

Evaluation Frequently Asked Questions:

I know where to go to identify and collect existing local sources of data,* but where do I go to identify and collect national, regional, or state data?

Sometimes high quality local data are available. Often, however, local data are not collated efficiently and can be difficult or time-consuming to analyze. Also, local data are often more useful if they can be compared to data from other localities. Many programs find that their best bet is to review national, state, or regional data, which are widely available and offer a number of benefits. Often these large-scale data sets are available on the Internet or can be ordered at no or low cost by calling the sponsoring agency.

National or regional data can also give you a broad idea of the scope of the problem, even if your community may differ in certain respects. For example, if you look at national survey data on substance use in the last few years you might note a marked increase in marijuana use among youth. Chances are, then, that this trend is also true in your community.

National or state level data can help put your local data in context. A comparison can help you ascertain whether the problem in your community is especially large, or about the same or less than it is elsewhere. Comparing your local data to larger populations can reveal a surprising variety of information that will help you evaluate your efforts.

For example: When a city teen tobacco prevention project wanted to evaluate its multi-year efforts, it was surprised to see that there had been no change in tobacco use over several years. However, when the project compared the results from the city survey to results from a survey of students across the state, a different picture emerged. The city's students had a lower rate of tobacco use than students did across the state. More importantly, the rates of use increased over time among students across the state while they remained the same in the city. This indicated that the prevention programs in the city might well have had a positive effect-even though use had not declined.

The table below contains selected sources of national, state, and regional data.

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Source (and where to obtain data)	Scope	Time Frame	Population	Topic(s)
Monitoring The Future (NIDA, NCADI,	National sample, regional data	Annual since 1985	1985-present high school seniors and	Prevalence and incidence of alcohol and

Rockville MD, on the web)	available		graduates; since 1991, added ninth and tenth graders	tobacco use, perceived harm, disapproval of use, perceived availability, etc.
Youth Risk Behavior Survey (YRBS) (CDC, Atlanta, on the web.)	National sample, also state samples	School-based version biennial since 1990; states vary	Grades 9-12, recently added grades 6-8	Incidence and prevalence of alcohol and tobacco use, sexual activity, vehicle safety, weapons, violence suicide, etc. (measures behavior vs. knowledge/ attitudes)
National Household Survey on Drug Abuse (NIDA, NCADI, Rockville MD, on the web)	National (1999 and after, state level data available)	Annual since 1973	Household members, data sorted by ages 12-17, 18-25, 26-34, over 35.	Mainly incidence and prevalence of alcohol and drug use
US Census (Census Bureau)	National, regional, state, community, and census tract samples	Every 10 years (but interim estimates available)	Household (adults)	Population, race or ethnicity, age, income, education, children, etc.
Bureau of Justice Statistics (Rockville, MD, on the web)	National, state	Annual	Various sources, chiefly adults but age data available	Arrests, crimes, prison/jail populations, victims, etc.
National Highway Traffic Safety Administration (Rockville, MD, on the web at DOT)	National, state, (community data available in some states from Governor's Highway Safety Bureau)	Annual (community data may be available for shorter intervals)	Population of licensed drivers is primary focus	Alcohol-involved crashes, fatalities; alcohol-involved pedestrian injuries and fatalities; bicycle injuries and fatalities, seat belt and

				helmet use rates, etc.
School Performance Data (National and state DOEs, local school district)	National, State, Local	Annual, (community data may be available for shorter intervals)	Students in all grades and by grade	Population, tardiness, absence, truancy, expulsions/suspensions, dropouts, disciplinary measures by offense, etc.

Go to the FAQ on existing sources of national data

<http://www.captus.samhsa.gov/northeast/resources/faqs/faq32.cfm>

This FAQ is derived from the Northeast CAPT's training manual Assessment: A Vital Pre-Planning Activity

<http://www.captus.samhsa.gov/northeast/services/f2ftraining/assessment1.cfm> by Wayne Harding.

I am at the point in my project where I need to provide my funder with specific outcome objectives. What should I consider when I sit down to write my outcomes?

The most important thing about outcome objectives is that they need to be specific. Another way of saying this is-outcomes should be measurable. This means stating outcomes in a way that allows the funder and others to be clear as to whether the outcomes have been achieved or to what degree they have been achieved. Below are some questions that you should consider as you begin to write your outcomes.

Who or what is going to change?

The more specific your descriptions of who or what is going to change, the better. This information is critical to others who may want to replicate your program. Other practitioners will want to know whether participants they serve are like the ones you have helped. In research terms, this information is needed to determine the generalizability of outcome findings.

How much change is going to take place?

Measurable outcomes indicate how much change you expect to occur. A very common way of doing this is to specify the amount of change in terms of percentage.

There are, however, other ways to specify change that you may want to consider. For example, consider indicating not only the percentage by which a group's scores will improve, but also the number of people in the group who will improve.

The way you decide to measure change—to measure the amount of improvement—can have important implications. If you find it useful to specify how many people will change, in most cases it is best to talk about a percentage of people who change, rather than specifying only the absolute numbers of people who will change. There are also cases in which stating outcomes only in terms of the absolute numbers of people who change might mask the real change taking place.

How much change do you expect?

When you are preparing a proposal, it is very important that your objectives are realistic about the amount of change you expect to see. There are two ways to make realistic estimates about the amount of change:

- The first, and the best way, is to conduct a search of the evaluation literature on programs similar to yours. If you find that similar programs usually succeed in achieving only a five-percent change, you can use that as a guide.
- The second, and a less satisfactory way, to estimate the amount of change that a program might produce is to look at longitudinal data from a state or national survey related to what you expect will change. The objective in doing this is to get a rough idea of how much change in a key outcome takes place year to year in such surveys.

Changed compared to what?

When you develop or assess outcomes, a common question is how your program outcomes compare to outcomes for other similar programs. Another common question is how your outcomes compare to no program at all—would the people who participate in your program fare as well if they didn't get the program?

You could look at the evaluation research literature on conventional programs to learn how much change they report. Or, you could do a pilot or preliminary study in which some clients are exposed to the new program while others receive a traditional program. The second comparison strategy is to compare your outcomes to the outcomes for people who get no program. The most common way to deal with this problem is to include a control or comparison group in the evaluation design and to specify that the outcomes expected will be greater (by some amount) than among members of a control group.

What will the changes cost?

Another aspect of measuring outcomes is to put them in the context of what they cost. This is usually referred to as the cost-effectiveness of the outcome. In some cases, cost is the main outcome. The basic strategy is to state both the amount of change that will take place and the cost per client for producing the change.

When will the changes occur?

Your assessment of outcomes should include a projection of when the change will take place. The usual assumption is that the change will take place by the end of the program. One of the frustrating things about measuring outcomes is that many of the changes that are most critical take time. Behavioral changes, the ones we're really striving for, may not emerge for years. Knowledge or attitudes, on the other hand, can usually be improved in a relatively short time.

How many outcomes are there and how are they related?

Usually programs intend to bring about a number of changes. By developing a measurable outcome specific to each of the changes, you can be more certain of obtaining reliable study results. Specify the order in which things are expected to change. Another way of thinking about this is to identify and define both short-term and long-term outcomes. However you think about multiple outcomes you should develop a theoretical model for when they develop and how they may interact and define each outcome.

Were there any unintended outcomes?

Many programs have unintended effects (i.e., positive or negative effects). Try to anticipate these effects and include them in your set of outcomes. Working with outcomes when you are trying to evaluate deep-seated problems, or when you are evaluating an intervention that itself takes time to develop fully, can be trying. Patience and the ability to placate the impatience of others can be an essential skill.

Conclusion

Deciding on what outcomes to use to measure your program's success is critical, as well as describing the outcomes in terms that are measurable. You should articulate the kinds of changes you expect to see and envision how you will know the changes have occurred. This is important preliminary work to do before you begin the program at all.

I need to develop an evaluation plan for my program. What are the essential elements I should consider?

Ideally, you should have evaluators prepare a written plan for the evaluation before you hire them. To get a good plan, you should provide the evaluator with clear, preferably written, information about the goals and objectives of the program, how the program operates, the clients you serve or will serve, and so on. The following are the main issues that an evaluation plan should cover. Most of them are self-explanatory.

- The evaluation questions that the study will answer. The design of the evaluation (e.g., whether control groups will be used)
- The major independent and dependent variables and how they will be measured. (A dependent variable is what you expect will change the outcome. It is a result of the program, such as drug use. An independent variable is a factor that may influence the dependent variable, such as gender, age, or being exposed versus not being exposed to the program.)
- The types of data to be collected and how they will be collected.
- The sampling plan. This includes who will be sampled, how the sample will be drawn, to what extent it will represent some larger group, and the reasons the evaluator is proposing a certain size sample-why administer questionnaires to 200 students versus 300 or 400, or to all the students?
- Data analysis. The plan should specify what statistical or other procedures the evaluator will use to analyze the data.
- Protection of human subjects (e.g., informed consent, confidentiality)
- Reporting (e.g., when will reports be made, what will they contain, will they be written and oral?) It is often useful to request interim reports that can be used as needed to make adjustments in the program
- Staffing for the study

- Timetable for major evaluation activities and due dates for all deliverables
- Budget for the evaluation

Usually the evaluator won't be able to specify all the details of the study in advance. For example, he or she may not know exactly what questionnaires will be used to collect data. But the evaluator should clearly identify these areas of uncertainty, indicate how they will be resolved, and give you some tentative ideas.

I've recently collected data that I would now like to present. What are some steps that I should consider first?

Now that you have collected your data, you will need to create a data dissemination plan. There are eight questions you should address before you present your data.

1. What is the nature of the data that you have collected?

Examples of data related to health promotion and prevention include: health behavior data (e.g., student health behavior survey data); crime data (e.g., number of arrests); personal perception data (e.g., residents' perception of community safety); program evaluation data (e.g., pretest/posttest evaluation results); and marketing data (e.g., potential customer preference).

An examination of the nature of the data should also extend to looking at specific aspects of the data, such as: (1) What do the data say about the current nature of the issue? (2) Are there any differences among sub-populations (e.g., differences by gender or grade)? (3) How have the data changed over time (trends)? and (4) How do the data compare to similar data from other populations (e.g., comparisons to similar state or national surveys)?

2. Why do you want to present these data?

This is probably the most important question to ask because it defines the *purpose* of your work. Keep in mind that there may be multiple answers to this question, but it is imperative for you to decide upon a *primary* purpose for presenting it.

Some examples of "why" you might want to share your data are:

- To justify "why we spent all that money on data collection?"
- To comply with a mandate regarding the use of public funds for data collection
- To show whether a program has been effective
- To increase awareness about issues raised by the data
- To plan interventions
- To mobilize resources (people, money)
- To influence policy

3. To whom are you presenting the data?

Inherently linked to the issue of why to present your data is "to whom" you should present it or, simply put, who is your audience? Determining your audience will guide the way that you choose to show your data. Think about the health reporter on your local news station. Their job is to take detailed medical information from professional research journals and present it in a way that makes sense to the general audience.

It would not be effective for them to merely read directly from the pages of the latest journal.

Some examples of the types of audiences that you may want to consider include—a professional and/or lay audience, youth and/or adults, clients and/or funders, or the entire community.

4. How are you going to present the data?

The most common means of presenting data is probably in a detailed, written report. But a written report may not be the most *effective* and *useful* way of presenting your data, especially if you have limited funds. Written reports often take a long time, cost a fair amount of money, and are difficult to disseminate. Their use is generally confined to in-depth reading; therefore, their audience is limited to people who have the time and inclination to sit down and read the information.

5. Possible methods to consider for sharing data include: written reports (e.g., full report, executive summary); oral presentations (e.g., community forum); media coverage (e.g., newspaper, radio, television, local cable access); web-based dissemination (e.g., web page posting). A useful approach that spans many of these methods is creating a set of detailed charts that transforms the data into a chart-based format. These charts can be used in written, oral, and web-based presentations to reach multiple audiences, in multiple settings, with the opportunity for varied emphasis. Charts are quite often the most effective means of describing and summarizing statistical information. **How much** data are you going to present?

When wondering *how much* of your data you are going to present, there are some *dos* and *don'ts* to consider—

- *Don't* feel that you have to present everything — *Do* always relate what you are presenting to *why* you are sharing the data.
- *Don't* overwhelm the audience with too much data —*Do* respect the audience, taking into consideration their level of comfort with the data.
- *Don't* get caught up in too many small details—*Do* focus on the big picture.

6. Who will present the data?

Issues concerning *who* will present the data are similar whether you are writing a standard report or orally sharing your findings. You want the presentation of your data to be meaningful, accurate, and relevant. Here are some things that you should consider when selecting someone to report your data:

- Choose an experienced writer/presenter.
- Choose an individual(s) familiar with both the data and any special circumstances surrounding its collection or dissemination.
- Try, if possible, to use someone who has experience in research and can field any methodological questions. This can add credibility to the findings.
- Especially in an oral presentation, think about using multiple presenters.

7. Where are you going to present the data?

An often-ignored aspect of data presentations is location, or *where* are you going to share the information? The definition of "location" actually varies depending on the way in which you are reporting your data. If you are preparing a written report, location may refer to where and how you will actually distribute the report. Or it

may, for example, refer to which media outlets you will send your press release. If you are doing a public presentation, it more specifically refers to the physical location of the event.

Consider a location that serves the overall purpose of *why* you are sharing the data; a neutral location; a location that is accessible to your intended audience.

8. When are you going to present the data?

Another often-overlooked aspect of a data presentation is *when* to do so. This applies both to an appropriate day and time. Consider the following before you decide *when* to present your data:

- Date—Make it convenient for your intended audience. Link it to related events or themes. Try not to conflict with other major events.
- Time—Make it convenient for your intended audience. Schedule enough time to accomplish everything that you intend to do.

Summary

Keep a few guiding principles in mind:

- Define your purpose and let it guide your work.
- Get help when you need it.
- Emphasize substance over style.
- Use simple graphics supplemented by text and tables.
- Respect your audience.
- Move data to action!

My organization wants to assess the current substance abuse-related needs of our community. Can you help me identify existing surveys that are available to use for this purpose?

Communities that Care Survey

The Communities that Care (CTC) survey was developed to provide scientifically sound information to communities on the prevalence of risk and protective factors among youth. Risk and protective factors are characteristics of the school, community, family environments, and individual characteristics of the students' themselves, that are known to predict drug use, delinquency, and gang involvement among youth (Hawkins, Catalano and Miller, 1992). Besides measuring risk and protective factors, the CTC survey also assesses the current prevalence of these problem behaviors in the community. There are a total of 18 risk factors and 10 protective factors measured in the CTC Survey. Some of the risk factors are broad enough that they require two separate survey scales for adequate measurement. As a result, 25 separate risk factor scales are used to measure the 18 risk factors.

The current survey was developed based on normative data collected from over 72,000 students (6th through 12th grade students) participating in statewide surveys in Kansas, Maine, Oregon, South Carolina, and Washington. The surveys were conducted between 1994 and 1997.

Sources:

Channing Bete Company:

<http://www.channing-bete.com/positiveyouth/pages/CTCYS/CTCYS.html> Louisiana

Department of Health and Hospitals: <http://www.dhh.state.la.us/offices/?ID=23>

Hawkins JD, Catalano RF, Miller JY. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: implications for substance abuse prevention. *Psychological Bulletin*, 112(1):64-105.

Profiles of Student Life: Attitudes and Behaviors Survey

The Search Institute Profiles of Student Life: Attitudes and Behaviors (A&B) provides baseline aggregate data on which to develop asset-building strategies and positive new visions for the youth in a community. The A&B survey provides an overview of the developmental assets, indicators, deficits, and risk behaviors of 6th- to 12th-grade youth. The survey has also been used to assist state and local educators in monitoring indicators related to student well-being; set priorities and strategies for programs and services; provide a common framework for cross-sector collaboration; provide data for grant writing and reports to funding agencies; and provide a "youth voice" in organizational and community planning.

The A&B survey was created in 1989 and measured 30 developmental assets. In 1996, the framework was expanded to 40 developmental assets, on the basis of analysis of Search Institute's own aggregate data on more than 250,000 students who took the original 30-asset survey from 1989-1994, additional synthesis of child and adolescent research, as well as conversations with researchers and practitioners.

Source: <http://www.search-institute.org/surveys/>.

American Drug and Alcohol Survey

The American Drug and Alcohol Survey (ADAS), developed by Rocky Mountain Behavioral Science Institute (RMBSI), provides information to help school districts and communities understand the nature and extent of local substance use. Survey results can help agencies assess community needs, evaluate prevention programs, identify trends in substance use over time, and provide the data required to write grant proposals, and inspire others to get involved in substance use prevention.

The survey is a classroom-based paper-pencil questionnaire that asks about the students' experience with a variety of drugs, including alcohol and tobacco. It also asks questions about student attitudes about substance use, including their perception of the harmfulness of drugs, their intention to use in the future, how easy it would be to obtain drugs, peer influences to use drugs, and whether they would try to stop their friends from using or have friends who would try to stop them. Procedures are used that carefully protect students' anonymity.

Two versions of the ADAS are available: the "Adolescent" version is intended for students from 6th to 12th grade, while the "Children's" version was designed for elementary school students in 4th to 6th grades. The Adolescent version has a 6th grade reading level, and the Children's version has a 4th grade reading level.

Source: http://www.rmbsi.com/ADAS_page.html.

Pride Survey

The Pride Survey is used by schools to identify student levels of drug use, violence and other behaviors. The survey captures data required by the 2002 HR1 education bill, which calls on schools to report on "incidence and prevalence, age of onset, perception of health risk, and perception of social disapproval of drug use and violence by youth," and has been designated by federal law as a measure of illicit drug use by youth. Since 1982, the survey has been used by more than 8,000 school systems across the nation. Conducting the survey takes between 25 to 30 minutes. Once the survey is completed it is sent to PRIDE where it is analyzed. The analysis is then presented in a report. The data, however, belongs to the school system, and all data is maintained confidential.

The survey measures changes in student behavior over time, allowing an individual school, system, or state to measure many of their goals and objectives. In addition, it allows schools to match their data against the PRIDE Surveys national database.

Source: <http://www.pridesurveys.com/index.html>.

Youth Risk Behavior Surveillance System

The Youth Risk Behavior Surveillance System (YRBSS) was developed in 1990 by the Centers for Disease Control and Prevention (CDC) to monitor priority health risk behaviors that contribute to the leading causes of death, disability, and social problems among youth and adults in the United States. These behaviors, often established during childhood and early adolescence, include tobacco use, unhealthy dietary behaviors, inadequate physical activity, alcohol and other drug use, among others.

The YRBSS includes national, state, and local school-based surveys of representative samples of 9th through 12th grade students. These surveys are conducted every two years, usually during the spring semester. The national survey, conducted by CDC, provides data representative of high school students in public and private schools in the United States. The state and local surveys, conducted by departments of health and education, provide data representative of the state or local school district.

CDC provides funding and technical support to states, territories, and major cities to conduct a Youth Risk Behavior Survey. With technical assistance from CDC, sites can add or delete questions in the core questionnaire to better meet the interests and needs of the state, territory, or city school district. CDC's technical assistance includes training for state and local coordinators, specialized software to guide states in selecting schools and classes, help with applying survey results to improve school health programs and policies. School-based surveys were last conducted in 2001 among students in grades 9–12 in 38 states, 19 large cities, and 7 territories. The average sample size of the surveys was 1,819 students.

Source: <http://www.cdc.gov/nccdphp/dash/yrbs/>

I have located and hired an evaluator to conduct our evaluation. How can I best work with him/her in order to get the most out this work?

Below is a list of tips useful in monitoring and assessing an evaluator's work:

- Come to an agreement on the scope of work that is needed. Before any evaluation work begins, you and the evaluator should be in agreement on the specific work that will be performed. A list of tasks and subtasks should be prepared, including any deliverables (e.g., reports, meeting presentations, or other products) that are associated with each task. Use the drafted evaluation plan that your evaluator submitted during the hiring process as the basis for this discussion. The tasks and deliverables can be changed as time goes on, but the evaluator should not work on activities outside the established scope of work without your agreement.
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- Establish a timeline for reports and other products. Due dates should be established for each deliverable listed in the scope of work. Consider requiring drafts of reports and other important products as deliverables so that changes can be made in those deliverables before they are submitted in final form. Time should be built into the deliverable schedule to allow you and your staff to review and comment on draft products and for the evaluator to revise the drafts for final submission. It is helpful to include in the schedule due dates for your comments on draft products. Those dates will help to keep things on schedule. Monitoring the evaluator's adherence to the schedule is part of assessing their performance.
- Write a contract. An important part of managing an evaluator is preparing a contract for the evaluation work. Important content that should be included in the contract includes the following:
 - Scope of work. The contract should include the list of evaluation tasks that will be performed, all evaluation deliverables, and due dates for the completion of tasks and the submission of deliverables.
 - Evaluation personnel and task responsibilities. It is important to identify who will do the work. Evaluations often involve a team in which there is a senior evaluator who heads the team and junior staff who do much of the work. Delegation of responsibilities is to be expected. However, you should know which tasks the head evaluator will perform and which tasks will be carried out by assistants. The contract should also specify any evaluation tasks that will be the responsibility of your program staff.
 - Ownership of data. The contract should specify who owns the information and data collected by the evaluator and who has the publication rights. The program or its parent agency usually owns this information. Authorized agency staff should always clear release of information to outside parties. This includes the publication of data in professional papers and journal articles.
 - Expected contacts with the program. The evaluator needs to keep the program staff informed about the status of the evaluation. The contract should specify any required progress reports, meetings with

the program staff, and attendance at other meetings.

Related Northeast CAPT Resources:

Distance Learning Course: Locating, Hiring, and Managing an Evaluator For more information on this course, e-mail Melanie Adler, Manager of Distance Learning Programs, at madler@edc.org

■Developing an evaluation plan

<http://www.captus.samhsa.gov/northeast/resources/faq/faq29.cfm>

I need to develop an evaluation plan for my program. What are the essential elements I should consider?

■Finding an evaluator

<http://www.captus.samhsa.gov/northeast/resources/faq/faq19.cfm>

I am a program coordinator who wants to conduct an evaluation of my program. Do you have any suggestions about how I can find an evaluator?

What are some ways I can minimize the costs of evaluating my program?

Many variables influence the cost of evaluation. Don't try to save money by doing such an inexpensive, low-level evaluation that the results have little validity. It is probably best not to do an evaluation if you cannot find a way to fund a study that will generate valid results. Results that can be dismissed by attributing them to extraneous factors are usually not worth having. How else, then, can you save money?

- Look for a qualified but inexpensive evaluator. Faculty at colleges and universities are a good bet. They might consider making the evaluation a project for one of their classes. They may have access to students who can act as paid research assistants and who earn less than other "regular" evaluation staff. Be sure, however, that the faculty member will be closely supervising any students who participate in the study.
- Look for an evaluator who may be able to get funding (a grant or contract) for the evaluation. This is rare but not unheard of. The chief drawback is that you will have to wait to see if this can be done before proceeding with the study. This might take months.
- Look for an evaluator with other than monetary interests in doing the evaluation and drive a hard bargain. Sometimes an evaluator will work more cheaply in order to have an opportunity to do research on a new topic.
- Look for an evaluator who is experienced in evaluating programs like yours. This will save money because the evaluator is already familiar with instruments, design issues, and other aspects of the study.
- Start small. You can focus the evaluation to save costs.

- If your program aims to affect both students and parents, you might opt to save money by studying the impact on only one group. You can study the other group when you have more resources.
 - Consider focusing the evaluation on intermediate outcomes if the long-term outcomes will be more difficult to assess. If you are involved in a drug-education program, for example, you might focus at first on whether program participants learn new information about drugs. If you get positive results, then you could look at the long-term outcomes when more funds become available. It is key to note that if short-term and intermediate outcomes are not positive it makes no difference what the long-term outcomes are. If you can't show that participants' knowledge about drugs increased when that is the method the program uses to change drug use, then you can't take credit for any reductions in drug use that occur among program participants. The explanation would be that something else accounts for the change in behavior.
- Use a collaborative model for the evaluation in which program staff, rather than evaluation staff, carry out some research tasks. For example, having program staff distribute and collect student pretest and posttest questionnaires is usually less expensive than having evaluation staff perform this task. These tasks should always be conducted according to instructions provided by the evaluator.
 - Ask the evaluator to price components of the evaluation, so you can consider saving money by dropping elements or doing more of the work in some elements.
 - Estimate cost before specifying an amount in an RFP. If you pick a number more or less out of the air-you are going to get proposals for studies that cost close to that amount. But perhaps you could get the study done for substantially less money. So, how can you estimate the cost? You can ask the funder for help. Ask them to look at what they want from the evaluation and give you a ball park estimate for the study. You can hire an evaluator just to do a cost estimate. This could be a good investment.

What data are being collected nationally on substance abuse related health behaviors? How can I use existing data sources in planning prevention programs in my community?

Surveys conducted each year throughout the United States collect detailed information on patterns of high-risk behaviors among youth. Prevention practitioners and other community planners may find consulting these data useful as they plan substance abuse prevention activities in their local communities.

First, you can use national data sets to better understand how severe a problem might be within your community. Agencies often conduct surveys in order to assess the needs of their community and to clearly define the target population for whom services are most needed. Once local data has been collected and analyzed, looking at national trends can shed light on how severe a problem actually is within a community as compared to patterns throughout the U.S.

Second, many of these surveys have developed instruments that planners may want to use in surveying youth within their own community. You can use these assessment instruments in their original form, or modify them to particular data. When selecting a tool to use as your survey on a specific health behavior, be sure to check that an instrument has been proven through repeated testing to provide valid and reliable information. Using a combination of methods, such as a survey, focus groups, and/or key informant interviews, will always allow you to collect the best information on local patterns.

Current Studies Tracking National and State Level Data

This is a partial list of ongoing studies being conducted on health behaviors of youth throughout the United States.

Monitoring the Future is a continuing study conducted since 1975 by the Institute for Social Research at the University of Michigan. The study includes information on drug use trends as well as changes in attitudes, values, and behaviors of American high school students. Accessible on the Web at <http://www.isr.umich.edu/src/mtf>.

The National Household Survey on Drug Abuse (NHSDA) measure the prevalence of drug and alcohol use among members ages 12 and older. Topics include drug use, health-related issues, and demographics. The Substance Abuse and Mental Health Services Administration (SAMHSA) has administered the survey since 1992. Accessible on the web at <http://www.health.org/govstudy/bkd376>.

The Youth Risk Behavior Survey (YRBS) is a component of the Youth Risk Behavior Surveillance System (YRBSS), maintained by the Center for Disease Control and Prevention (CDC). The YRBS contains national school-based surveys, state and local school-based surveys, and a national household survey. Each component provides unique health behavior information about adolescents in the U.S., including information on such issues as automotive and bicycle safety, violence, sexual activity, dieting, and exercise. Accessible on the web at <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>

The National Crime Victimization Survey, administered for the Bureau of Justice Statistics by the Bureau of the Census, and is the nation's primary source of information on criminal behaviors. The study collects data on the nature and frequency of rapes, sexual assault, robbery, aggravated and simple assault, theft, household burglary, and motor theft experienced in the United States each year. Accessible on the web at <http://www.icpsr.umich.edu/NACJD/>.

The National Household Education Survey collects descriptive data from a representative sample of U.S. households. The survey focuses on school safety and discipline, and can be accessed on the web at <http://nces.ed.gov/nhes/>.

I am currently writing a grant proposal and the RFP wants me to list my desired outcomes. What are outcomes?

A key component to proposal development is to have a clear idea about what outcomes you plan to achieve. You should know that outcomes are a critical part of

any evaluation-one of the four main steps in strategic planning. It helps to think of these steps in a circle, not on a line: evaluation leads to assessment, just as much as assessment leads to design, which leads to implementation which leads to evaluation.

It is important to note that outcomes are not goals. Goals are important statements about the program's mission, but they are usually stated so generally that it may not be clear when you have achieved a goal. Outcomes are usually about changes in people's behavior, but it also could be about changes in organizational behavior or characteristics or changes in policies.

Often the term outcome is treated as synonymous with the term objective. When you write a proposal for funding you are invariably asked to list and explain the program's objectives. It's very common, for people, to respond by writing more about the activities they will undertake than about the outcomes they expect to achieve.

Typically, evaluators group objectives or outcomes into two categories: process objectives, which focus on program activities, and outcome objectives, which focus on the change the activities are designed to achieve. Process objectives are focused on the process by which you intend to bring about change more than on the change itself. Outcome objectives, on the other hand, focus on the impact of your program. They specify the changes that will occur among people who are exposed to the intervention/program. Or they specify changes anticipated in community conditions or changes in policies and practices.

A final note: some people believe that process objectives belong in the goal and objectives section of the proposal. Others argue that they should not, that process objectives belong in the methods section of the proposal. Either approach is acceptable; but you should always read grant application instructions carefully to be sure your approach is consistent with the funder's position. Also, if you use both process and outcome objectives, list them separately with headings for each-at least that way you convey that you know the difference.

I am implementing a evidence-based prevention program and want to ensure that I achieve the program's intended outcomes. I recognize the importance of implementing the program with fidelity, but I would like to adapt the program to meet the unique needs of my community. Is there any research on how to effectively strike a balance between fidelity and adaptation?

The literature on how evidence-based prevention programs actually work is still quite sparse and the number of empirical studies is even smaller. With the movement towards evidence-based prevention, researchers, however, have begun to address these issues more seriously.

In an effort to isolate the elements of programs that are critical to their success, CSAP researchers reviewed 21 model and effective programs from the National Registry of Effective Prevention Programs (NREPP). Teams of prevention researchers independently reviewed these programs' materials and interviewed the developers. The researchers conducting this core components analysis made the following recommendations:

1. Structure your intervention to initially focus on relationship building; then follow with opportunities to practice behaviors learned.
2. Promote consistent messages via multiple informants such as parents, peers, and teachers.
3. Combine ATOD content with strategies to promote life skills. Attend to the characteristics of the target population that place them at-risk for ATOD and structure activities to address these characteristics.
4. Use written, session-by-session, easy to follow curricula.
5. Incorporate your programs into existing networks (school, community, church) by involving people from these networks in change efforts.
6. Tailor your program content to the culture and language of clients.
7. Eliminate logistical barriers to program participation.
8. Acknowledge and tailor your program to developmental influences.
9. Employ known and trained authorities to deliver the intervention (peers, parents, teachers, guidance counselors, coaches, etc.).
10. Capitalize on client strengths; acknowledge weaknesses but do not focus exclusively on them.
11. Establish and nurture long-term and effective partnerships with collaborating agencies.
12. Involve parents. Plan social, recreational, and cultural events to foster increased interaction among parents and youth. Attend to parental deficits by providing skills training to enhance parental self-efficacy.

(Details of this study are available in *Science-Based Programs and Principles*, 2002 by Schinke, Brounstein, and Gardner) These recommendations are written for those who want to design an effective prevention program. A program implementer might want to adapt a policy of not making adaptations that would alter any of these core components since these are elements that other effective programs have in common and may be directly correlated to program effectiveness. It should be noted that the Core Components Analysis is not a rigorous scientific study and should not be relied upon as theory. Consequently, making policy decisions based on the theory may not ensure that the program is being effectively replicated or adapted.

The Controversy

The debate around fidelity/adaptation seems to fall into two camps. On one side, there are many program developers who encourage that a program be implemented as it was designed. They claim that if you want to be effective then you must replicate the model with fidelity keeping adaptations to a minimum. On the other side, there are researchers that claim that the most realistic and effective approach to program implementation is to strike a balance between fidelity to the original model and strategic adaptations.

In a recent paper entitled *Finding the Balance: A Practitioner's Guide to Program Fidelity/Adaptation*, Thomas Backer, provided practitioners with a guide to

addressing the balance of program fidelity/adaptation. He recommends that practitioners use a combination of common sense and good, well-structured planning to wrestle with the challenges of program fidelity/adaptation". He states that there is ample evidence supporting the fact that if you alter a program too much or in certain ways, it does not work. Consequently, he believes that in order to maintain the effectiveness of a given program the implementer needs to find the balance between fidelity to the original program model and adapting the model strategically to meet the unique needs of a particular community.

Backer has put forth a 12-step checklist for finding this balance. These are useful guidelines for program implementers who want to retain the effectiveness of a program, but recognize the need for adaptations. These guidelines are:

1. **DEFINE** what you mean by fidelity/adaptation balance, and share your definition with all those who will collaborate on implementing the program.
2. Relate the **THEORY** behind the prevention programs you select to fidelity/adaptation.
3. Relate what's known about the **CORE COMPONENTS** of the program to fidelity/adaptation.
4. **ASSESS** fidelity/adaptation concerns as part of the larger effort to measure community needs and assets.
5. Determine what **RESOURCES** are needed to deal with fidelity/adaptation concerns, and how to present need for these resources to funders.
6. Look at what **TRAINING** the program developer offers that might help you address fidelity/adaptation challenges.
7. Define how you'll **MEASURE** your success in achieving a reasonable fidelity/adaptation balance, including whether you'll use a program developer's **FIDELITY INSTRUMENT**.
8. Decide whether an individualized **CONSULTATION** with the program developer on fidelity/adaptation issues would be feasible and useful.
9. **INVOLVE THE COMMUNITY** in thinking about fidelity/adaptation concerns, as part of the larger implementation process.
10. Weave results from all these steps into a **PLAN FOR ADDRESSING FIDELITY/ADAPTATION BALANCE** - as part of an overall implementation plan.
11. Include fidelity/adaptation issues in the design of the program's **EVALUATION**.
12. Continue paying attention to fidelity/adaptation balance, and how it may change over time, in the **ONGOING OPERATION** of the program.

Backer's guidelines are not based upon an empirical study, but rather a qualitative study using methods such as interviews with program developers and comparative analysis by analogy to similar situations in different fields. Consequently, while these guidelines may be the best that current research has to offer they are not exhaustive. Backer reviews each of the guidelines in depth explaining the implementer's task, the expected outcomes from the task, and some resources that may assist with the task.

Additional tips on fidelity/adaptation and related CAPT products:

- Conduct a needs assessment and use these data to select the best-fit program for your particular situation. By doing this you can avoid making unnecessary adaptations during program implementation. The Northeast CAPT offers trainings on both assessment (Assessment: A Vital Preplanning Activity

<http://www.captus.samhsa.gov/northeast/services/f2ftraining/assessment1.cfm>) and program selection (Selecting Appropriate Prevention Programs to Meet Local Needs

<http://www.captus.samhsa.gov/northeast/services/f2ftraining/selecting1.cfm>)

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- If you make any major adaptations to a program, check with your evaluator to see whether or not this will effect the evaluation of the program. For instance, if you drop a violence prevention component from a multi-component program you should not be held accountable for the corresponding outcomes. Be sure to make the appropriate changes to your evaluation to reflect this adaptation.
- Use CSAP's Achieving Outcomes: A Practitioner's Guide to Effective Prevention document as a guide and/or checklist for program implementation and evaluation. This document can be found on SAMHSA's prevention Platform website at <http://preventionplatform.samhsa.gov/>