

PRIMER

EVALUATION



Setting the Context for a Community Coalition Evaluation



Community Anti-Drug Coalitions of America
National Coalition Institute

CADCA's National Coalition Institute, developed in 2002 by an Act of Congress, serves as a center for training, technical assistance, evaluation, research, and capacity building for community substance misuse coalitions throughout the United States. The Institute developed these primers to serve as a guideline for coalitions navigating the U.S. Department of Health and Human Services Administration (SAMHSA)'s Strategic Prevent Framework (SPF). These primers highlight the CADCA model of prevention and its applied uses to the SPF. Each primer is designed to stand alone and work with others in the series. Research suggests that prevention of substance use and misuse before it starts is the most effective and cost-efficient way to reduce substance use and its associated costs. Coalitions are critical to the success of prevention efforts in local communities. Through your work in engaging key sectors of the community, we can create population-level change and positive, sustainable outcomes that can truly change the world. To learn more about our work, visit the CADCA website, www.cadca.org.

—Arthur T. Dean
Major General, U.S. Army, Retired
Chairman and CEO
CADCA (Community Anti-Drug Coalitions of America)

CONTENTS

INTRODUCTION	1
Drug Free Communities Support Program.....	1
The Public Health Approach	1
SAMHSA’s Strategic Prevention Framework.....	3
Coalition Evaluation Overview.....	5
Difference Between a “Program” and “Coalition” Evaluation	5
Functions of a Coalition Evaluation	7
Three Phases of a Coalition Evaluation	9
A Word About Cultural Competence as it Relates to Evaluation	10
A Word About Sustainability as it Relates to Evaluation	10
CHAPTER 1: CONFIRM DATA ON YOUR LOGIC MODEL	11
Review Logic Model to Ensure “Good” Data.....	11
Create an Evaluation Plan	12
CHAPTER 2: DOCUMENT YOUR COALITION’S WORK	15
Document Work Completed by the Coalition	15
Record Coalition Output and Process Data	16
Report Coalition Output and Process Data	18
CHAPTER 3: TELL YOUR COALITION’S STORY	21
Tell the Coalition’s Story	21
Developing an Evaluation Communication Plan	22
CHAPTER 4: DEVELOP A DATA COLLECTION PLAN	25
Create a Coalition Evaluation Work Group.....	25
Organize to Collect and Share Coalition Evaluation Data on a Regular Basis	25
CONCLUSION	26
A WORD ABOUT WORDS	27
GLOSSARY	27



INTRODUCTION

Drug-Free Communities Support Program

In 1997, Congress enacted the Drug-Free Communities Support Program (DFC) to provide grants to community-based coalitions to serve as catalysts for multi-sector participation to reduce local substance use problems. By 2018, nearly 2,000 local coalitions received funding to work on two main goals:

- Goal 1: Establish and strengthen collaboration among communities, private nonprofit agencies, and federal, state, local, and tribal governments to support the efforts of community coalitions to prevent and reduce substance abuse among youth.
- Goal 2: Reduce substance abuse among youth and, over time, among adults by addressing the factors in a community that increase the risk of substance abuse and promoting the factors that minimize the risk of substance abuse.*

*For the purposes of the DFC grant, “youth” is defined as 18 years of age and younger.

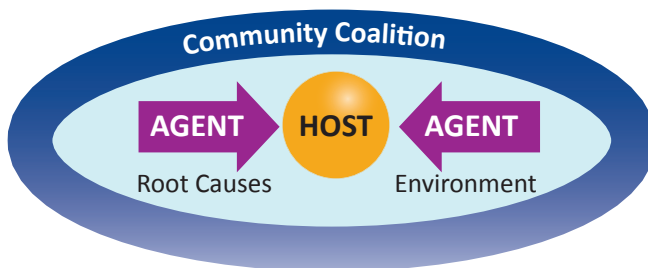
The Public Health Approach

Effective prevention efforts focus on impacting the individual, peers, families, and the overall community environment. It is the role of coalitions to reduce substance use in the larger community by implementing comprehensive, multi-strategy approaches using a public health approach to prevention.

Community coalitions use the **public health approach** to look at what substances (the **agent**) are being used by youth and adults (the **host**) in the community and to impact those conditions (root causes in the **environment**) that promote the use of substances and strengthen those conditions that promote and support healthy choices and behaviors.

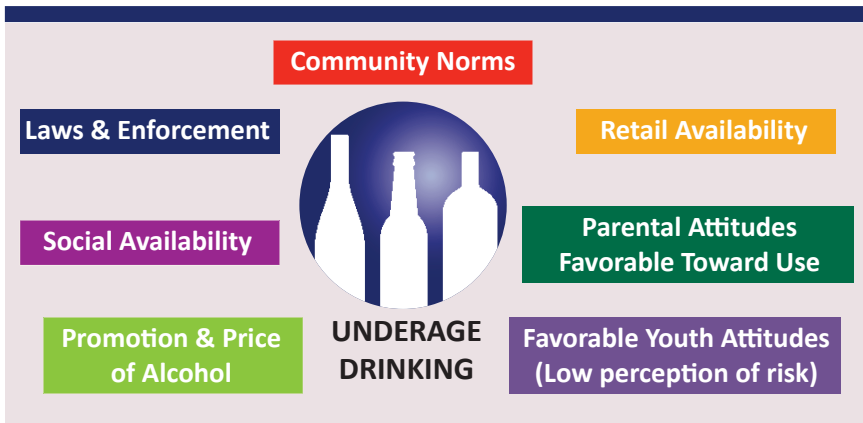
THE PUBLIC HEALTH APPROACH

The Public Health Approach demonstrates that problems can arise when a **host** (the individual or person using substances) interacts with an **agent** (e.g., the substance, like alcohol or drugs) in an **environment** (the social and physical context in which substance use does or does not occur).



Root causes, also known as **risk and protective factors** or intervening variables, are those conditions in the community, family, peer group, and school that make it more or less likely a person will use substances. In another area, consider the risk factors for heart disease. A poor diet is not the only cause of heart attacks, but we know that a poor diet can significantly increase the likelihood you might have a heart attack. Eating healthy foods and exercising are examples of protective factors that can decrease the likelihood of future heart disease. Figure 1 identifies key risk factors/root causes for underage drinking. (Note: these risk factors are discussed in detail in the *Community Assessment Primer*, Chapter 2: Collect Needs and Resource Data.)

Figure 1



Community coalitions are oftentimes one of the only groups in a community that are organized to address the entire community environment in which young people may use alcohol or other substances. Many organizations and individuals can impact the individual and address specific aspects of the environment, but the coalition is the only group that is looking **COMPREHENSIVELY** at the environment, seeking to achieve population-level changes to the entire community.

Individual-focused strategies that target individual users can reach limited numbers of people. Community-based programs that provide direct services to individuals are important partners in a comprehensive community-level response to substance use. Strategies that focus on the availability of the substance and the entire community environment—although more difficult to implement—are likely to impact many more people. For example, information learned by teenagers who attend alcohol prevention classes at school is important, however, these individual-focused strategies are limited to those students enrolled in the classes.

Chances of keeping youth from using alcohol are greater if those classes are part of a comprehensive strategy that also includes local ordinances that limit billboards and other advertising near local schools, and community-wide policies that mandate responsible beverage service training as part of the alcohol licensing process. These strategies, coupled with increased funding for compliance checks and increased fines for violations, will work to ensure that alcohol retailers do not sell to minors. Such **environmental-focused strategies** target the substance (e.g., the availability of alcohol) and the environment (e.g., implementing policies to reduce youth access). The role of the coalition is to identify or coordinate the implementation of these comprehensive strategies.

SAMHSA’s Strategic Prevention Framework

The DFC initiative utilizes the **Strategic Prevention Framework** (SPF) developed by the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA). The SPF’s seven elements guide coalitions in developing the infrastructure needed for community-based public health approaches leading to effective and sustainable reductions in alcohol, tobacco, and other substances.

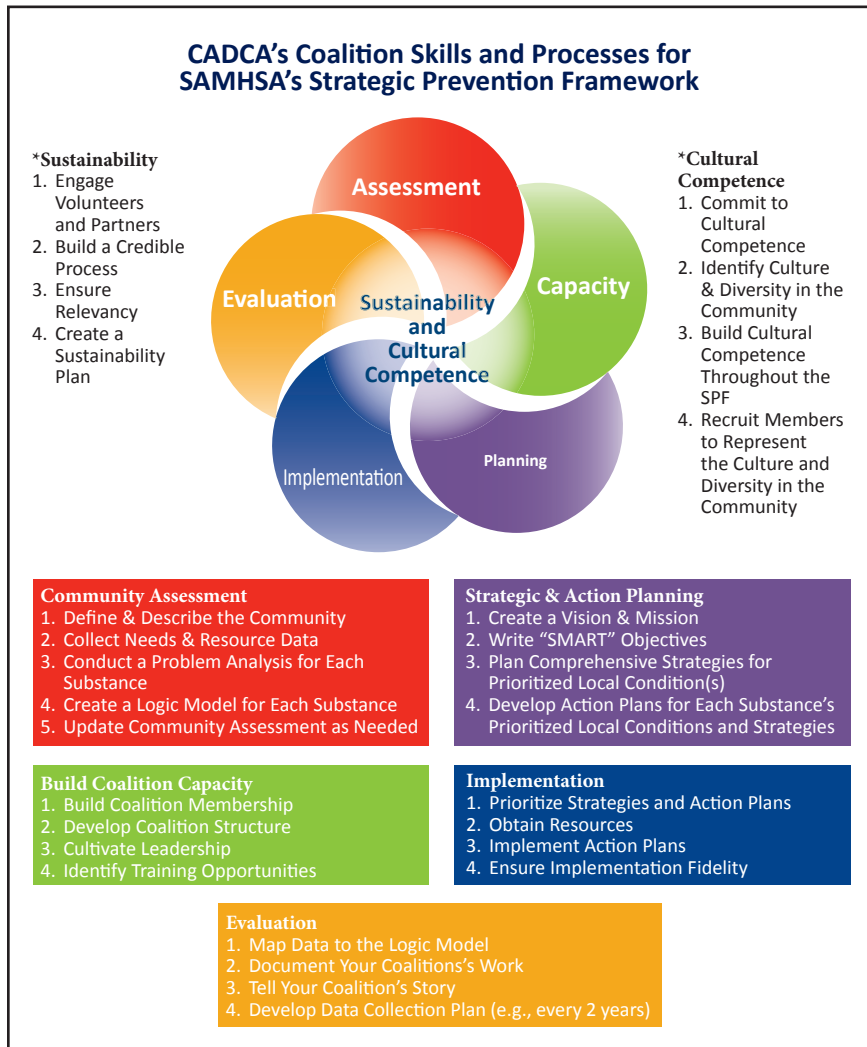
The elements shown in Figure 2 include:

- **Assessment.** Collect data to define problems, resources, and readiness within a geographic area to address needs and gaps.
- **Capacity.** Mobilize and/or build capacity within a geographic area to address needs.
- **Planning.** Develop a comprehensive strategic plan that includes policies, programs, and practices creating a logical, data-driven plan to address problems identified in assessment.
- **Implementation.** Implement evidence-based prevention programs, policies, and practices.
- **Evaluation.** Measure the impact of the SPF and its implemented programs, policies, and practices.
- **Cultural Competence.** The ability to interact effectively with members of diverse populations.
- **Sustainability.** The process of achieving and maintaining long-term results.

To be successful, coalitions leaders and members need to implement each of these elements in their community. Fortunately, all the skills and knowledge do not need to reside in any one individual, but in the coalition members' collective repertoire of skills and knowledge.

Figure 2 displays the key skills and processes that CADCA has identified as essential for a coalition to be successful. The *CADCA Primer Series* describes each of the SPF elements in detail.

Figure 2



This *Coalition Evaluation Primer* provides a detailed description of the coalition evaluation process:

1. Confirm data on your logic model.
2. Document your coalition's work.
3. Tell your coalition's story.
4. Develop a data collection plan.

Coalition Evaluation Overview

Coalition evaluation is defined as the flow of information between the partners of a community problem-solving effort and members of the community impacted by the substance use prevention efforts.

This primer specifically addresses coalition evaluation, which involves using specific information to **tell the story** of how the **coalition contributes to community-level changes** in substance use and healthy behaviors. Information fuels and powers strong community coalitions. They use it to understand local concerns, report on their work, and monitor progress. Information lies at the heart of each stage of coalition development—planning, action, celebration, and renewal.

Coalition evaluation describes a coalition's plan to gather and carefully use information to report data accurately and appropriately to stakeholders and partners. The powerful ways people can use the results, not merely the process of collecting statistics, make coalition evaluation essential.

What Are Community-level Outcomes?

Community-level outcomes, also called population-level outcomes, are data measured for the community defined as the coalition's target population. As described in the **Community Assessment Primer**, the community description describes the specific neighborhood, city, county, multi-county or other population for which the coalition will serve. For example, if the coalition targets an entire city, then the community-level outcomes would be at the city level. As such, your student survey data should cover a representative sample of the youth in your city, your DUI rates should be reported at the city level (instead of the county or neighborhood level) and your youth drug and alcohol violation rates should be reported for the youth living in your city. The coalition's objective is to bring about change large enough to make a difference in the target population identified in the area that it serves.

Difference Between “Program” and “Coalition” Evaluation.

Understanding **coalition evaluation** requires knowledge of the differences between evaluating the coalition's efforts and the evaluation of other substance use prevention efforts, such as prevention programs or education on substances. In fact, some of the differences between evaluating programs and coalitions are the very things that can make coalition evaluation so challenging.

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

Coalition evaluation: By contrast, coalitions look at the entire community when they investigate whether they have positive results. Coalition evaluation measures contributions to community- or population-level outcomes. Each partnership is different. You may work in a small town with less than 1,000 people, a medium-sized town with 20,000 people, at the county level with over 50,000 people, or in a metropolitan community with more than 500,000 people. Coalition evaluation involves tracking changes to measures in the overall populations. Additionally, since many factors can influence community-level data, the coalition cannot claim direct responsibility for any change. Instead, the coalition is responsible for documenting and reporting contributions to the community-level changes.

Coalition Evaluation	Program Evaluation
Target is the “Community”	Known Target Audience
Account for Influences	Able to Control Influences
Can Report Contribution	Can Demonstrate Attribution

Specifically, three elements can be used to describe the difference between coalition evaluation and program evaluation.

- **Target:** A basic difference between a program and a coalition evaluation is the intended level of outcomes. Coalitions seek community level outcomes. This larger scale can make measuring success more difficult. Instead of looking at ten or one hundred youth participating in a program, coalitions look at ten thousand or more – the total population (denominator) of the community. To make things better for all young people in the community, coalitions employ a range of strategies and interventions. Programs are one part of this overall package. In addition to programs, coalitions can employ media, policy change, enforcement efforts, physical changes to the design of the community, and many other strategies. Since programs are only one important element in this complex mix of strategies and actions, coalitions cannot simply add up the results of various programs and label these results a coalition evaluation. To do so would leave much, if not most, of the work done by a coalition out of the picture.

- **Influence:** In a program evaluation, the providers that administer a classroom curriculum are able to control who participates in the classes, when, where, and how often the classes are provided, and who is teaching the classes. If classes are missed, the providers are able to record the attendance and factor that into their outcomes. For a community environmental strategy to limit retail access of alcohol to youth, the coalition can work with the community to provide responsible beverage server training (RBST) and increase compliance checks and fines, but otherwise has limited control over the retailers, the clerks, and conditions at the point of sales. So all the coalition can do is report what they were able to influence.
- **Contribution vs. attribution:** It is important to avoid the trap of attempting to prove attribution. Proving attribution means that your coalition can demonstrate that any positive community-level substance use outcomes are a direct result of the coalition’s work. There are multiple factors which affect substance use outcomes in your community, and many of these are not under the control of your coalition. Broad economic trends, national media coverage, and international drug interdiction efforts are a few of the many influences on rates of substance use that are beyond your coalition’s control. When the coalition records and reports its contributions (strategies and capacity building) to change in the community, it is able to demonstrate its role in supporting change in a local condition, root cause, and ultimately the problem behavior.

“The ultimate purpose of a local coalition evaluation is to document the **CONTRIBUTIONS** of the coalition, not to establish **ATTRIBUTION**.”

Functions of a Coalition Evaluation

A high-quality evaluation ensures people have the right information. What information do coalition supporters, volunteers, and leaders need? How do they use evaluation information? Five uses or functions exist for information gathered through evaluation.

- **Improvement:** The first and most important function of information gathered by a coalition evaluation is improvement. Volunteers, leaders, and supporters should get better at community problem solving because of what they learn from evaluation data.
- **Coordination:** Coalitions are made up of many partners and volunteers all working on different parts of an overall response to community substance use problems. Keeping these partners and activities lined up and pointing in the same direction can be difficult unless the coalition’s evaluation fosters coordination. The information produced by the evaluation should help

members know what others are doing, how this work fits with their own actions and goals, and what opportunities exist for working together in the future.

- **Accountability:** Volunteers want to know if their gift of time and creativity is making a difference. Funders want to know if their money is contributing to a better community. Everyone involved in coalition work is eager to see outcomes. A good evaluation allows the coalition to describe what contribution is being made to important community-level outcomes.
- **Celebration:** A stated aim of any evaluation process should be to collect data that allows the coalition and its members to celebrate genuine accomplishment. The path to reducing substance use at the community level is not easy. Regular celebration of progress is needed to keep everyone motivated and encouraged in the face of difficult work.
- **Sustainability:** The path to reduced substance use can be long. It often requires years of hard work to see movement in community-level indicators of substance use. Likewise, new community problems emerge requiring a renewed response. Evaluation should help the coalition stay “in the game” long enough to make a difference by sharing information with key stakeholders and actively nurturing their continued support.

Fostering coalition improvement, coordination, accountability, celebration, and sustainability is why coalitions collect information through an evaluation process. Often, coalitions have started their evaluation in response to a grant funder requirement. As a result, the evaluation may currently only serve some of these functions, or even just one: accountability.

Evaluation plays a critical role in coalition success and it is important for coalitions to grow from an accountability focused evaluation into a well-rounded evaluation that can serve the other equally important functions. Making the most of evaluation requires that a broader group of volunteers be productively involved. The task of planning for evaluation should not be left to just staff and paid evaluators.

We designed this primer to help coalitions develop an evaluation plan and collect and use evaluation information in a way that allows staff and volunteers to effectively manage the scale and complexity of the coalition’s work.

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

National DFC Evaluation

DFC grantees must participate in the initiative's national cross-site evaluation. To monitor the DFC's long-term goals, each grantee must collect data on four core measures and report this information a minimum of every two years. (Coalitions, of course, may collect data on other measures.) DFC grantees are asked to report this data by school grade and gender. The preferred school population is school-aged youth, grades 6-12. The following core measures represent a quantifiable and common set of measures used to assess and aggregate the overall performance of all DFC sites as a group from a national perspective:

- **Past 30-day use.** The percentage of youth who report using alcohol, prescription drugs, tobacco, or marijuana in the past 30 days.
- **Perception of risk or harm.** The percentage of youth who report feeling regular use of alcohol, tobacco, or marijuana has moderate or great risk.
- **Perception of parental disapproval of use.** The percentage of youth who report their parents feel regular use of alcohol, tobacco, or marijuana is wrong or very wrong.
- **Perception of peer disapproval of use.** The percentage of youth who report their peers feel regular use of alcohol, tobacco, or marijuana is wrong or very wrong.

For more information about measuring DFC Program, please visit <https://www.whitehouse.gov/ondcp/grants-programs/>

Three Parts of a Coalition Evaluation

The effort to conduct a coalition evaluation involves three specific steps that are fully described in this *Coalition Evaluation Primer*:

1. **Confirm data on your logic model**— Through the community assessment and logic modeling processes, the coalition has already collected the necessary data that can provide a baseline of community-level changes that the coalition seeks to achieve in the community. This data, recorded on the logic model, is used to measure changes in the problem statement, root causes, and local conditions.
2. **Document your coalition's work**— The coalition must capture all the efforts conducted by the coalition and its partners that contribute to the changes identified on the coalition logic model. The coalition's efforts, which we call coalition outputs, capture all the new or changed processes, programs, services, community resources, and media exposure that have resulted from the coalition's efforts.
3. **Tell your coalition's story**— To build and sustain the on-going support and involvement of the community, the coalition must be able to describe how it (and its partner organizations) have contributed to changes in substance use that have occurred in the community. The coalition can use the community-level data and coalition outputs to tell this story.

A Word About Cultural Competence as it Relates to Evaluation

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

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

A Word About Sustainability as it Relates to Evaluation

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

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

CHAPTER 1.

Confirm Data on Your Logic Model

As previously discussed, the purpose of a coalition evaluation is to identify changes in the community related to substance use and to tell the story of how the coalition has contributed to the changes. To document changes in the community, the coalition can use the **community assessment** and **logic models** it has already developed.

Review your Logic Model to Ensure “Good Data”

The data used to determine the problem, root causes, and local conditions on the logic model is the same data that can be collected over time to identify the changes in the community. For coalition evaluation purposes, mapping data onto the coalition’s logic model establishes a **“baseline”** that can be used to track changes over time. When the coalition collects the same data over regular time intervals, the coalition will be able to identify positive or negative changes in the problem, root causes, and local conditions.

This effort requires that coalitions identify at least two pieces of data for each element of the logic model: problem statement, root causes, and local conditions. If the coalition has created a sound logic model based on community assessment data, the effort to map measures to the logic model will be quite easy. If the coalition has not based the elements of the logic on community data, this step provides an opportunity to collect additional data and/or update the logic model with root causes and local conditions that can be measured.

When identifying data for each element of the logic model, coalitions should seek to identify “good” measures, which will include data that is:

- **Sensitive or valid**— will the data measure what it is supposed to and is it sensitive enough to record a change in behaviors? For example, what is the best measure of being in shape: weight, heart rate, blood pressure, or distance running?
- **Proximate**— will the data be able to be collected at the same level at which the community is defined (e.g. city, county, school district, neighborhood)?
- **Feasible**— will the coalition be able to collect the same data on multiple occasions? This is necessary to determine whether a change has occurred. Professional help may be needed to successfully complete a chart of outcome measures. It usually is helpful to start with what coalition members and volunteers know and the data their own agencies have. Once this starting point has been mapped, an experienced evaluator can help

an evaluation committee expand the sources of data and ensure that a reasonably complete outcomes data chart is created.

As identified in the *Community Assessment* and *Planning Primers*, the effort to collect data will continue on an ongoing basis as the coalition seeks to document the substance use issues and the community-level changes in the community. In this light, the coalition must update the data on the logic model until “good” data is identified for each problem statement, root cause, and local condition.

When a coalition has identified “good” measures for the logic model, the task of creating an evaluation plan is simple. All that is required is to “move” the quantitative data from the logic model to the evaluation plan.

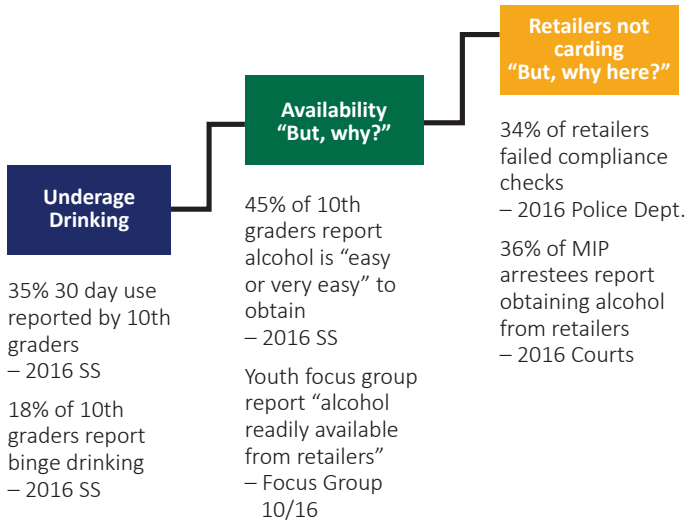
Create an Evaluation Plan

The effort to create an evaluation plan simply involves transferring the data used on the logic model to a format that can guide future data collection efforts. Thus, an evaluation plan includes the following elements:

- **Logic model element:** Identify the specific description of the problem statement, root causes, and local conditions included on the coalition’s logic model. These entries should answer the question “what is being measured?”
- **Data:** Identify the specific data used to determine the problem statement, root causes, and local conditions on the logic model. This data should answer the question “how will the element be measured?”
- **Source:** Identify the specific data collection methods and the source that has been and will be used to collect the data in the future. These entries should answer the question “where will we get the data?”
- **Frequency:** Identify how often the data needs to be collected to demonstrate that a change has occurred. These entries should answer the question “how often must the data be collected?” The answer to how often the data needs to be collected will depend on when particular data is expected to change.

The **logic model** and **evaluation plan** below describe how the data on the logic model is used to create the evaluation plan:

Logic model:



Evaluation plan:

What is being measured?	How will it be measured?	Where will we get it?	How often will it be collected?
<i>Logic Model</i>	<i>Data</i>	<i>Source</i>	<i>Frequency</i>
Problem Statement			
Underage Drinking	30-day Use of Alcohol	ABC Youth Survey	Annually
Underage Drinking	Binge Drinking	ABC Youth Survey	Annually
Root Causes			
Availability	Perceived Availability	ABC Youth Survey	Annually
Availability	Youth Reports of Alcohol Availability	Focus Group (10th Graders)	Annually
Local Conditions			
Retailers Not Carding	Compliance Checks	Liquor Control Board	Every 6 Months
Retailers Not Carding	MIP Reports	Course Interviews	Every 6 Months

The data to be collected can be categorized into different "classes" based on whether it will be collected in the long, intermediate, or short-term. (Note: this is the same concept discussed in the "Strategic and Action Planning" chapter in the section on writing SMART objectives.)

- **Long-term class of measures** are only expected to change over a longer period of time, from approximately 3 to 10 years. These measures typically include data related to measuring the substance use problem and its consequences. These measures can be collected on an annual or bi-annual basis.
- **Intermediate-term class of measures** are expected to change in approximately one to four years. These measures typically include data related to measuring root causes of the problems. These measures can be collected on an annual basis.
- **Short-term classes of measures** are expected to change in 6 to 24 months. These measures typically include data related to measuring the local conditions. These measures can be conducted on an annual basis or more frequently depending on the specific local condition being measured.

CHAPTER 2. Document Your Coalition's Work

It is impossible to examine if a coalition is contributing to a healthier community unless the coalition keeps track of the “work” conducted. The work includes the list of policy, program, and practice changes produced by the coalition. This is an essential element of any coalition evaluation. Coalitions must track their outputs and processes, or they cannot answer the critical question, “how are we making a difference?”

What to ask when collecting data from a secondary source.

Coalition outputs represent the external activities of the community coalition that result from the efforts of the coalition and its partners which include:

- community change
- services provided
- resources generated
- media coverage

Coalition processes include the internal work of the coalition such as meetings, phone calls, emails that are required for the coalition to operate effectively.

Document Work Completed by the Coalition.

Regardless of the unique objectives identified by each coalition, all coalitions produce the same four types of outputs. The four types of **coalition outputs** are **community change, services provided, resources generated and media coverage**. In addition to tracking these outputs, coalitions also track their **coalition processes** that are required for the coalition to operate, such as coalition meetings and other capacity building efforts including work group meetings, emails, letters, correspondences, website, and social media. These operational processes do not include strategy-related, coalition capacity building efforts (e.g. membership recruiting, member training, writing by-laws) and fundraising activities.

Specifically, the coalition outputs and processes include:

- **Community change** is any instance of a new or modified policy, program or practice facilitated by the community's coalition. Successful community coalitions have improved community health and have been change agents. Examples of community change a coalition might institute include: getting their county council to adopt a keg registration law, bringing business leaders and school administrators together for the first time to create a venue for ongoing meetings to increase community support and

involvement in education, assisting a local nonprofit to start a new after-school program and providing the staff training that will allow the nonprofit to begin using an evidence-based substance use prevention curriculum. Each of these examples is a community change.

- **Services provided** include sharing information, building skills, or providing social support. Many coalitions provide education on substances to youth and support mentoring programs. Coalitions frequently offer “in-service” training for teachers and other professionals to increase their ability to recognize the signs of substance use. These are examples of services provided.
- **Resources generated** are any cash or in-kind contribution made to further the coalition’s work. Most of the resources needed to address substance use are already in the community. Coalitions take these existing resources and often diffuse and redirect them to key community needs. Additionally, successful coalitions leverage these local resources to generate needed contributions from outside the community. Whether in-kind or cash, and regardless of whether they are found inside or outside the community, an essential part of coalition work is generating resources.
- **Media coverage** is also a big part of coalition work. Coalitions use a variety of media outlets to start a community dialogue about substance use issues, inform community members about substance use trends, and focus attention on available resources and emerging solutions. Coalitions use the media to speak to the whole community and media can be a powerful influence on the opinions and knowledge of community members. A complete coalition output monitoring system will track instances of media coverage, both traditional media (e.g. TV, radio, newspaper, social media) and non-traditional message dissemination (e.g. paycheck stubs, school marquee, utility bills, school newsletter, etc.).
- **Coalition processes** are the efforts required for the coalition to operate, such as coalition meetings and other capacity building efforts. This includes work group meetings, emails, letters, correspondences, website and social media. This does not include strategy-related, coalition capacity building efforts (e.g. membership recruiting, member training, writing by-laws) and fund-raising activities.

Record Coalition Output and Process Data

The coalition may initially find the effort to collect the coalition outputs a bit challenging, as the coalition members may see it as another “time consuming” data collection effort. It is important to remind the coalition of the importance of documenting the coalition’s work and sharing the evidence of the coalition’s contributions to the community-level change.

Important considerations regarding the recording of coalition outputs include:

- Engage the coalition members in the effort. This gives them an opportunity to take responsibility for recording and sharing the coalition’s efforts.
- Capture the outputs as they occur so you are not trying to remember back 6 months.
- Collect the information at coalition meetings or include a form in a regular email sent to participants such as the meeting agenda or meeting minutes.
- There are computer-based systems on which the data may be entered and analyzed, though this is not required.

Demonstrating coalition contribution to change in the community is a valuable “story” to tell in grant applications and funding requests.

The sample Coalition Output and Processes Data Collection Form depicted below can be used to record coalition outputs and processes.

Coalition Outputs and Processes			
Code: C = Community Change S = Services Provided M = Media Coverage R = Resources Generated P = Coalition Process			
Code	Date (mm/dd/yy)	Event/Action	Description
		A. Describe the event or action in detail. Include: B. Why is this important? C. What happened as a result?	A. Who was involved/ What organizations were collaborators B. What community sector or objective is this related to? C. Was this the first time this event has happened? D. As applicable: • Number of people serve or attended • Cash \$ Amount/In-kind \$ Amount • Number of people reached (media) • Number of hours/duration

Elements included on the form include:

Code = Enter each of the codes relevant to the event: C, S, R, M, P

Date = Date on which the event occurred

Event/Action:

1. Description of the event – who did what, when?
2. Explain the significance of the event to the work of the coalition.
3. What did the event/activity accomplish? Provide both quantitative and qualitative information.

Description:

1. Who was involved/what organizations collaborated?
2. What community sector or objective is this related to?
3. Was this the first time this event has happened?
4. As applicable – identify:
 - Number of people served or attended
 - Cash \$ amount/in-kind \$ amount
 - Number of people reached (media)
 - Duration – how long did the event last?

The numbers of people served/reached (identified in step 4 of “Description” above) are very helpful in describing the coalition’s reach and impact in the community.

Report Coalition Output and Process Data

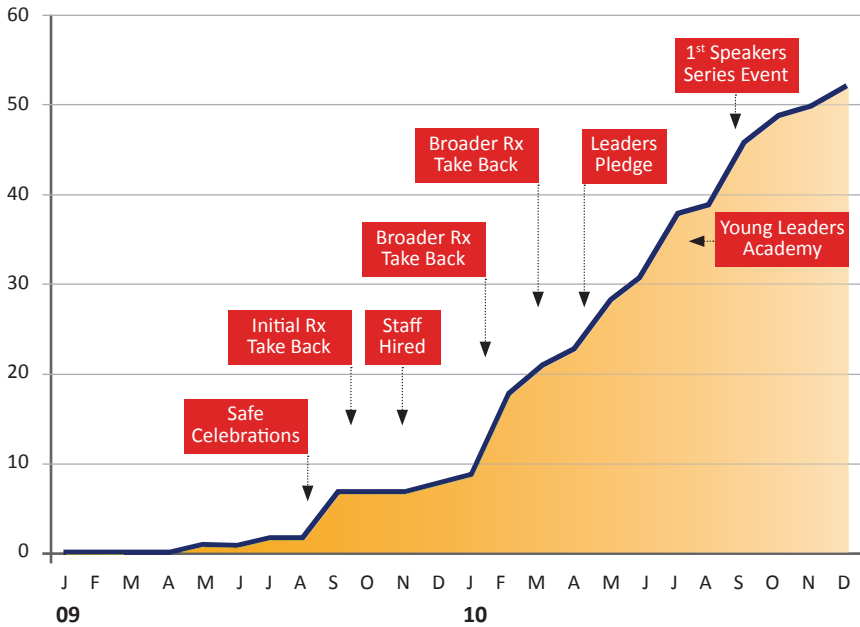
A strong evaluation system provides up-to-date information about the activities and accomplishments of the coalition’s various work groups and partners. This information should be shared on a regular basis so that members can make decisions based on the data, rather than spending time learning about the data. This data should describe what was accomplished, by whom, when, in partnership with what groups or individuals, and targeting which shared goals.

Sharing a **summary of the coalition outputs** provides coalition members with feedback on where they are spending their time and what changes have occurred as a result of their efforts. The following examples demonstrate the value of sharing coalition outputs and describe how coalitions can share information about community outputs.

Example 1: accumulated community changes.

The diagram depicts the community changes accumulated over a two year period. The shaded area represents the accumulated number of “community changes” the coalitions has achieved over the two years. In addition, their narrative describes some of the key milestones accomplished during that time.

**Acme County Coalitions Outputs
Cumulative Community Changes**



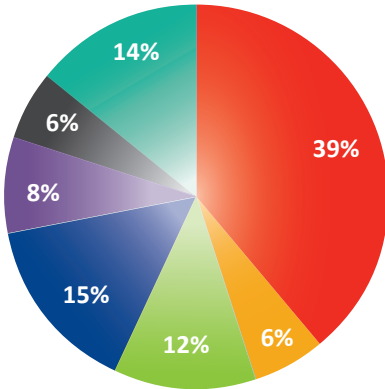
Example 2: coalition outputs.

The figure below describes 1) the % of “community changes” that were associated with each of the seven categories of comprehensive strategies and 2) the % of changes associated with each of the three goals of the coalition.

Acme County Coalitions Outputs

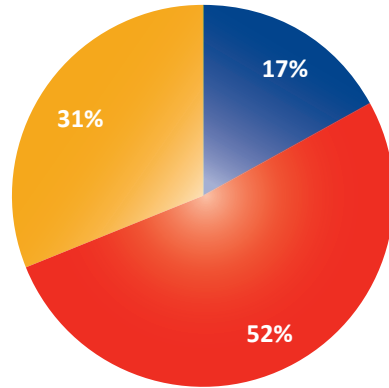
Community Changes by Strategy

- Provide Information
- Build Skills
- Provide Support
- Alter Access
- Change Consequences
- Modify Policy
- Enhance Collaboration



Community Changes by Goal

- Build Community Partnerships
- Reduce Alcohol and Substance Use
- Underage Drinking



CHAPTER 3. Tell Your Coalition's Story

The questions on coalition and community members, key leaders, and funders minds are, “is the coalition having an impact?” and “what difference has the coalition made in the community?” The answers to these questions are not simple and should not be questions your coalition shies away from.

Based on step 1, confirm the data on your logic model and step 2, document your coalitions work, your coalition now has the information it needs to tell the story of how it has contributed to changes in your community. When the coalition confirms the data on your logic models (step 1), it has the **baseline data** it needs to measure changes to the problem, root causes, and local conditions. When collected at regular periods of time, the coalition will have the necessary community-level data **needed to measure the short, intermediate, and long-term changes that have occurred in the community**. Remembering the discussion of “contribution not attribution” earlier in this *Evaluation Primer*, it is important that the coalition not take full credit for these changes. Documenting your coalition’s work (step 2) provides information about how the coalition and its partners have contributed to the changes in the community.

Tell the Coalition's Story

How do coalitions tell their story? There are many ways to communicate the coalition’s efforts and changes in the community. Methods of sharing this information can take the form of:

- Annual **report card** or report to the community.
- **One-pagers** or infographics that tells the story of the coalition’s efforts.
- **Presentations** to the community (e.g., city council, school board, chamber of commerce or PTA) sharing the work of the coalition.
- “Recognition” or “awards” **events** where the coalition talks about the work of the partners and the accomplishments of the coalition.
- **Press releases** sharing new data that is available to the community.
- **Town hall meetings** where information is shared and residents can engage in discussions about ways to address the issues.
- **Websites and social media** can be used in a number of ways to share up-to-date information about the coalition.

There is not one way to tell the coalition story. Depending on the forum and target audiences, specific aspects of the coalition’s work may be more relevant to share than others. However, in order to have all the information readily available, coalitions can organize the following information needed to tell the coalition story as represented in the chart below:

Information	Source Documentation
Description of the community being addressed by the coalition	Community Assessment: Community Description
Identification of the prioritized problems being addressed (i.e., problem, root causes, and local conditions)	Community Assessment: Needs Assessment Logic Model
Description of resources available in the community to address the problems	Community Assessment: Resource Assessment
Description of the strategies put in place to address the issues	Strategic and Action Plans Coalition Outputs
Data used to document changes in the community	Evaluation Plan

As the above table demonstrates, a coalition’s work on the strategic prevention framework (and resulting documentation) provides all the tools needed to effectively tell the coalition story.

Developing an Evaluation Communication Plan

Developing an evaluation communication plan is an effective way to engage coalition members in telling the coalition story. Coalitions have found volunteers are well-suited to the task of creating an evaluation communication plan that identifies key stakeholders in the community and the information that is relevant about the coalition to them, and present it in an appropriate format.

There are four simple, direct questions the coalition can ask which can result in an evaluation communication plan:

- **Question One: Who cares? (AUDIENCE):** This question prompts the coalition to identify the key stakeholders in the coalition’s work. These stakeholders may be internal, such as staff, leaders, and volunteers. The stakeholders may also be external, such as funders, formal and informal community leaders, partner organizations, and/or the general community. In the end, it is these stakeholders who must understand and use any information generated through evaluation. By asking “Who cares?” coalitions can begin with the end in mind. This question starts the evaluation plan with the very consumers who will use the end results. The traditional term used by evaluators for “Who cares?” is: **target audience.**

- **Question Two: What do they want to know? (CONCERNS):** What do the **target audiences** want to know about the coalition’s contribution to changes in the community? For each audience identified in question one, the committee should identify what they care about – what are their concerns about **what the coalition is doing**? These “concerns” might include knowing what the coalition is doing, how the coalition has improved the lives of youth or parents, or what contribution the coalition is making to targeted objectives. Coalition members may want to meet with each stakeholder to truly understand the stakeholder’s real interests and questions. The interests of external stakeholders are often about the relationship between the coalition’s efforts and the stakeholder’s work or role in the community.

For example, a coalition might enjoy funding and support from the local city council. While all of the council members are probably interested in the impact the coalition has on substance use outcomes, individual council members will also be interested in what the coalition is doing specifically in their council district or ward. A second example could be that a high school principal is legitimately interested in how the coalition’s work strengthens education and school success; however, he/she may specifically be concerned with how prescription medications are being shared by students and how this affects their academic and athletic performance.

- **Question Three: What is the information? (INFORMATION):** The information needed to answer stakeholder questions is usually found in one of these sources:
 - **Coalition processes:** Some stakeholders want information about the coalition process, such as membership, meetings, structure, key planning documents, and participant satisfaction.
 - **Coalition outputs:** Other stakeholders are more interested in what the coalition process is producing. What the coalition produces is sometimes called “outputs.”
 - **Community-level data:** And still others are most concerned about what effects coalition outputs are having on substance-related outcomes in the community.
 - **Anecdotal data:** Data can come from the opinions of coalition members about the quality of the process, from a tracking system that counts the “outputs” produced by the coalition, and from sources in the community that can describe how conditions and behaviors are getting better.

These elements of coalition work – process, outputs and outcomes, and coalition member experiences, can be used to provide the specific information needed to provide convincing answers to the questions posed by key stakeholders.

- Question Four: How will we share it with the key stakeholders (identified as Audience)? (REPORT):** Often, the most important part of any journey is the last mile. An evaluation process is only effective when the information is shared with key stakeholders in ways they can understand and use the information. Communication with each stakeholder must be relevant to their positions and the data needs to be easily understood. As described above, these “reports” might be as informal as a one-page summary with bullet points shared over lunch with the mayor. Or the report might be as formal as a bound annual report to city council that outlines the work done in each council person’s district. The content, timing, and format of the report should be determined by the **audience, questions, and information** to be shared.

The worksheet depicted below provides an example of how a coalition might provide important information to specific stakeholders.

Evaluation Communication Plan

Who Cares about Substance Abuse?	What do they want to know about?	What information can be shared?	How will we share the information?
AUDIENCE	CONCERNS	INFORMATION	REPORT
School Board	What is the coalition doing to keep illegal marijuana and Rx drugs off campus?	Youth perceptions of availability (survey) police reports of drug sales near campus	Presentation at school board meeting with handouts
Parents	How can you keep my child from having access to alcohol and drugs?	Youth reports of availability (survey)/ focus groups with youth	Infographic provided at town hall meeting and to PTA members

A startling result emerges when coalition members lead a process that begins with the end in mind. By beginning with key stakeholders and learning their questions, the evaluation planning team can ensure they do not waste time collecting irrelevant data or producing unused reports.

These questions can chart a strong result from your coalition evaluation. Download the planning tool and suggestions for starting your coalition’s evaluation on the right note on the evaluation page of the Institute’s website, www.cadca.org.

CHAPTER 4.

Develop a Data Collection Workplan

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

Create a Coalition Evaluation Work Group

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

Coalitions can create a coalition evaluation work group that will work together to conduct the coalition evaluation. Members of the team can include individuals from agencies such as law enforcement, schools, public health, social services, and treatment who are knowledgeable about the work of the coalition. Members of the coalition evaluation work group do not need expertise in evaluation or statistics, they must simply understand the coalition’s process and be ready and willing to help tell the coalition’s story. Your team could also include coalition staff and participation from the coalition evaluator (if applicable).

The coalition evaluation work group might evolve from the community assessment action team that has already been involved with collecting community-level data as part of the community assessment process.

Organize to Collect and Share Coalition Evaluation Data on a Regular Basis

The evaluation work group can function as an “ad hoc” work group that only meets at a specific time each year to organize the coalition data and tell the coalition story. In some coalitions, this means the work group may meet for a one-month period each year to conduct the coalition’s annual evaluation efforts.

Of course, this activity will be more efficient if the coalition collects the data used for evaluation on a regular basis throughout the year.

In order to conduct the coalition evaluation effectively, the coalition can implement the following processes:

- Use the **evaluation plan** described in chapter 1 to collect the community-level data needed to tell the coalition story.
- Update the **coalition logic model** on an annual basis. This effort provides an opportunity for the coalition members to review the data and adjust the logic model if needed. This can be conducted during coalition meetings or through an annual coalition retreat.
- Capture **coalition outputs** on a monthly basis. Establish the practice where coalition members regularly report their efforts on behalf of the coalition. This information can be collected at coalition meetings, via email, or the coalition's website.
- Use the **evaluation communication plan** to schedule regular meetings with key stakeholders in which coalition members tell the coalition's story. For example, the coalition may request to be on the agenda of the city council and school board in June of every year.
- Schedule an annual coalition member celebration and **recognition event** where the results of the past year are shared and celebrated with coalition and community members.

Conclusion

The coalition evaluation provides an opportunity to coalition members with the support of staff and professional evaluators (if available) to effectively organize the coalition data and tell the coalition story in a way that is meaningful to key stakeholders and community members.

To create a comprehensive evaluation plan, coalitions need to develop clear tasks, reasonable in size and specific to the skills and interests of volunteers. The questions posed in chapter 3 can divide the work into manageable, reasonable sections. Finding coalition members with the right skills and interests can make all the difference in the success of the final evaluation process.

While staff and volunteers can carry out some parts of coalition evaluation, **professional evaluators** can provide what may be needed to analyze and chart outcome measures. Start with what coalition members know and the data their own agencies have. Once this starting point has been established, an experienced evaluator can help your coalition evaluation work group expand the sources of data and ensure an effective and meaningful telling of the coalition's story.

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

A Word About Words

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

A Word About Words		
What you want to accomplish?	What will you do?	How do you know what has been accomplished?
<ul style="list-style-type: none"> • Aim • Goal • Objective • Problem Statement • Target • Vision 	<ul style="list-style-type: none"> • Activity • Approach • Initiative • Input • Method • Mission • Policy • Practice • Program • Strategy 	<ul style="list-style-type: none"> • Benchmark • Indicator • Intermediate • Outcome • Impact • Measure • Milestone • Outcome • Output • Result

Glossary

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Objectives. Specific and measurable desired results. For coalitions, objectives come from the community-level outcomes they hope to achieve. A coalition objective might be “To reduce by 30 percent the number of merchants that sell to minors by January 2020.”

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

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

Quantitative data. Consists of numbers that can be documented and assessed in mathematical terms. This data answers the questions "How much?" or "How many?" The number of burglaries reported to the police department is one example of quantitative data.

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

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

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

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

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



© Copyright 2018 National Coalition Institute

Community Anti-Drug Coalitions of America (CADCA) is a nonprofit organization that is dedicated to strengthening the capacity of community coalitions to create and maintain safe, healthy and drug-free communities. The National Coalition Institute works to increase the knowledge, capacity and accountability of community anti-drug coalitions throughout the United States. CADCA's publications do not necessarily reflect the opinions of its clients and sponsors.

CADCA® is a registered trademark.

All rights reserved. This publication, in whole or in part, when used for educational purposes, may be reproduced in any form by any electronic or mechanical means (including photocopying, recording or information storage and retrieval) without written permission. Please cite CADCA's National Coalition Institute in references. Reproduction in any form for financial gain or profit is prohibited.

Published 2007, Revised 2018
National Coalition Institute
625 Slaters Lane, Suite 300, Alexandria VA 22314
Website: www.cadca.org
Telephone: 703-706-0560, ext. 240
E-mail: training@cadca.org

CADCA's National Coalition Institute is operated by funds administered by the Executive Office of the President, Office of National Drug Control Policy in partnership with SAMHSA's Center for Substance Use Prevention.



625 Slaters Lane, Suite 300
Alexandria, VA 22314
Tel 1-800-54-CADCA • Fax 703-706-0565
cadca.org