be included in the development of your evaluation plan?
- How many people should be included on the Team?
- How often will the evaluation team meet?
- How will evaluation team members be oriented to and engaged in the evaluation processes and coalition goals?
- What roles will the evaluation team play in implementing, monitoring and updating the evaluation plan?
- Who will provide leadership and direction for the Team?
- Should “outside” technical assistance be sought or is there enough expertise available within the agency?
- To whom will the team provide feedback?
- When and how often will feedback be provided to the larger stakeholder group?

These members can be invaluable throughout the evaluation process by providing insight into the feasibility of data collection methods, relating anecdotal experiences, buying in to the process, interpreting data results and disseminating of the findings.


### Develop/Review a Logic Model

Before you can decide on what kind of evaluation to conduct, you need to identify what you are evaluating. Creating a logic model helps you to connect your current strategies to the things in your community that contribute to the problem you are trying address. Quite simply, a logic model is a graphic representation of the work you are trying to accomplish. A program logic model will also help guide and focus your evaluation work.



**TIP:** Have an evaluation plan ready *before* starting new initiatives, strategies or programs by including evaluation measures in your logic model.

The SPF SIG model and OSA have already done much of this work for you. They have identified the long-term goals and even helped you to know which strategies will help you reach those goals. The logic model template in **Appendix 1** has been customized for SPF SIG grantees. In it, you can list the strategies you are implementing and link them to the objectives you are working on. You will also want to fill in the intervening variables and the specific contributing factors that you are addressing in your community. Last, you will want to fill in the activities to complete the first half of your SPF SIG logic model. The following sections provide guidance for how to complete your logic model by creating measures for your short- and long-term goals.



**TIP:** Don't balk at evaluation because it seems too "scientific."

A good way to check if your logic works is to ask yourself "If we do this Strategy, we will impact this Contributing Factor, which will reduce this Substance use or related consequence in our Community." You might be asking yourself "Why does this matter as long as we're seeing the long-term results we want to see?" The answer is that

you will have a harder time convincing others that the changes you are seeing are the result of your hard work.

The following example demonstrates the consequences of faulty logic: "If we conduct RBS trainings, we will impact youth perceptions that they will be caught by the police, which will reduce youth rates of 30-day alcohol use." If that were the logic used in your evaluation plan, you would not be able to measure the true impact of your work. Instead, you would find that your data show that you had limited success impacting youth perceptions, or none at all. The following two examples would be more appropriate:

- “If we conduct RBS trainings, we will impact youth retail *access to alcohol*, which will reduce youth rates of 30-day alcohol use.”
- “If we *strengthen police department policies on enforcing alcohol laws*, we will impact youth perceptions that they will be caught by the police, which will reduce youth rates of 30-day alcohol use.”

### **Determine Your Evaluation Question(s)**

To determine your evaluation questions, the evaluation team should meet to examine your coalition’s SPF SIG logic model and to discuss what areas you want to evaluate. The group should first consider strategy and programmatic questions that need to be answered (i.e., process evaluation), followed by questions related to impact (i.e., outcome evaluation). *Remember, all evaluation questions should relate directly to the goals and objectives contained in your logic model.*

The overarching question for your process evaluation should be **“How well was the strategy put into action?”** Some additional questions for the group to consider include:

- How well does the strategy implemented fit the needs of our community?
- Does the strategy require more (or fewer) resources than we had planned for or have available? Resources can include money, expertise and staffing/personnel time.
- Is the strategy reaching a sufficient number of community members to affect change?
- Has the strategy been implemented enough times to affect change (dosage)?
- Given the answers to the above questions, what are the strengths? Weaknesses?
- What can you change to improve future implementation?

The overarching question for your outcomes evaluation should be **“What impact did our prevention work have on substance abuse in our community?”** Some additional questions for the group to consider include:

- Is there a reduction in use of alcohol?
- Is there a reduction in high-risk or binge drinking?
- Is there an increase in parental monitoring around youth alcohol use?
- Is there an increase in the number of families with clear rules around ATOD use?
- Is there an increase in perceived and actual enforcement?
- Is there an increase in effective retailer policies and practices to restrict underage access? Is there an increase in responsible alcohol service?
- Is there a reduction in the number of retailer promotions?
- Is there a decrease in alcohol related car crashes?

Determining your evaluation question(s) can be overwhelming if you are new to evaluation. It is important to remember that you should focus your evaluation on one or a few topics that are most important to your coalition and your evaluation team. Keep it manageable! As your

coalition evolves and you become more confident in your evaluation skills, you can always add more questions to your evaluation or change the questions you choose to focus on.



**TIP:** *To create targets that are relevant to your evaluation, consider your measures along with words like “increased ...”, “decreased”, “more ...” or “enhanced”.*

*For example:*

	Measure	Target
Short-term	Alcohol citations	Decrease alcohol citations by 15/year
Long-term	Past 30-day use of alcohol (youth)	Reduce rate of past month alcohol use by 4 percentage points (2011)

In choosing which evaluation question(s) to focus on, your evaluation team may wish to begin by writing down all the evaluation questions it hopes to answer, and to choose the final questions later, after taking into account logistic implementation concerns such as evaluation measures and available data sources (discussed later in this section).

For example, you may have easy access to MYDAUS data, but obtaining enforcement data presents a challenge. The evaluation team may also decide to prioritize evaluation questions by focusing on questions that can

be answered now while building the capacity to answer additional questions in the future (e.g., implementing a data sharing protocol with local police departments).

### **Identify Your Evaluation Measures**

Evaluation measures are simply the information you are going to use to answer your evaluation questions. When developing evaluation measures, your evaluation team will want to make sure that the ones they select are a good “fit” for the strategy and for the evaluation question. A good fit considers both what you can measure as well as what meaning you can derive from it. Put another way, does the measure help you answer your question?

The group should also take into account what is feasible for you and your coalition to accomplish. If you have participated in a strategic planning process, you may have heard about **SMART** objectives. The same principles can be applied to evaluation measures. That is, they should be specific, measurable, achievable, relevant and time-based:

- **Specific:** A rate, number, percentage or frequency that can be linked to an observable action, behavior or achievement.
- **Measurable:** A system, method or procedure exists which allows the tracking and recording of the behavior or action upon which the measure is focused.
- **Achievable:** The identified measure can be collected and analyzed by your organization without undue burden or hardship. In other words, there is a likelihood of success in collecting that measure - but that does not mean it is easy or simple.
- **Relevant:** This means two things; that the measure or indicator being selected is something the coalition will actually impact and secondly it relates to the objective being evaluated.
- **Time-Based:** The measure can be collected and analyzed over time, allowing for targets and benchmarks to be established and assessed.

### Process Evaluation Measures

#### *Example Measures:*

Number of people attending meetings, frequency of meetings, who is involved, how many strategies implemented.

#### *Example Sources:*

KIT, meeting and work notes, tracking tools, key informant interviews, attendance lists, record review.

### ***Process Evaluation Measures***

Process evaluation measures should describe what you did and how you did it. You report a lot of data in KIT Solutions that may be used to answer process evaluation questions. Other good sources of information include things such as attendance sheets from meetings and trainings, the number of meetings, the kinds of stakeholders involved, or the number of strategies implemented. You can get this information from reviewing your own records, conducting interviews with key informants or stakeholders, and keeping attendance lists.

### ***Outcomes Evaluation Measures***

#### Short-term Outcome Measures

*Example Measures:* Number of violations, compliance rate, increased knowledge

*Example Sources:* Enforcement data, pre/post session surveys, record review, observations.

For the SPF SIG project, the outputs of specific prevention activities that you report in KIT Solutions will allow you to know if you have achieved your short-term objectives. **Appendix 2** contains a list of all the strategies and the counts that you are already required to report on by OSA. Your evaluation plan can also include short-term indicators that measure the immediate effects of the strategy on the target population (e.g., knowledge acquisition, rate of compliance, violations/citations). Again, for some strategies you are already being asked to report this information in KIT Solutions. You can also obtain the

data through reviewing records, accessing enforcement data, holding focus groups, or even conducting quick pre- and post- polling of training participants. Sample short-term measures include:

- Number of citations issued
- Number of retailers trained in RBS
- Increased knowledge after training/ educational session

For intermediate outcomes, you will want to link your intervening variables to the intended “behavioral” changes that you expect as a result of your strategies, such as perceptions of harm from substances or perceptions of enforcement. There are several behavioral indicators in MYDAUS data that you can use to measure these intermediate outcomes. Some examples of intermediate measures include:

- Perceptions of getting caught by police/parent
- Increase in passed compliance rates
- Perceptions of harm from drinking alcohol
- Attitudes towards alcohol and drug use (perceptions that it is wrong, intent to use)

### Intermediate Outcome Measures

*Example Measures:* Perceptions of enforcement, attitudes of risks

*Example Sources:* Focus groups, survey data (MYDAUS), observations.

In the longer-term, your outcome evaluation examines whether your prevention work is reducing the consumption patterns and related consequences associated with substance use in your community. It should be linked to your long-term objectives and goals.

### Long-term Outcome Measures

*Example Measures:* Consumption rates, number of serious injuries or related incidents, alcohol-related car crashes.

*Example Sources:* Survey data (MYDAUS), community survey, crime and health statistics, emergency room data, focus groups.

Some example measures for a long-term outcomes evaluation include 30-day alcohol consumption and the number of serious alcohol- or drug-related injuries or incidents. For middle and high school students, consumption data can be obtained easily through MYDAUS. Other data sources could be a local survey, local crime or health statistics, or even focus groups. Focus group data can help you attribute changes in your community to your program by supporting the story that is told by the data.



**TIP:** Consider utility, relevance, practicality, *reliability* and *validity* in the evaluation process.



The following measures can be collected and examined for changes that occur over time:

- Rate of past 30-day use of alcohol
- Rate of past 2-week/30-day binge drinking
- Number of alcohol-related crashes
- Number of ER injuries involving alcohol

### Using Estimation as Part of Evaluation

Many times, the perfect measure does not exist. However, you can use estimations to approximate a measure. For example, suppose you want to report how much money you spent on each strategy during a six month time period. Instead of poring over budget reports, you could write down all the strategies you worked on during the time period, and what percentage of your coalition's resources was devoted to that strategy. Apply the percentage to the total amount of money that you spent during the same time period, and you have a reasonable, justifiable estimate. Just be sure that the percentages sum to 100. Estimation should be used sparingly and is not appropriate for measuring everything.

#### Important Considerations When Creating Estimates

- **Make sense!** Use a logical method that takes into account key factors or considerations.
- **Use known methods.** If someone else has already come up with a good way to estimate something, use it.
- **Keep it simple.** While you want to make sure your estimate is reasonably accurate, the more complicated it gets the more confusing it is for someone else to interpret.
- **Be transparent.** When you report the estimate, include a few lines about how you came up with it.
- **Write it down.** Make sure you can repeat what you did in the future when you have new data and want to do an update.

### Consider Data Resources and Needs

Collecting and gathering data to use as evaluation measures should not be an overwhelming process. You already maintain program records and have a large amount of data available to you which you can use for evaluation. As you determine the evaluation measures that you wish to collect, it is important to keep a list of all the resources and data sources that are already available to you. Creating this inventory will help you to determine what information you have and what information you need or want to collect. As a further resource to you, **Appendix 3** contains a list of all the reports contained in KIT Solutions, while **Appendix 4** lists many available data sources that are available in Maine at the state and sub-state levels. In addition, HZA has

compiled and updated the *Substance Abuse County Profile Supplement* to accompany this guide. Those supplements contain graphs and tables from many existing data sources as well as interpretive questions for you to consider.

*New surveys, interviews, and focus groups are not necessary for program evaluation, but they can be helpful if you need to answer a specific question and you do not have another source of information. In that case, you will need to determine what you want to collect and how. The following section describes many different data collection methods that you can consider, some of which you may already be collecting and not even think of as “data”! Reviewing the pros and cons of these methods may also help you prioritize what measures to include in your evaluation plan; if indicator data are too costly or time consuming for your coalition to collect, you can select an alternative measure that is more feasible.*

**TIP: Use a variety of evaluation methods.**



## **Decide on Data Collection Methods**

There are two types of data collection methods. *Quantitative methods* answer who, what, where, and how much. Emphasizing numbers, they target larger groups of people and are more structured and standardized (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 data usually have rich descriptions of a topic area, such as satisfaction with a program and usually target fewer people than quantitative methods. Each of these is explored in more depth below while **Appendix 5** summarizes the pros and cons of each method in a matrix format.

### ***Quantitative Data Collection Methods***

**Surveys.** Surveys are a collection of questions that are asked of each person in the same exact manner, and each one of those questions usually has a fixed set of possible responses from which to choose. 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 surveys* whenever possible because those measures have many of the kinks worked out already. However, if there is no survey available, you may want to create one yourself. **Appendix 6** contains a list of resources and considerations for developing a survey.

**Archival Trend Data.** Archival data already exist. There are national, regional, state, and local sources (e.g., law enforcement agencies, the Centers for Disease Control). These data are usually free (or 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. Keep in mind that *it can take several years to change archival trend data indicators* (if it is even feasible) since they usually cover large populations (schools, communities, states). It is also important to understand that you probably will not be able to observe changes in your local community by looking at national, regional, or state-level data.

**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 alcohol by using false identification.

### **Qualitative Data Collection Methods**

**Focus Groups.** 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. Focus groups questions should use phrases such as “What do you think about...” or “In your opinion...” to avoid yes/no responses. A focus group should always be conducted by two

### **Determining Your Data Collection Methods: Key Questions to Consider**

1. What information is needed to make current decisions about a strategy or program?
2. What information can be collected and analyzed in a low-cost and practical manner, e.g., using existing resources, surveys and record reviews?
3. How accurate will the information be?
4. Will the method(s) get all of the needed information?
5. Will the information appear *credible* to decision makers, e.g., to funders or top management?
6. Is the method a good fit for the intended audience? Will they fill out questionnaires carefully, engage in interviews or focus groups, or let you examine their records?
7. Can the method be administered now, or is staff training required?
8. How can the information be analyzed? Do you have the capacity to compile and analyze the data?
9. If you are gathering information directly from participants, remember that there are regulations protecting human subjects. Appendix 7 contains additional resources about this issue.

people: an experienced facilitator to ask the questions and manage the discussion, and a note taker to record the information.

**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 7<sup>th</sup> graders in one school expressed anti-drug 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.

**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 (e.g., 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 (e.g. look for themes).

**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 (e.g. look for themes).

## Write Down the Evaluation Plan

Once the evaluation team has completed the preceding evaluation steps (i.e., reviewed the logic model, determined the evaluation questions, identified the measures, considered data resources and needs, and decided on data collection methods) it is critical to write the decisions into an evaluation plan that is approved by the group. This plan should include the specific activities to be completed, who is responsible for completing them, and a target date for completing those activities. It should also relay how the evaluation measures relate to the evaluation questions and to your coalition's overarching objectives. This can be done graphically or through a written description. A comprehensive evaluation plan should also include any relevant decision-making



**TIP: There is no "perfect" evaluation design! It is far more important to start to evaluate, then to wait for the perfect process.**

guidelines, interim reporting requirements or meeting schedules, a data collection plan and how you plan to use the evaluation results.

**Appendix 8** contains a sample evaluation plan as well as some templates that can be used for this purpose. **Appendix 9** contains a data collection plan template which you can use to outline how you plan to compile or collect your evaluation measures, who is responsible and when you want to collect them.

*[This page intentionally left blank.]*

## Evaluation Part III: Analyzing the Information

### Finding Meaning Within Data

Data can help you to identify where improvements are needed; determine how effective changes improved your implementation; encourage and motivate staff to make improvements; provide fiscal accountability, and improve public relations by providing information. But collecting a lot of information in and of itself does not lead you to this depth of understanding. The next step should be finding meaning in your numbers; that is, to analyze the collected data and turn it into something that can help you and your coalition make decisions based on the results. Your analysis should focus on the purpose of the evaluation process, namely the original evaluation questions. However, do not wholly limit your analysis to your evaluation questions or you risk losing interesting themes and unexpected outcomes that you may not have originally posed.

When going through data, a variety of computer tools, such as Microsoft Excel and Microsoft Access, can assist you in analyzing and interpreting data. In addition, **Appendices 10-13** contain a number of tools and templates that have been compiled to help you examine your data in meaningful and informative ways. These include templates for examining trends in MYDAUS data, putting together focus group data, record reviews, and mining multiple data sources for common themes and findings.

### Analyzing Process Data

As discussed previously in this guide, you should compare your anticipated implementation plan to how the strategy was actually implemented. Comparing the anticipated and actual activities and outputs for each strategy can help you determine if your program is on track to meeting its goals. A simple matrix like the sample one below can help guide this analysis.

Strategy	Anticipated Key Activities	Actual Key Activity	Change from Plan	Reason for Change
<i>3.1.a Work with police departments to enhance enforcement of underage drinking, furnishing, zero tolerance, and hosting laws</i>	<ol style="list-style-type: none"><li>1. Meet with PDs in Towns A, B and C</li><li>2. Review Policy</li><li>3. Suggest Policy Changes</li></ol>	<ol style="list-style-type: none"><li>1. Met with PDs in Towns B and C</li><li>2. Reviewed policies and suggested changes</li><li>3. In Town B, provided officer training</li></ol>	Unable to have meeting with Town A  Provided officer training on importance of underage drinking in Town B.	Chief in Town A is not on board with implementing model policy.  Policy was already in place in Town B, officers did not have buy-in.

The above example illustrates how process evaluation can help your coalition to adjust how it approaches collaborators. It also can help you to explain why enforcement outcomes, such as

violations/citations or perceptions of enforcement, remain unchanged in that area or are lower than your established target. Templates for analyzing process data can be found in **Appendix 10**.

You can also examine interviews, focus groups or meeting minutes that may have discussed the strengths and weakness of the strategy implementation. Consolidate these into a single list of strengths and weaknesses so you can view them all together. It is sometimes easier to identify weaknesses than to identify strengths, but you should try to identify strengths from your analysis as well. While identifying weaknesses and areas for improvement is helpful for improving your program, identifying strengths can help you continue on the right track and eventually use your evaluation results for soliciting positive publicity for your work and funding for future projects. The following matrix contains questions that can help you with this process:

<b>Strengths</b>	<b>Weaknesses</b>
What went according to plan?	What barriers prevented us from implementing our plan?
Who or what helped the project stay on track?	At what point did our strategy deviate/veer off track?
How did we overcome challenges?	What obstacles or challenges did we overcome?
Who worked well together?	What lessons did we learn?

When you identify the strengths and weaknesses of your strategy implementation, you may find that one particular strength or weakness was responsible for several deviations from your plan, or that several areas need to be addressed to increase the quality of your plan.

### **Analyzing Qualitative Data**

How do you analyze data that cannot be measured? Quite simply, you look for patterns in peoples’ statements or common themes in what you have observed. For example, suppose you collect brief surveys from retailers who participate in RBS training. The following matrix can help to identify patterns in the comments of staff and managers regarding their experiences.

	<b>Positive Responses/Feedback</b>	<b>Negative Responses/Feedback</b>
<b>Staff</b>	<i>This will really help me with my work! I found the guidance was very applicable to the work I do. I did not know about my legal responsibilities. I didn’t know about the fines – yikes!</i>	<i>It was really hard for me to attend; I had to rearrange a lot. The volume was too low! I couldn’t hear! 5:00 PM is a bad time!</i>
<b>Managers</b>	<i>Staff are really using this knowledge. I have noticed my staff are checking IDs more frequently. We are all aware of the policies and legalities and so everyone is on board with our policy.</i>	<i>Staff were not able to attend in the evenings. The training covered too much. As a manager, how do I implement this with staff who were not here?</i>



If both staff and business managers/owners cite the same reasons for satisfaction or dissatisfaction, you have identified areas where you should continue, or found aspects of the strategy that may need to be tweaked. You could conduct this same type of analysis but compare different training sessions, or apply it to other groups (for example, parents and youth). You can also use this method to analyze interview transcripts, observations or focus group notes.

Two additional templates can be found in **Appendix 11** (Analyzing Focus Group Data) and **Appendix 12** (Analyzing Observations).

### **Analyzing Quantitative Data**

There are four key ways to analyze outcomes data<sup>6</sup>. They are as follows:

**Comparisons Against Standards.** Many strategies or model programs have indicators or best practice standards (for examples, see the National Registry of Evidence-Based Programs and Practices) or benchmarks that a coalition can use to analyze its performance, or determine whether it is meeting expectations.

**External Benchmarking.** External benchmarking allows you to compare your performance against a similar coalition on a set of common measures. For example, you could contact another SPF SIG coalition what their results have been for a particular strategy and compare your findings. External benchmarks can also be set by looking at national standards, state rates, or even sub-state trends.

**Trends Over Time.** Trend data allows a coalition to compare itself to itself over time. Because data are often tracked at regular intervals, trend analysis is a useful and easy way to gauge performance. This method works well with a consistent source of data, such as MYDAUS/MIYHS. For example, you could look at the rates of alcohol use among youth, or youth perceptions of being caught by their parents, in 2004, 2006 and 2008. A marked decline after you began your work will help you attribute that outcome to your prevention work. The County Profiles that accompany this guide contain tables with the trends in your county since 2004.

### **Analyzing Data: Key Questions to Consider**

- Are the data reliable and valid?
- Is sample size large enough to represent the group you are looking at?
- Is there a difference when you look at the data according to demographic groups (e.g., age, grade, gender, location)?
- Are there substantial differences between current results and your benchmarks?
- How can unusual or unexpected findings be explained?
- Can the information be generalized to other populations or strategies?

---

<sup>6</sup> According to Poister (2003).

**Comparisons Among Subunits.** For SPF SIG, because everyone is working on these strategies, it will be difficult to produce a meaningful comparison group or control group. This type of analysis would allow you to compare findings among different units (e.g., schools, towns, retailers) on a set of common measures to identify strengths and areas needing improvement. For example, suppose you have held RBS training throughout your area, but some retailers did not participate. After the local police conduct Compliance Checks, you could compare the successful compliance rates among retailers who participated versus those who did not. You could also compare rates of youth alcohol use for schools or school districts where you have been highly successful to those where less work has been done. (You can get access to school-level data by asking the school principal for his or her permission, or working with the SAU).

Two additional templates to help with quantitative data can be found in **Appendix 13** “Analyzing Indicator Data.” Below is an example of how you can use these templates:

Indicator/Source	Overall Rate (County)	Compared to State?	Trends over time?	Notes/Reactions (e.g., demographics, explanation)
Previous 30-day use of alcohol (MYDAUS 2008)	36%	Higher Lower About the same	Increase Decrease No change	We are higher than statewide but saw a decrease of 5 percentage points since 2006, so that is still good progress. Rate is particularly high among older students — we have found a number of parents still willing to host grad/prom parties. Good news is that more students are reporting that they will be caught (see below).

### Seeing the Whole Picture

When looking at the results of your outcomes analysis, you also want to keep in mind the findings from your process evaluation questions. These often help to explain or add depth to your results. Namely, were the strategies implemented as specified and what strengths and weaknesses did you identify? Does your process evaluation help you to understand why you are seeing (or not seeing) the changes you had hoped to see?

Another critical way to strengthen your findings is to “*triangulate*,” which simply means to use more than two methods to double (or triple) check your results. For example, if focus groups *and* a parent survey *and* student MYDAUS data all indicate that students are beginning to believe that they will be caught for drinking alcohol, then your finding becomes much stronger than if you rely on just one source of data.

## Implications

At this point, you may be scratching your head, thinking “OK, so, what does it all mean?” Now that you know what your data say about your coalition and your prevention work, you need to consider how to use it. Both process evaluation results and outcome evaluation results have implications for how you should proceed with your prevention work in the future.

### **Process Evaluation Results**

Whether or not you discovered that your program was implemented according to plan, the result does not necessarily indicate whether it *should* be implemented as planned in the future. You need to look at the reasons for implementing your program as you did. Consider both the strengths and weaknesses of your work to determine whether deviations from your plan were positive or negative. If they were positive, you may wish to continue using the adaptation in the future. If you find that the deviations had a negative impact, you should identify ways to address them so you can get your plan back on track.

For example, assume you implemented your workplace strategy at a slower pace than you had initially planned. Perhaps it was difficult to find the proper contact at each employer, or your contact needed to check with others in the organization before inviting you to work with them. However, you successfully overcame these obstacles using methods that you have identified as part of your process evaluation. For example, maybe you offered to meet with the decision-makers at the organization and give a presentation about your work. Or perhaps you asked have another business leader to approach the business on your behalf.

**TIP: Approach evaluation and monitoring as an active and ongoing process.**



What do you do with this information? You might consider keeping your planned timeline intact and taking advantage of your new knowledge to avoid future delays. Alternatively, you may decide to change your future plans to reflect the activities you actually completed and are likely to try again next time around. If you identified several strengths in your slower-paced implementation, you should consider changing your timeline to include a longer implementation phase in the future. There is no right or wrong answer, but finding meaning within your results should reflect what your data tell you, input from your stakeholders, and a bit of introspection.



**TIP: Don't throw away evaluation results once a report has been generated. Results can provide precious information later when you are trying to understand changes in your strategies, programs or results over time.**

## **Outcome Evaluation Results**

The results of outcome evaluation also have implications for your future prevention work. Through your short-term, intermediate, and long-term outcome evaluations, you will have determined whether you were able to meet your goals (e.g., increased knowledge or compliance); affect perceptions and behavioral changes; and had an impact on consumption and consequences in your community. If you determine that your short-term and intermediate outcomes have not changed in the direction you hoped, you should consider the aspects of your strategy and its implementation from your process evaluation which could have had this effect and make appropriate changes to produce better outcomes in the future.

On the other hand, if you find that your outcomes are heading in the direction you wish, you should consider the magnitude of the change to determine your next steps. Small changes may suggest changes to your program can help improve its impact, while large changes may indicate you have completed your goals and should re-evaluate your community's needs for future strategies and programming. One of the challenges of prevention is that it is hard to prove that you are "preventing" a worse alternative. That is why it is critical to make sure that evaluation and monitoring are an ongoing process. If you find that evaluation outcomes worsen after you have switched gears (e.g., consumption rates go up), you can go back to your old evaluation results to help determine whether you should re-implement a strategy or program. The following example illustrates this point.

*Coalition Anytown was shocked to see that 45 percent of youth in their area thought alcohol was easy to obtain. They decided that they wanted to reduce youth access to alcohol, and so they decided to implement Responsible Beverage Server training. At the end of the year, 55 employees had been trained, which represented 90 percent of all stores in the Coalition's area. Coalition Anytown was excited to see their updated survey data and they expected to see big decreases. But when the new survey data came out, there was only a small decrease, from 45 percent to 44 percent; the coalition was disappointed. They decided to hold two focus groups with youth to ask them about how they thought youth obtained alcohol. The results surprised them; youth reported that most kids got alcohol from parents, older siblings, or from the parents of friends. In the next year, Coalition Anytown took a different approach. In addition to RBS training, they worked with the local Police Department to emphasize prosecution of furnishers, and they implemented a "sticker shock" campaign about the legal consequences of providing alcohol to minors. The next time survey data were released, Coalition Anytown saw a decrease from 44 percent to 40 percent in youth reporting that alcohol was easy to get. They presented the findings to their key stakeholders and the Police Department pledged to continue their efforts, the newspaper offered some free coverage, and the school invited them to run a booth during parent-teacher conferences. Coalition Anytown was really pleased at their success. However, when they looked more closely at their data, they realized that the perception that alcohol was easy to get was still high among 12<sup>th</sup> grade students. The Coalition decided they were going to continue to target older students and their parents for the next two years, with the hope that they would see even more reductions among that age group.*

## Evaluation Part IV: Using Your Evaluation Results

There are many ways you can put your evaluation results to good use. They can be used internally to help make decisions regarding your programs in the future, and externally to inform the public about your coalition and the work you do as well as the prevention needs and goals in your community.

Many different audiences may be interested in your evaluation results, including program administrators, prevention staff, steering committees, media, experts in the field of prevention, funders, and lay people with an interest in substance abuse and prevention outside of your coalition. However, not all these people will be interested in the same things.

**TIP: Don't report only the successes. A great deal can be learned by understanding failure, dropouts, and barriers to implementation.**



Prevention staff and others engaged directly in prevention work may use the information from your evaluation results to inform their work in the field. Program administrators, steering committees and potential funders may use the information from your evaluation results to make decisions about programming. Experts in the field of prevention may use your evaluation results to develop, support, or refute prevention theory. Lay people, such as community members and parents, may have a personal interest in how your prevention work, coalition, or coalition members relate to themselves and their families; while the media is interested in newsworthy events to report to the lay public.

This section explains different ways to use your evaluation results and things to consider when sharing your findings.

### Internal Uses

The results of your evaluation can be useful to your coalition in many ways. You should use the results to inform your future actions in prevention work by adjusting your choices of strategy and implementation methods as necessary based on the information you uncover in your evaluation. Your coalition should consider how the data can be used for quality assurance and strategic planning.

When your evaluation shows that your program is working effectively to reduce factors related to substance abuse in your community, there are a number of ways you can use these results to your advantage, such as applying for grant funding to expand your program and generating positive publicity for your organization and your partners. Even when your evaluation shows that your program is not working as effectively as you hoped, your results are still useful and can help guide your planning to increase effective programming.

Your evaluation results will provide data for guidance on what changes can and should be made to maximize the impact of your prevention work. Knowing that some adjustments to your strategy implementation will likely be occur, it is a good idea to have an improvement plan to guide these changes as you receive feedback through evaluation. **Appendix 14** is a sample improvement plan and template. Questions to consider in developing an improvement plan include:

- What changes are necessary and why?
- How will the changes affect the program or strategy goals/coalition partnerships/staff?
- When will changes be implemented?
- Who will be responsible for monitoring the changes?

Your evaluation results may suggest that larger changes to your overall prevention strategy are in order. You should use the results of your evaluation in combination with other data sources in your ongoing strategic planning to complete the cycle of the SPF model.

### External Uses

Your coalition partners want to know about the progress of your work. They will likely take your results into consideration when making their own decisions about strategies and programs to implement. Sharing your evaluation results with your coalition partners can help them to feel engaged and invested in the prevention work, producing a stronger coalition.

The general public often has an interest in substance abuse and prevention. Lay people are interested in knowing what is going on in their community and want to hear what your organization is doing to affect substance abuse. You can use your evaluation results to increase positive relationships with your community and generate publicity for the good work of your coalition and its partners.



**Tip:** Including evaluation results in press releases can help increase positive publicity for your coalition and your initiative.

Your evaluation results are evidence that can be used to support (or refute) theory and inform best practices. Sharing your results with the Office of Substance Abuse and other Substance Abuse Prevention Specialists will help inform practice here in Maine. More broadly, experts in the field

of prevention, both here in Maine and nationally, have an interest in evidence-based programs and strategies. Sharing your findings and results through professional email listservs, conferences and even professional journals is a good way to increase knowledge and understanding in the prevention community, while generating publicity and recognition for your coalition.

In this economic climate, funders have become more selective about who they fund. Including your positive evaluation results in a grant application can convince funders that your

organization and program is worthy of financial support. Grant proposals traditionally document the need for funding, but they should also show that the need can be met by your planned use of the funds<sup>7</sup> and that your coalition has the capacity to complete the proposed project effectively.<sup>8</sup> There are many funding opportunities targeted toward evidence-based programs. Your positive outcome evaluation results show that your program has the capability of addressing the need with the funding to implement it, as well as provides evidence in support of your program. You can use your positive process evaluation results to show that your organization has the capability of implementing your program according to plan and in a manner that will make good use of the funding to meet your community's needs.

## Disseminating Results

After performance data is collected and analyzed, it should be shared with appropriate stakeholders. The format in which you choose to share it should depend on the intended audience. A report can be as brief as an executive summary of the evaluation process and findings or as elaborate as a comprehensive research paper with a literature review, organizational overview, evaluation design, evaluation instruments, evaluation findings including data tables and charts, data analysis, conclusions, and recommendations (see **Appendix 15** for a sample report outline).

The key in determining a report format is to ensure that it is clear, understandable, and meaningful to the intended audience whether it is staff, cross-systems partners, consumers of the service, the public, and decision-makers. A report should include enough information so that the evaluation process can be replicated either by the organization or by a similar organization seeking similar information. Often, those details can go in an appendix, or a publically available document posted to your website.

You might also want to consider a newsletter to release to the general public, or to your coalition stakeholders. This document can be shorter and less detailed than a full report. When you are creating a newsletter, avoid

### Dissemination of Results: Key Questions to Consider

- Who is the intended audience?
- When is the information needed?
- What has been committed to regarding the report?
- Is there a required format and and/or timeline?
- What is the most effective way to communicate the information (e.g., written summary, formal report, publication, presentation)?
- Can the information gathered be used for public relations purposes or to seek increased funding?
- Are reports going to be given incrementally over time, as a “snapshot” at a particular time, or as a final result?
- Who needs to approve the report before it is made public?

<sup>7</sup> <http://www.grantproposal.com/tips.html>

<sup>8</sup> <http://www.grantproposal.com/tips.html>

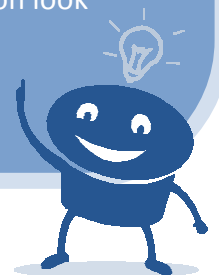
using jargon, acronyms, or complicated terms, so that someone who has never heard of your coalition can understand the information that you are presenting. There are many polished newsletter templates available in Microsoft Office 2007; for instructions on how to find them, see **Appendix 16**. If you are not sure what to write, start by making some lists that answer the following questions, and then use that information to create your newsletter.

- Who are we?
- What do we do?
- Why are our strategies important?
- What evidence suggests that our strategies work (local data and national reports)?
- What upcoming events have we planned?
- Where can people go for additional information/resources?

You can also release information about your coalition, including your evaluation results, to the general public through the media. Many of you are already familiar with using a press release issued to local newspapers, television and radio stations to generate a news story about your coalition. Including your evaluation results as easy-to-understand statistics can make your story more desirable. You may also choose to post your results on the websites of your coalition and its members, where the public may access it.

### 10 Tips for Data Reporting and Presentation

1. **Keep tables simple!** Too many lines, groups or patterns get confusing.
2. **Make it black and white friendly.** Could someone still understand a photocopy?
3. **Give it the “glance” test.** Can the casual reader understand a table or chart without additional explanation?
4. **Highlight numbers and statistics with direct quotes from a focus group.** Including the human angle is a highly effective way to convey your overall message.
5. **Use pull quotes.** Put key findings that you wish to highlight into a text box and bold them.
6. **Present data in more than one way.** “Two in five high school students” might hit closer to home to parents than “40 percent,” but it means the same thing!
7. **Use section headers and “chapters.”** Breaking up a report into themed sections can make it more flexible and user-friendly.
8. **Be consistent in your formatting and fonts.** Too many fonts or too much formatting can be tiring for the reader as well as confusing.
9. **Use grammar and spell check!** Spelling mistakes, incorrect grammar and punctuation look unprofessional.
10. **Avoid fancy language and clichés.** If there is a simpler way to say it, use it.





## Conclusion

You and your coalition have put a great deal of effort into implementing evidence-based prevention strategies in your community as a part of the SPF SIG. While you are not required to evaluate your work as a SPF SIG grantee, you may wish to evaluate your strategies to learn what has worked well in your community and to pinpoint areas where you want to make changes and improvements for the future.

This guide has provided you with a brief overview of how evaluation fits in to the concept of the Strategic Prevention Framework and how evaluation can be useful to you, and has taken you step by step through different evaluation activities appropriate for evaluating the prevention strategies you have been implementing. This guide has suggested data sources to answer your evaluation questions, as well as described methods and provided templates to collect, compile, and analyze data. By completing any of the activities outlined in this guide, you will have started to conduct basic evaluation efforts to improve the processes and outcomes of your prevention strategies. This guide has also provided examples of how you can use this knowledge to help your coalition make decisions about how to approach prevention in the future.

If you have any questions at any time regarding evaluation of your prevention strategies, do not hesitate to contact Hornby Zeller Associates, Inc. (HZA) at (207) 773-9529 or toll-free at (866) 207-2077.

*[This page intentionally left blank.]*

## Glossary of Terms

The following glossary contains definitions of words that were **bolded** in the text.

**Causal factors** are factors that influence an outcome. It is very difficult to prove individual specific factors definitively influence outcomes such as substance consumption and consequences because there are many associated elements with the potential to be causal factors.

**Comparison Groups** are groups of comparable participants from the same population as the treatment group and usually matched on broad characteristics, against which an experimental group is compared to identify effects of treatment.

**Consequences** are defined as the social, economic, and health problems associated with the use of alcohol and illicit drugs. Examples are things such as illnesses related to alcohol (cirrhosis, fetal effects), drug overdose deaths, crime, and car crashes or suicides related to alcohol or drugs.<sup>9</sup>

**Consumption** includes overall consumption, acute or heavy consumption, consumption in risky situations (e.g., drinking and driving) and consumption by high risk groups (e.g., youth, college students, pregnant women).<sup>10</sup>

**Control Groups** are groups of essentially equal participants from the same population as the treatment group because participants from the population are randomly assigned to either the treatment group or the control group. With the use of a control group, every participant has an equal chance of being in the treatment group. This is difficult to achieve with community initiatives and comparison groups are often used instead of a true control group.

**Data** are pieces of factual and tangible information from which conclusions can be drawn.

**Evaluation** of coalition programs and strategies is a planned and careful use of information to understand the coalition's work and its relationship to coalition goals.<sup>11</sup>

**Intermediate Outcomes** are points that track progress toward more long-term outcomes, such as changes in attitudes. Increasing perceptions of difficulty in obtaining alcohol for minors shows progress toward the goal of decreased underage alcohol consumption.

---

<sup>9</sup> Lowther, Mike and Johanna D. Birckmayer. "Outcomes-Based Prevention." Multi-State Technical Assistance Workshop. Washington, DC. March 16, 2006.

<sup>10</sup> Center for Substance Abuse Prevention, "SPF SIG Overview and Expectations." New Grantee Workshop.

<sup>11</sup> Community Anti-Drug Coalitions of America (CADCA). (2008). *Evaluation Primer: Setting the Context for a Community Anti-Drug Coalition Evaluation*.

**Intervening Variables** are factors that affect the relationship between a causal factor and an outcome. For example, an anti-drunk driving media campaign may lead to decreased alcohol-related traffic violations because it changes perceptions about the acceptability of drinking and driving (intervening variable). A campaign that does not succeed in changing these perceptions will not have the effect of reducing alcohol-related traffic violations.

**Internal/Institutional Review Board (IRB)** is an ethics review committee that has been designated to monitor and approve research involving humans in order to protect their rights.

**Logic Models** are diagrams that illustrate the relationships between initiative activities and their intended effects.

**Long-term Outcomes** are more distant targets of coalition work and include changes in substance consumption behaviors and consequences of substance use.

**Outcomes-based Prevention** is goal-oriented and focuses on achieving positive outcomes. Evaluation results help to shape the direction of prevention activities and initiatives to help ensure the work of the coalition achieves progress toward goals.

**Operationalize/operationalization** is a way of defining a concept so that it can be measured.

**Population-level Change** focuses on change for entire populations. By entire populations, we mean collections of individuals who have one or more personal or environmental characteristic in common.<sup>12</sup> Information demonstrating population-level change should be measured at the same town, county, or region that the coalition serves.<sup>13</sup>

**Pre-test and Post-test Method** of evaluation involves comparison of data obtained before and after a prevention strategy is implemented to look for changes that might be attributable to the strategy. This method is used often in prevention evaluation.

**Process Evaluation** assesses how a coalition carries out its planned initiatives by focusing on the “who, what, where, when, why, and how” of program implementation. A key component of processes evaluation is satisfaction with the program implementation.<sup>14</sup>

**Qualitative Data** are detailed and descriptive, but are not quantified in numbers, such as verbal responses in focus groups and interviews, as well as general impressions formed from observations.

**Quantitative Data** consist of numbers answering the questions “How much?” or “How many?”

---

<sup>12</sup> Center for Substance Abuse Prevention, "SPF SIG Overview and Expectations." New Grantee Workshop.

<sup>13</sup> CADCA, 2008.

<sup>14</sup> Ibid.

**Short-term Outcomes** show the first effects of coalition work and are achieved in a short period of time. Increased law enforcement cooperation is an example of a short-term outcome of coalition work.

**Strategic Plan** is a coalition's defined programming strategy for the present and the future, including decision-making processes and allocation of resources.

**Triangulation** is using two or more methods or multiple sources to corroborate your findings (e.g., surveys, focus groups and literature reviews).

## Appendices

- Appendix 1: Logic Model Template**
- Appendix 2: Strategy Counts Required for KIT**
- Appendix 3: Reports Available on KIT**
- Appendix 4: Available Data Sources**
- Appendix 5: Data Collection Methods at a Glance**
- Appendix 6: Creating a Survey**
- Appendix 7: Resources for Human Subject Research**
- Appendix 8: Evaluation Plan Templates**
- Appendix 9: Data Collection Plan Template**
- Appendix 10: Process Evaluation Data Analysis Templates**
- Appendix 11: Analyzing Focus Group Data**
- Appendix 12: Analyzing Observations**
- Appendix 13: Analyzing Indicator Data**
- Appendix 14: Improvement Plan Template**
- Appendix 15: Sample Evaluation Report**
- Appendix 16: Creating Newsletters in MS Word 2007**
- Appendix 17: Additional Evaluation Resources**

**Appendix 1: Logic Model Template**

SPF SIG LOGIC MODEL							
Theory of Change							
Problem Statement (SPF Steps 1-2)			Strategies (SPF Step 3)	Activities (SPF Step 4)	Outcomes (SPF Step 5)		
Problem	But why? (Intervening Variables)	But why here? (Contributing Factors)	What are we doing to address the contributing factors?	What are we doing to do implement the strategy?	Short-Term	Intermediate	Long-Term <sup>15</sup>
					How are we implementing the strategy?	What behaviors will we change?	Are we meeting our long-term goals?
Underage Drinking	Youth do not think they'll be caught for drinking	Local PDs do not enforce department policy consistently	Objective 3.1a, Enhance enforcement of underage drinking laws		Measure: Number of PDs worked with (KIT) <i>Target: Work with 3 in Year 1</i>	Measure: Perceptions of getting caught (MYDAUS)	<b>Measure: Rate of Past Month Alcohol Use by Youth (MYDAUS)</b>  <i>Target: Reduce past month use by 4 percentage points (2011).</i>
		Local PDs do not break up parties	Objective 3.1g, implement party patrols		Measure: Number of alcohol citations for minors (KIT) <i>Target: Increase by 10% in Years 1 and 2.</i>	<i>Target: Increase perceptions by 4 percentage points by 2011.</i>	
					Measure: Number of Party Patrol alcohol citations for minors (KIT) <i>Target: Increase by 10% in Years 1 and 2.</i>		

<sup>15</sup> The long-term outcomes are affected not by any single strategy but by ALL of the strategies and activities.

## Appendix 2: Strategy Counts Required for KIT

Strategy Number	Output (Strategy Count)	Result (Result Count)	Reach (Pop Code)
<b>Objective 3.1: Increase effectiveness of local underage drinking law enforcement policies &amp; practices</b>			
3.1a	Number of departments worked with	Number of alcohol violations/citations for minors	Number of minors receiving violation citations
3.1b	Number of departments worked with	Number of adult alcohol violations/citations	Number of adults receiving violation citations
3.1c	Number of departments worked with	Number of model policies adopted	Number of police officers from the department the policy is adopted
3.1d	Number of local police departments contacted	Number of departments trained	Number of officers trained
3.1e	Number of media outlets reached	Number of incidents and penalties made public	Number of people reached through (circulation) media sources
3.1f	Number of local police departments contacted	Number of local police department's that conducted new sobriety checks	Number of people receiving zero tolerance violations
3.1g	Number of local police departments contacted	Number of local police department's scheduling party patrols	Number of people cited for alcohol related violations during party patrols
3.1h	Number of police departments collaborated with	<i>Not Required</i>	<i>Not Required</i>
3.1i	Number of times message was communicated (1 per airing; printed/published; individual or organization given info)	<i>Not required</i>	Number of families reached
<b>Objective 3.2: Increase use of recommended parental monitoring practices for underage drinking</b>			
3.2a	Number of local channels through which the campaign was presented.	<i>Not required</i>	Number of people exposed to the ad campaign.
3.2b	Number of agencies or organizations approached	Number of meetings held	Number of parents who attend meetings
3.2c	Number of agencies or organizations approached	Number of agencies or organizations who hold educational parent meetings.	Number of parents who attend the trainings
3.2d	Number of schools assisted to adopt parent notification policies	Number of schools that adopt parental notification policy	Number of parents notified
3.2e	Number of community organizations assisted	Number of times the Boomerang program is implemented	Number of people participating in the program
3.2f	Number of times that the materials were provided through schools	<i>Not Required</i>	Number of families reached
<b>Objective 3.3: Increase effectiveness of retailers policies and practices that restrict access to alcohol by underage youth</b>			
3.3a	Number of law enforcement agencies partnering with	Number of compliance checks conducted	Number of staff in all retail stores that were checked
3.3b	Number of merchant establishments approached	Number of merchants trained	Total Number of staff in each establishment who were trained



Strategy Number	Output (Strategy Count)	Result (Result Count)	Reach (Pop Code)
3.3c	Number of retailers partnered with	Number of new policies with all components	Number of staff in all retail stores with the new policies
3.3d	Number of retailers approached	Number of retailers actively enforcing policy	Number of staff in all retail stores where in-store enforcement is occurring
3.3e	Number of venues/sources messages delivered	<i>Not required</i>	Number of people exposed (circulation of the messages)
3.3f	Number of retailers partnered with	Number of new practices implemented	Number of staff in each establishment with new practices
3.3g	Number of retailers contacted	Number of retailers trained	Number of staff in each establishment who were trained
3.3h	Number of law enforcement agencies partnering with	Number of compliance checks conducted	Number of staff in all retail stores that were checked
3.3i	Number of police departments approached	Number police departments partnering with	Number of law enforcement officers involved
3.3j	Number of merchants approached	Number Merchants partnering with	Number of retail staff involved
3.3k	Number of businesses contacted	Number of businesses posting the fliers	Estimated Number of customers per quarter (3 months)
3.3l	Number of retail establishments worked with	Number of establishments implementing sticker shock	Average Number of customers over 21 who purchase alcohol per day per retailer
<b>Objective 3.4: SAUs will adopt and implement a written substance abuse policy consistent with Office of Substance Abuse recommendations</b>			
3.4a	Number of persons involved in developing policy	Number of SAUs adopting new policy	Number of staff and students in the SAU
3.4b	Number of times message was communicated (1 per airing; printed/published; individual or organization given info)	<i>Not required</i>	Number of persons receiving the information
<b>Objective 3.5: Increase effectiveness of school substance abuse policies</b>			
3.5a	Number of schools assisted	Number of schools revising policy	Number of students effected
3.5b	Number of schools assisted	Number of schools actively enforcing policy	Number of people participating enforcement of policy
3.5c	Number of schools assisted	Number of communications disseminated	Number of people receiving the communications
3.5d	Number of local channels use	<i>Not required</i>	Number of people receiving information
3.5e	Number of school staff actively enforcing policy	Number of violations	Number of offenders
3.5f	Number of school assisted	Number of violations	Number of offenders
<b>Objective 3.7: Decrease counterproductive adult modeling behaviors</b>			
3.7a	Number of local channels through which the campaign was presented.	<i>Not required</i>	Number of people exposed to the campaign (distribution of the media source)
3.7b	Number of agencies, organizations approached to collaborate	Number of agencies and organizations who distribute educational materials	Number of parents who receive educational materials

Strategy Number	Output (Strategy Count)	Result (Result Count)	Reach (Pop Code)
<b>Objective 3.8: Decrease alcohol advertising/promotions that appeal to youth</b>			
3.8a	Number of merchants participating	Number of merchants who change their promotion practices	Number of staff in each merchant establishment trained
3.8b	Number of media sources that run the campaign information	<i>Not required</i>	Number of individuals receiving the media source
3.8c	Number merchants contacted	<i>Not required</i>	Number of merchants who receive information
3.8d	Number of event organizers partner with	Number of new community event alcohol policies	Number of people attending events with new alcohol policies
3.8e	Number of towns partner with	Number of alcohol outlet zoning ordinances created	Number of people in the town where the ordinance is implemented
3.8f	Number of event organizers partner with	Number of new community event alcohol policies	Number of people that attend community events where policies are implemented
3.8g	Number of towns partner with	Number of alcohol outlet zoning ordinances created	Number of people in the town where the ordinance is implemented
<b>Objective 3.9: Increase effectiveness of policies/practices affecting social access to alcohol by youth for underage drinking</b>			
3.9a	Number of departments worked with	Number of adult alcohol violations/citations	Number of adults receiving warnings and citations
3.9b	Number of departments worked with	Number of alcohol violations/citations for minors	Number of minors receiving citations and warnings
3.9c	Number of departments worked with	Number of model policies adopted	Number of police officers from the department the policy is adopted
3.9d	Number of trainings offered	Number of departments trained	Number of officers trained
3.9e	Number of media outlets reached	Number of incidents and penalties made public	Number of people reached through (circulation) media sources
3.9f	Number of local police departments contacted	Number of local police department's scheduling party patrols	Number of people cited for alcohol related violations during party patrols
<b>Objective 3.10: Reduce appeal of high risk drinking by increasing knowledge of the health risks</b>			
3.10a	Number of worksites distributing information	<i>Not required</i>	Number of employees reached
3.10b	Number of worksites trained/educated	Number of worksites that adopt practice of including information	Number of employees reached
3.10c	Number of media sources used to deliver message about the low risk guidelines	<i>Not required</i>	Number of persons receiving the media source (distribution)
3.10d	Number of colleges assisted	Number of colleges distributing information	Number of 18-25 year olds reached
3.10e	Number of colleges assisted	Number of colleges that adopted policy	Number of 18-25 year olds reached
3.10f	Number of worksites trained/educated	Number of worksites that adopt policy	Number of employees reached

Strategy Number	Output (Strategy Count)	Result (Result Count)	Reach (Pop Code)
3.10g	Number of colleges assisted	Number of colleges that adopted policy	Number of 18-25 year olds reached
3.10h	Number of workplaces assisted	Number of worksites that adopt policy	Number of employees reached
3.10i	Number of colleges trained/educated	Number of colleges that adopt evidence based web education tools	Number of 18-25 year olds reached
3.10j	Number of worksites trained/educated	Number of worksites that establish protocols for consistent supportive enforcement of Drug Free Workplace.	Number of employees reached
<b>Objective 3.11: Decrease promotions and pricing that encourage high risk drinking among young adults</b>			
3.11a	Number of retailers assisted	Number of retailers with policies that reduce high risk drinking	Number of retailers actively enforcing new policy
3.11b	Number of initiatives attempted	Number of policy changes in community to limit high risk drinking	Number of organizations and businesses enforcing new policies on price and promotion
3.11c	Number of retailers educated	<i>Not required</i>	Number of staff in each retail establishment educated
3.11d	Number of educational messages disseminated	Number of media venues publishing the message	Number of people receiving the message
3.11e	Number of Colleges assisted	Number of policy changes in colleges	Number of college students impacted by policy changes
3.11f	Number of worksites assisted	Number of worksites implementing policies	Number of workers impacted by policy changes
<b>Objective 3.12: Establish mechanisms in health care systems that increase use of screening and brief intervention to address high risk drinking</b>			
3.12a	Number of worksites assisted	Number of worksites that adopts a Drug Free Workplace.	Number of employees reached
3.12b	Number of worksites assisted	Number of worksites that provide Drug Free Workplace Policy information to employees	Number of employees reached
3.12c	Number of materials disseminated	Number of health care providers that distribute information.	Number of employees reached
3.12d	Number of media sources used to deliver your message about the low risk guidelines	<i>Not required</i>	Number of persons receiving the media source (distribution)
3.12e	Number of worksites assisted	Number of workplaces that develop Drug Free Workplace Policy and implement.	Number of employees reached
3.12f	Number of colleges assisted	Number of colleges that develop policy and adopt policy.	Number of 18-25 year olds reached
3.12g	Number of worksites assisted	Number of worksites that develop and adopt policy.	Number of employees reached
3.12h	Number of colleges assisted	Number of colleges that develop policy and adopt policy.	Number of 18-25 year olds reached
3.12i	Number of worksites assisted	Number of worksites that develop and adopt policy.	Number of people reached
3.12j	Number of colleges assisted	Number of colleges that adopt evidence based web assessment program.	Number of people reached

Strategy Number	Output (Strategy Count)	Result (Result Count)	Reach (Pop Code)
3.12k	Number of worksites trained/educated	Number of worksites that establish protocols for consistent supportive enforcement of Drug Free Workplace.	Number of employees reached
3.12l	Number of worksites trained/educated	Number of worksites that adopt Drug Free Workplace in employee Orientation	Number of employees reached
3.12m	Number of worksites trained/educated	Number of worksites that have evidence based employee education	Number of employees reached
3.12n	Number of worksites assisted	Number of worksites that adopt policy and procedures.	Number of employees reached
3.12o	Number of medical practices educated	Number of practices that utilize the tool in their practice	Number of staff in the practice utilizing the tool
<b>Objective 3.13: Increase effectiveness of retailers policies and practices that restrict availability of alcohol that encourages high risk drinking (i.e. reducing sales/service to visibly intoxicated adults)</b>			
3.13a	Number of merchants assisted	Number of responsible retail policies adopted	Number of staff in retailers adopting policy
3.13b	Number of merchants approached	Number of merchants who establish a formal network of responsible retailers.	Number of retail staff in all establishments participating
3.13c	Number of merchants approached	Number of merchants trained	Number of staff in each establishment who were trained
<b>Objective 3.14: Reduce appeal of the misuse of prescription drugs by increasing knowledge of health risks</b>			
3.14a	Number of worksites assisted	Number of worksites that incorporate a Drug Free Workplace.	Number of employees reached
3.14b	Number of worksites assisted	Number of worksite that adopt a policy	Number of employees reached
3.14c	Number of worksites contacted	Number of worksites that provide Drug Free Workplace Policy information to employees	Number of employees reached
3.14d	Number of worksites trained/educated	Number of worksites that adopt Drug Free Workplace in employee Orientation	Number of employees reached
3.14e	Number of worksites trained/educated	Number of worksites that have evidence based employee education	Number of employees reached
3.14f	Number of worksites assisted	Number of worksites that adopt policy and procedures.	Number of employees reached
3.14g	Number of worksites assisted	Number of worksites that adopt policy and procedures.	Number of employees reached
<b>Objective 3.15: Reduce availability of prescription drugs for purposes other than prescribed, by increasing prescribers and dispensers awareness of and use of the Prescription Monitoring Program based on assessment-based local substance abuse prevention priorities</b>			
3.15a	Number of sites approached	Number of new Providers signing on to PMP	Number of individual Providers signed on to PMP
3.15b	Number of sites reached or approached	Number of providers utilizing the PMP system on a regular basis	Number of prescribers/ dispensers who actively request data.
3.15c	Number of sites Educated	<i>Not required</i>	Number of prescribers/ dispensers who register to actively request data.

Strategy Number	Output (Strategy Count)	Result (Result Count)	Reach (Pop Code)
3.15d	Number of providers assisted	Number of policies implemented	Number of staff in practices/offices who have new policies.
<b>Objective 3.16: Increase the number of employers with a substance abuse priority population workforce who use the HMP Worksite Health Framework to address underage/high risk drinking and misuse of prescription drugs</b>			
3.16a	Number of worksites assisted	Number of worksites that incorporate a Drug Free Workplace.	Number of employees reached
3.16b	Number of worksites assisted	Number of worksite that adopt a policy	Number of employees reached
3.16c	Number of worksites assisted	Number of worksites that provide Drug Free Workplace Policy information to employees	Number of employees reached
3.16d	Number of worksites trained/educated	Number of worksites that adopt Drug Free Workplace in employee Orientation	Number of employees reached
3.16e	Number of worksites trained/educated	Number of worksites that have evidence based employee education	Number of employees reached
3.16f	Number of worksites assisted	Number of worksites that adopt policy and procedures.	Number of employees reached
3.16g	Number of worksites assisted	Number of worksites that adopt policy and procedures.	Number of employees reached

### Appendix 3: Reports Available on KIT

- Approaches by Health Promotion Category (HPC) – Reports the total number of times a particular approach was used by HMPs in their efforts to address the health promotion categories.
- Approaches by Setting – Reports the number of times a particular approach was used by HMPs in their efforts to address a health issue in that setting.
- HMP Infrastructure Objectives – Reports each HMP’s objectives, strategies, process steps and planning notes for infrastructure-related objectives.
- HMP Process Step Planning – Reports each HMP’s objectives, strategies, process steps and planning notes.
- ME Work Plan – Reports the workplan as entered into KIT by the HMP, including planning notes.
- MCPs by HMP/SAU within Districts – Reports the MCPs by Health Promotion Category that each HMP has selected in their workplan.
- Populations by Health Promotion Category (HPC) – Reports the number of times a particular population was impacted by HMP strategy efforts across the health promotion categories.
- Settings by Health Promotion Category (HPC) – Reports the number of times a particular setting was addressed by HMP efforts across the health promotion categories.
- Strategies by HMP/SAU within Districts – Reports the strategies by Health Promotion Category that each HMP has selected in their workplan.
- Strategy Counts for HMP/SAU – Reports the total counts from all the towns/SAUs worked with by the HMP (from the Strategy Tracker module).
- Towns and Schools Reached by Health Promotion Category (HPC) – Reports the number of times a particular town was reached by HMP strategy efforts across Health Promotion Categories.
- YAP Involvement in MCPs – Reports the total number of YAPs being worked with on a MCP (from the Work Plan Matrix module).

#### Appendix 4: Available Data Sources

Source of Data	Population	Indicator(s)	Years Available	Geographic Level	Demographic Level	Access Information
Behavioral Risk Factor Surveillance Survey (BRFSS)	Ages 18 and above	30-day use of alcohol Heavy use of alcohol 30-day binge drinking	1995-2008	State, District	Age, Gender, Race	<a href="http://apps.nccd.cdc.gov/BRFSS/page.asp?cat=AC&amp;yr=2008&amp;state=ME#AC">http://apps.nccd.cdc.gov/BRFSS/page.asp?cat=AC&amp;yr=2008&amp;state=ME#AC</a>  Contact: Kip Neale <a href="mailto:Kip.Neale@maine.gov">Kip.Neale@maine.gov</a>
Fatality Analysis Reporting System (FARS)	All ages	Deaths in traffic crashes involving alcohol	1994-2008	State, County	Age, Blood alcohol content	<a href="http://www-fars.nhtsa.dot.gov/States/StatesAlcohol.aspx">http://www-fars.nhtsa.dot.gov/States/StatesAlcohol.aspx</a>  Contact: Duane Burnell <a href="mailto:Duane.Burnell@maine.gov">Duane.Burnell@maine.gov</a>
Higher Education Alcohol Prevention Partnership (HEAPP) Survey	College Students	Alcohol use Drug use Health indicators Risk factors/behaviors Consequences	2008	State	Age, gender, race, income, Maine residence	<a href="http://www.maineheapp.org/index.html">http://www.maineheapp.org/index.html</a>  Contact: Rebecca Ireland <a href="mailto:Rebecca.Ireland@maine.gov">Rebecca.Ireland@maine.gov</a>
Maine General Population Survey (MGPS)	Ages 18 to 64	Alcohol use Drug use AOD use at workplace	2004	State, County	Age, gender, race	<a href="http://www.maine.gov/dhhs/osa/pubs/data/2004/genpop04.pdf">http://www.maine.gov/dhhs/osa/pubs/data/2004/genpop04.pdf</a>
Maine Youth Drug and Alcohol Use Survey (MYDAUS)	Grades 6th-12th	Lifetime use, past month use, age of first use, perceptions, behaviors, family rules/history	2000-2008	State, District, County, School District, School	Age, gender, race, grade	<a href="http://www.maine.gov/maineosa/survey/home.php">http://www.maine.gov/maineosa/survey/home.php</a>  Contact: Melanie Lanctot <a href="mailto:Melanie.Lanctot@maine.gov">Melanie.Lanctot@maine.gov</a>

Source of Data	Population	Indicator(s)	Years Available	Geographic Level	Demographic Level	Access Information
National Survey on Drug Use and Health (NSDUH)	Ages 12 and above	Drugs; Alcohol; Tobacco Perceptions Dependence/Abuse Treatment Gap Serious Psychological Distress Major Depressive Episode	2002/03-2006/07	State	Age	<a href="http://oas.samhsa.gov/statesList.cfm">http://oas.samhsa.gov/statesList.cfm</a>
Northern New England Poison Control (NNEPC)	All	Calls to Poison Control involving substance abuse/poisoning	2000-current	State, County	Gender, age	<a href="http://www.mmc.org/mmc_body.cfm?id=2046">http://www.mmc.org/mmc_body.cfm?id=2046</a>  Contact: Dan Sizemore <a href="mailto:SIZEMH@mmc.org">SIZEMH@mmc.org</a>
Pregnancy Risk Assessment Monitoring System (PRAMS)	New mothers	Medical Risk Factors due to Alcohol and Tobacco Consumption (new mothers)	1988-2006	State	Age, Race	<a href="http://www.maine.gov/dhhs/bohodr/table_s2006.htm">http://www.maine.gov/dhhs/bohodr/table_s2006.htm</a>
Prescription Monitoring Program (PMP)	All	Prescriptions filled		State, County	Gender, age	<a href="http://www.maine.gov/dhhs/osa/data/pmp/reports.htm">http://www.maine.gov/dhhs/osa/data/pmp/reports.htm</a>  Contact: Dan Eccher <a href="mailto:Daniel.Eccher@maine.gov">Daniel.Eccher@maine.gov</a>
Treatment Data System (TDS)	Individuals receiving substance abuse treatment	Admissions to treatment for substance abuse.	2000 – current	State, County	Substance, age, gender, race, ethnicity, education, marital status	<a href="https://portalx.bisoex.state.me.us/jav/osa_tdsreports/home.do">https://portalx.bisoex.state.me.us/jav/osa_tdsreports/home.do</a>  Contact: Debra Brucker <a href="mailto:Debra.Brucker@maine.gov">Debra.Brucker@maine.gov</a>
Uniform Crime Report (UCR)	All ages	Arrest for Driving Under the Influence, Arrests for Substance Abuse	1995-2008	Regional, State, County	Age categories	<a href="http://www.fbi.gov/ucr/ucr.htm">http://www.fbi.gov/ucr/ucr.htm</a>  <a href="http://www.maine.gov/dps/cim/crime_in_maine/cim.htm">http://www.maine.gov/dps/cim/crime_in_maine/cim.htm</a>



Source of Data	Population	Indicator(s)	Years Available	Geographic Level	Demographic Level	Access Information
Vital Statistics	All	Births, Deaths, Population Trends	1995- 2006*  <i>*Depends on indicator</i>	State, County	Gender, age, race	<a href="http://maine.gov/dhhs/bohodr/links.htm">http://maine.gov/dhhs/bohodr/links.htm</a>  Contact: Kim Hagan <a href="mailto:Kim.E.Haggan@maine.gov">Kim.E.Haggan@maine.gov</a>
Young Adult Alcohol and Drug Use Survey (YADAUS)	Ages 18 to 25	Alcohol use Drug use Perceptions AOD use at workplace Consequences	2008	State, District, County	Age, gender	Contact: Sarah Goan <a href="mailto:SGoan@hornbyzeller.com">SGoan@hornbyzeller.com</a>
Youth Risk Behavior Surveillance Survey (YRBSS)	Grades 9th- 12th	Alcohol, Tobacco, Marijuana and Other Drugs (past month, lifetime) Risk Behaviors Physical Activity	2007 and odd years back to 1995	State	Age/grade, gender, race	<a href="http://apps.nccd.cdc.gov/yrbss/SelectLocyear.asp?cat=3&amp;Quest=Q42">http://apps.nccd.cdc.gov/yrbss/SelectLocyear.asp?cat=3&amp;Quest=Q42</a>

## Appendix 5: Data Collection Methods at a Glance

Method	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

<b>Method</b>	<b>Pros</b>	<b>Cons</b>	<b>Costs</b>	<b>Time to Complete</b>	<b>Response Rate</b>	<b>Expertise Needed</b>
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
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

## Appendix 6: Creating a Survey

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).

It is best to use existing instruments, if available and cost effective, as they have already been tested for reliability and validity. However, you may choose to develop your own survey. The following are guidelines to consider:

- Be brief
- Use simple and grammatically correct language
- Watch out for words with double meanings or words that are easily confused
- Avoid complex sentences
- Avoid negative questions (do you not like...)
- Minimize yes/no questions
- When asking people to rate their agreement with a statement or rate their opinion, use at least a five point rating system, i.e., a scale of 1 to 5. This commonly referred to as a Likert scale.
  - Define what each level of the scale means (e.g., 1= poor, 2= fair, 3= good, 4= very good, 5= excellent)
  - Repeat the scale if you continue beyond original page
- Be sensitive to minority or subculture groups and with personal items
- Keep questions and corresponding answers on the same page
- Group similar response formats and themes together
- Consider what demographic information you need and how it will be useful. If you don't need it, don't ask for it.
- Consider spacing and layout (e.g., easy to read, pleasant in appearance, indent answers separately from questions)
- Consider use of graphics, words of encouragement, thank you at the end
- Do not use abbreviations or acronyms (e.g., Qty, HMP).
- Whenever possible, include an "other" category with a blank space for respondents to provide more information (e.g., Other, please specify: \_\_\_\_\_)
- Use judgment about using complex formats (e.g., if you answer no, go to question #...)
- Pilot the instrument to get feedback and make adjustments before full implementation.

## Appendix 7: Resources for Human Subject Research

An Institutional Review Board helps to ensure that research involving human subjects will not create undue harm or burden on the people involved. It also ensures that confidential information is protected and secure, and that participants are properly informed of their rights, the purpose of the research and that they can refuse to participate at any time.

Determining whether something is research that involves human subjects can be surprisingly complicated and depends on a variety of factors. There are a number of questions to think about as you determine whether you will need IRB approval:

1. Do you intend to collect information and then present it to a public audience or at a conference?
2. Do you intend to publish findings or disseminate information based upon your work?
3. Will you be conducting interviews, surveys or focus groups?
4. Will you need access to sensitive data or records?
5. Is there any way to link the data you plan to collect with identifying information?
6. Are you seeking grant funding?

If the answer to any of these questions is "yes" your work **may** require IRB review. The following website includes decision charts that can also help you decide if you need to contact an IRB for more guidance:

<http://www.hhs.gov/ohrp/humansubjects/guidance/decisioncharts.htm#c1>

The University of Southern Maine Institutional Review Board will review protocols for a one-time fee. They will also issue Exemption reviews, meaning they will confirm that your work does not meet the requirements that would necessitate a full review. For more information, visit: <http://usm.maine.edu/orc/irb/admin.htm>. You may also call: (207) 780-4268 or e-mail [usmirb@usm.maine.edu](mailto:usmirb@usm.maine.edu) with questions.

## Appendix 8: Evaluation Plan Templates

### Sample Evaluation Plan

Goal: Reduce high risk drinking among youth 12-17 years old.

Question	Type of Evaluation	Measure(s)	Data Source(s)
Did high risk drinking among youth 12-17 years old decrease since 2006?	Outcome	Past 30-day Use of Alcohol Binge Drinking in the Past 2-Weeks	MYDAUS 2006/2008
<b>Strategy: RBS Training</b>			
To what extent did we increase effectiveness of retailers' policies and practices?	Process	Number of staff trained Percentage of all retail outlets receiving training	Training notes KIT Solutions Liquor Licensing
Did the rate of passed compliance checks improve?	Outcome	Percentage of passed compliance checks	Local PD tracking Liquor Licensing
Did perceptions that access to alcohol is <u>easy</u> change since 2006?		Perceived ease of access to alcohol	MYDAUS 2006/2008
<b>Strategy: Parent Media Campaign</b>			
How much parental monitoring information did we distribute? When/Where?	Process	Number of materials distributed/date/locale	KIT Solutions
Did we increase parents' knowledge about reasons to monitor their children and ways to do so?	Outcome	Change in knowledge after education night	Pre-Post Survey
Did perceptions that youth will be caught by parents change since 2006?	Outcome	Perceived ease of access to alcohol	MYDAUS 2006/2008

## Evaluation Plan

Coalition Name:

Date:

Goal:

Question	Type of Evaluation	Measure(s)	Data Source(s)
<b>Strategy:</b>			
<b>Strategy:</b>			
<b>Strategy:</b>			
<b>Strategy:</b>			
<b>Strategy:</b>			

### Evaluation Action Plan

Evaluation Component	Planned Activities	Timeline	Person(s) Responsible
Create an Evaluation Team			
Determine Evaluation Question(s) and Measures			
Collect Evaluation Data/ Information			
Analyze and Interpret Data			
Use/Disseminate Evaluation Results			



**Appendix 9: Data Collection Plan Template**

Evaluation Measure	Information Source	Collection Procedure	Timeline	Person(s) Responsible
<i>Citations/violations from Party Patrols</i>	<i>Anytown PD</i>	<i>Create form to track information after each PP.</i>	<i>Receive forms by May 1, 2010.</i>	<i>Jen and Chief Smith</i>

**Appendix 10: Process Evaluation Data Analysis Templates**

**Process Evaluation Data Analysis Template**  
**Were the key activities implemented as planned?**

Strategy	Anticipated Key Activities	Actual Key Activity	Change from Plan	Reason for Change

- Did the key activities you implemented match the activities you had planned to implement?
- If you made changes to your plan, what were they? How and why did these changes come about?

**Process Evaluation Data Analysis Template**  
**What was the output for each strategy?**

Strategy	Key Activity	Anticipated Output	Actual Output	% Anticipated Output Complete*

*\*Divide the actual output by the anticipated output and multiply by 100 to calculate the percentage of anticipated output completed.*

- Did you accomplish more or less than you had planned?
- If you accomplished less than you planned, what obstacles prevented you from accomplishing 100% of your goal?
- If you accomplished more than you planned, what helped you to achieve more than 100%?

**Process Evaluation Data Analysis Template**  
**Who completed each activity?**

Strategy	Anticipated Partner	Actual Partner	Anticipated Role	Actual Role

- Did your anticipated partners follow through in their anticipated roles?
- If partners changed, what led to these changes? How did the changes affect the overall implementation plan?
- If roles changed, what led to these changes? How did the changes affect the overall implementation plan?

**Data Analysis Template**  
**Process Evaluation: When did each activity take place?**

Strategy	Key Activity	Anticipated Start Date	Actual Start Date	Anticipated End Date	Actual End Date	Anticipated Duration <sup>1</sup>	Actual Duration <sup>2</sup>

<sup>1</sup>Count the number of days, weeks, months, or years between the anticipated start date and anticipated end date.

<sup>2</sup>Count the number of days, weeks, months, or years between the actual start date and the actual end date.

- Did the actual start date differ from the anticipated start date? If the start date changed, why did you choose to change the start date for the activity?
  
- Did the actual end date differ from the anticipated end date? If the end date changed, why did you choose to change the end date for the activity?
  
- Did the actual duration differ from the anticipated duration? If the duration changed, why did you choose to change the duration of the activity?











## Appendix 13: Analyzing Indicator Data

### Analyzing Indicator Data for Substance Use Consumption

Use this worksheet to help pinpoint trends in survey data regarding consumption, as well as comparisons to state rates and/or differences among groups that you noticed.

Indicator/Source	Overall Rate (County)	Compared to State?	Trends over time?	Other notes (e.g., any groups of particular concern, initial reactions, relevant process evaluation findings)
		<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change	
		<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change	
		<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change	
		<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change	
		<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change	
		<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change	

Which indicators report positive changes according to the data? Which indicators show less positive findings (e.g., increase in consumption or no change)? Do these findings remain true for all grades, age groups or other demographic groups?

- What is our rate compared to the statewide rate? Is this a concern?
- What is our current rate of use compared with past years? Is this a concern? What might be the reason for this trend?
- What might help to explain these findings (e.g., process evaluation findings)?

### Analyzing Indicator Data for Substance Use Consequences

Use this worksheet to help pinpoint trends in survey data regarding substance-related consequences, as well as comparisons to state rates and/or differences among groups that you noticed.

Indicator/Source	Rate of consequence in most recent year:	Compared to state?	Trends over time?	Other notes (e.g., any groups of particular concern, initial reactions, relevant process evaluation findings)
		<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change	
		<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change	
		<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change	
		<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change	
		<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change	
		<input type="checkbox"/> Higher <input type="checkbox"/> Lower <input type="checkbox"/> About the same	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change	

Which indicators report positive changes according to the data? Which indicators show less positive findings (e.g., increase in consequence or no change)? Do these findings remain true for all grades, age groups or other demographic groups?

- What is our rate compared to the statewide rate? Is this a concern?
- What is our current rate compared with past years? Is this a concern? What might be the reason for this trend?
- What might help to explain these findings (e.g., process evaluation findings)?

**Appendix 14: Improvement Plan Template**

**Long-term Goal:** *(Ex. Decrease perception that access to alcohol is easy)*

**Short-term Goal:** *(Ex. Decrease retail alcohol sales to minors)*

<b>Current Strategy</b>	<b>Proposed Change</b>	<b>Date Change Proposed</b>	<b>Rationale for Change</b>	<b>Who is Responsible for Implementing Change?</b>	<b>When Will Change be Implemented?</b>
<i>RBS training</i>	<i>Invite fewer staff from more retailers to attend training</i>	<i>10/15/2009</i>	<i>To increase the number of retailers exposed to training without increasing need for resources</i>	<i>A.B.-training scheduler</i>	<i>Upon next round of trainings to be scheduled, beginning in September 2010</i>

## **Appendix 15: Sample Evaluation Report**

### ***Sample Outline of Evaluation Report***

Title Page

Table of Contents

Executive Summary

Purpose of the Report

Background About Coalition  
*Coalition Description/History*  
*Staffing*

Program/Initiative Description (what is being evaluated)  
*Problem Statement*  
*Overall Goal(s) of Initiative/Program*  
*Activities of the Initiative/Program*

Overall Evaluation Goals  
*Evaluation Questions*  
*Outcomes and Performance Measures*

#### **Methodology**

*Data sources*  
*How data were collected*  
*How data were analyzed*  
*Limitations of the evaluation (e.g., cautions about findings/conclusions)*

#### **Findings/Interpretations (organize by theme not data source)**

*Population Demographics*  
*Process (assessment of activities/implementation)*  
*Outcomes (measures of achieving goals)*

#### **Conclusions & Recommendations**

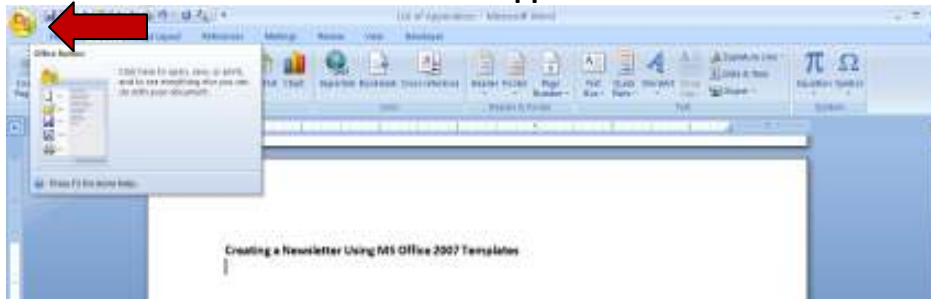
#### **Appendices**

Logic model  
Evaluation plan  
Instruments used to collect data/information (e.g., survey, focus group questions)  
Data (e.g., tables, charts, graphs)

## Appendix 16: Creating Newsletters in MS Word 2007

*Note: you must be connected to the internet in order to use this function.*

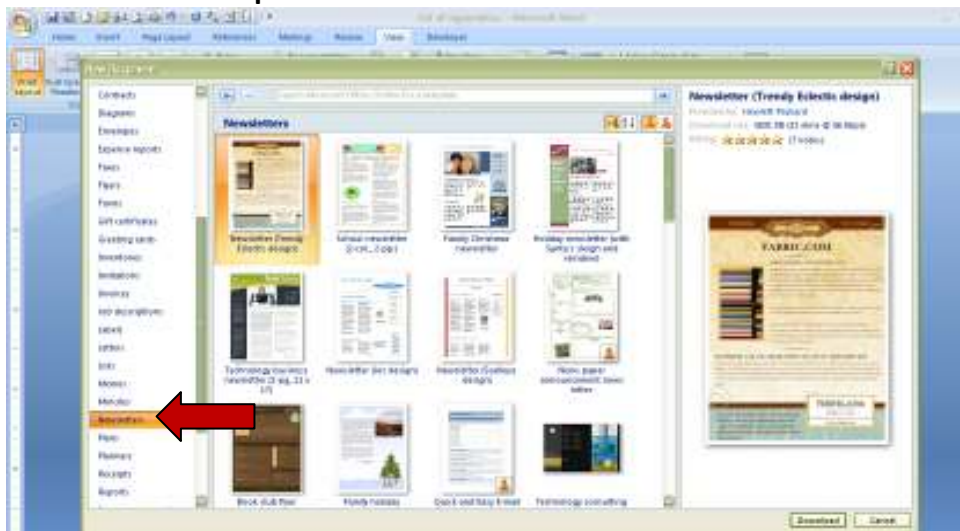
1. Go to the Windows button in the upper left corner



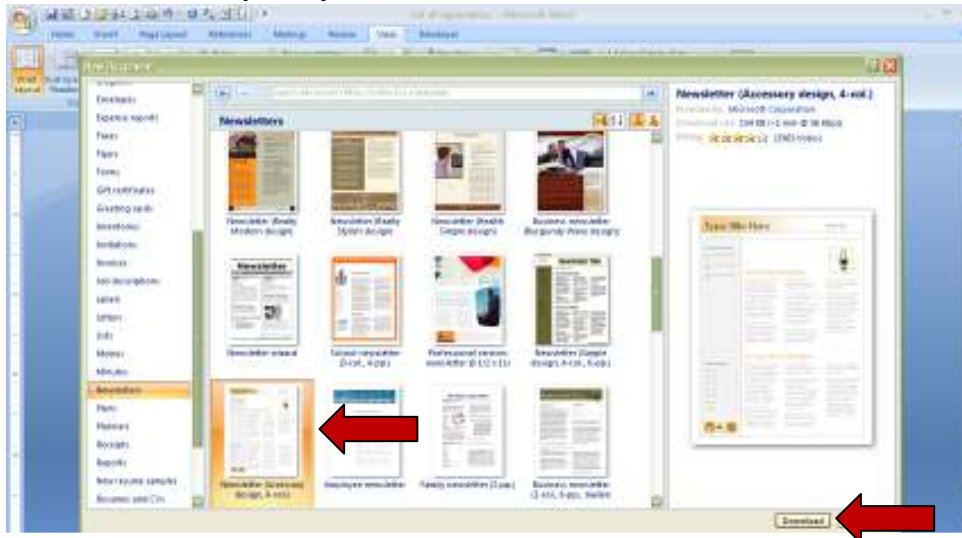
2. Select New Document. The templates screen will appear.



3. On the left-hand side, scroll down to "Newsletters" and click on it to bring up the newsletter templates.



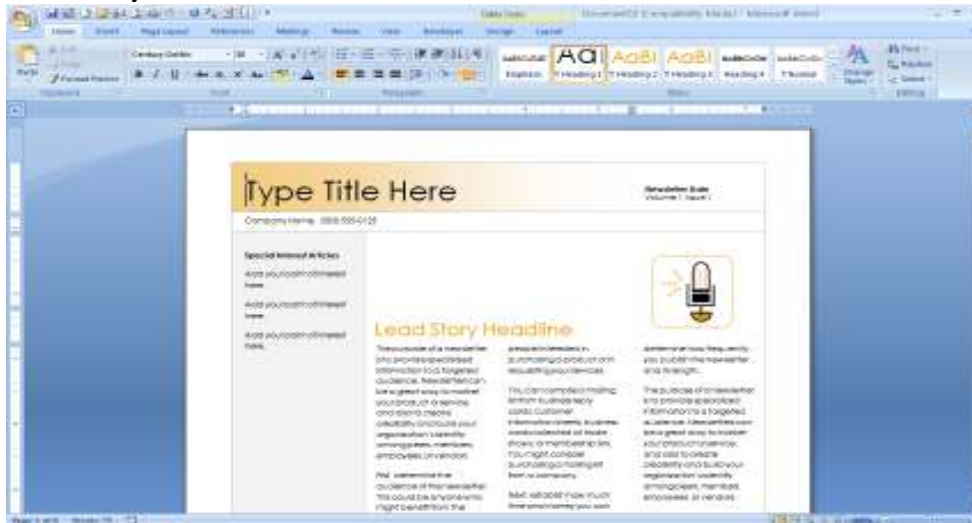
4. Select the template you want to use and hit "Download".



5. A screen will appear for a few moments...



6. Fill in your information and save the document!





## Appendix 17: Additional Evaluation Resources

Community Anti-Drug Coalitions of America. (2008). *Evaluation Primer: Setting the Context for a Community Anti-Drug Coalition Evaluation*.

Imm, Pamela; Chinman, Matthew; Wandersman, Abraham; Rosenbloom, David; Guckenburg, Sarah; Leis, Roberta. (2007). *Preventing Underage Drinking: Using Getting to Outcomes™ with the SAMHSA Strategic Prevention Framework to Achieve Results*. RAND Corporation.

McNamara, Carter. (1997-2007). Pitfalls to Avoid, Adapted from the *Field Guide to Nonprofit Program Design, Marketing and Evaluation*. Retrieved May 28, 2007 at [www.managementhelp.org/evaluatn/fnl\\_eval.htm](http://www.managementhelp.org/evaluatn/fnl_eval.htm)

McNamara, Carter. (Fall, 2003). A Basic Guide to Program Evaluation, *The Grantsmanship Center Magazine*.

Patton, Michael Quinn. (1997). *Utilization focused evaluation*. Sage Publications.

*Performance Measurement and Outcomes Evaluation Process sites Getting to Outcomes*. (2004). [www.stanford.edu/~davidf/empowermentevaluation.html](http://www.stanford.edu/~davidf/empowermentevaluation.html)

Poister, Theodore, H. (2003). *Measuring performance in public and nonprofit organizations*. Jossey-Bass.

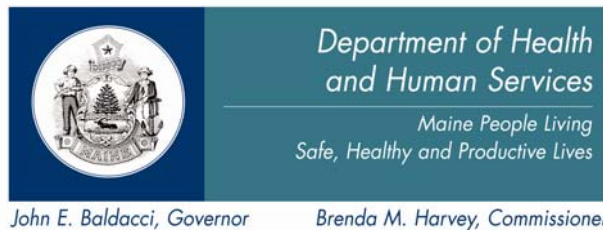
United Way. (1996). *Measuring Program Outcomes: A practical approach*.

Urban Institute. (2003). *Key Steps in Outcome Management*.

W. K. Kellogg Foundation. (January, 1998). *Evaluation Handbook*.

Maine Office of Substance Abuse  
41 Anthony Avenue  
#11 State House Station  
Augusta, ME 04333-0011  
Ph: 207-287-2595  
TTY: 1-800-606-0215  
Email: [osa.ircosa@maine.gov](mailto:osa.ircosa@maine.gov)  
Web: [www.maineosa.org](http://www.maineosa.org)

Printed: November, 2009



The Department of Health and Human Services does not discriminate on the basis of disability, race, color, creed, gender, sexual orientation, age or national origin in admission or access to or operations of its programs, services, or activities, or its hiring or employment practices. This notice is provided as required by Title II of the Americans with Disabilities Act of 1990 and in accordance with the Civil Rights Act of 1964 as amended, Section 504 of the Rehabilitation Act of 1973 as amended, the Age Discrimination Act of 1975, Title IX of the Education Amendments of 1972 and the Maine Human Rights Act. Questions, concerns, complaints or requests for additional information regarding the ADA may be forwarded to DHHS ADA Compliance/EEO Coordinator, SHS #11, Augusta, ME 04333; (207) 287-4289 (V) or (207) 287-3488 (V), TTY: 800-606-0215. Individuals who need auxiliary aids or services for effective communication in programs and services of DHHS are invited to make their needs and preferences known to the ADA Compliance/EEO Coordinator. This information is available in alternate formats upon request.

*Caring..Responsive..Well-Managed..We Are DHHS.*

Developed and printed with funds from the Substance Abuse and Mental Health Services, Center for Substance Abuse Prevention Strategic Prevention Framework State Incentive Grant.