CATALYST

Evaluation for Prevention Programs

Evaluate! The command is so familiar in the prevention literature that a program without an evaluation component is likely to be starved for support. Indeed, the U.S. Department of Education's periodic Grant Competition to Prevent High-Risk Drinking or Violent Behavior Among College Students requires applicants to develop an evaluation plan for their proposed projects. Part 86—the Drug-Free Schools and Campuses Regulations—requires that, every two years, campuses determine the effectiveness of their alcohol and other drug prevention programs and implement needed changes. In addition to evaluating their own efforts, campuses are encouraged to implement evaluated programs.

Given that background it is surprising to find that a careful evaluation of alcohol and other drug abuse prevention strategies is neglected on many campuses.

Talking to veterans in the prevention field sheds some light on what's wrong. Prevention workers may be ducking their evaluation responsibility because they're expecting too much too soon. For example, it is difficult to change a campus culture of high-risk drinking in a short period of time, but all too often that is an expectation of those who support prevention efforts directed at students.

Kim Dude, who has been working in prevention on the University of Missouri campus for more than 18 years, is impatient with the focus on "binge drinking" rates in measuring the effect of prevention. "I hate that phrase, but it seems to be the yardstick. Everything is in the 'binge-drinking' basket, and if that doesn't change, then forget it."

The Drug-Free Schools and Campuses Regulations require that . . . campuses determine the effectiveness of their alcohol and other drug prevention programs . . . .

Dude is an ardent supporter of environmental strategies and publicizing social norms as a means of changing student behavior but she is equally devoted to education as part of the picture. She emphasizes that immediate results may not be measurable by a convenient gauge such as rates of "binge drinking" turned up in student surveys.

"My feeling is that we need to get our students to progress through the range of changes in behavior. They start with 'I'm thinking about my behavior.' Then, 'I'm thinking about my friend's behavior.' We want to move them down that continuum. However, the behavior change may not happen when they're in college."

William DeJong, Ph.D., from his vantage point as the former director of the U.S. Department of Education's Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention and a professor of social and behavioral sciences at the Boston University School of Public Health, sees a widespread failure by colleges and universities in compiling the information needed to design a meaningful evaluation

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of their prevention work. DeJong led an evaluation of social norms marketing involving 32 different institutions (16 intervention sites and 16 control sites) and found that none of them had any archival data they could use to measure changes in problems and behaviors on their campuses.

"Did their student health centers have intake forms asking whether the presenting problem was alcohol related? No. Did their housing departments keep track of how much money they're spending on vandalism repair? No. Did their campus police forms indicate consistently whether a student apprehended or arrested had been drinking? No. On a typical campus, each department was too wrapped up in its own

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Principles of Effectiveness for Prevention Programs

The U.S. Department of Education's Office of Safe and Drug-Free Schools promotes principles of effectiveness for prevention programs, as codified in the *No Child Left Behind Act of 2001*. A subset of the principles of effectiveness that are most applicable to institutions of higher education can be summed up as follows:

- Design programs based on a thorough needs assessment of objective data.
- Establish a set of measurable goals and objectives linked to identified needs.
- Implement prevention activities that research or evaluation have shown to be effective in preventing high-risk drinking or violent behavior.
- Use evaluation results to refine, improve, and strengthen the program and refine goals and objectives as appropriate. ■

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affairs to think about alcohol problems in terms of the campus as a whole," he said.

DeJong concedes that deciding to do better data collection is only step one.

"Once you have record-keeping forms in place you have to train people to use them. You have to monitor them to make sure they're consistently filling out the forms correctly. It's time intensive and despite its value a lot of our campuses just don't go there. But without good data it's very difficult to really gauge whether you're making progress."

The U.S. Department of Education's Office of Safe and Drug-Free Schools (OSDFS) places a strong emphasis on program evaluation. Deborah A. Price, assistant deputy secretary of OSDFS, points to the principles of effectiveness for prevention programs promulgated in 1998 (see sidebar). While these principles focus primarily on K–12, they also are applicable to higher education.

"These principles call for a deliberate process for program development that rests on sound evaluation processes—from data collection and assessment to goal setting and measuring whether goals and objectives have been met," Price says. "Following these principles helps us understand what works and what doesn't so that we can improve the effects of prevention programs."

In fact, the OSDFS Alcohol and Other Drug Prevention Models on College Campuses grant competition seeks to identify evaluated programs with proven effectiveness for dissemination to the field.

According to William Modzeleski, associate assistant deputy secretary in OSDFS, the grant competition's goal is to move the field toward more effective practice.

"Programs selected through the grant competition—and there have been 34 since 1999—all included rigorous evaluation in their program planning and implementation. That was key in their ability to provide

evidence that the initiative was effective in reducing alcohol- and other drug-related problems," said Modzeleski.

Not Students Alone

While student surveys are a mainstay of efforts to measure how students are responding to prevention efforts, this kind of evaluation suffers from a degree of skepticism. Are students honest and accurate in what they say in surveys about drinking? A recent study at Hobart and William Smith Colleges indicates that such self-reporting may be more accurate than many critics believe. This study also demonstrates how departments not usually involved in prevention can make a significant contribution to the effort.

David W. Craig, Ph.D., is a chemist and the director of the Alcohol Education Project at Hobart and William Smith Colleges. His department has been drawn into a demonstration of how breathalyzer tests can be used to determine whether the drinking behavior reported by students when they return to their dorms after a night of partying is consistent with their actual blood alcohol levels. Craig and his team took breathalyzer samples from 1,837 students in a study designed carefully for randomization and other considerations to ensure accuracy and safety. The results bolstered the validity of self-reports as a measure of how much students are drinking.

"What we see is that there is a substantial error for given individuals. Some people overreport. Some people underreport," Craig explains. "So we have high values and low values, but if you collect a large enough sample they cancel out. As long as you have a large enough sample of self-reporting, you're going to get a good representation of the actual distribution of blood alcohol concentrations and risk levels, based on our research using breathalyzers."

Craig acknowledges that using breathalyzer data as an evaluation tool is in its infancy, but

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he is impressed by the willingness of students to participate in his study. No fewer than 85 percent of the 2,161 students went along with the breath test when they were assured of anonymity.

"If you look at a mail-in survey you'll never in the world see a response rate of 85 percent. You're lucky to get 50 percent. So this participation rate exceeds anything I've ever seen in terms of survey work."

Craig points out that his breathalyzer study cost nothing at all. "It was integrated into our curriculum. All of the research scientists who did the data collection were independent-study research students getting course credit to do the research."

Missouri's Kim Dude also relies on help and advice from other departments to come up with valid designs for evaluating a prevention strategy. Still, an evaluation may require money, ranging from pay for research assistants to incentives that lure students into responding to a survey.

"But it's an investment," she says. "We're more likely to get other funding if an evaluation shows we've been effective. The evaluation not only helps us retain grants but also increases the likelihood of getting more grants or even more university money. We evaluate virtually everything we do, and for a lot of reasons. The most important reason is that we want to get better all the time."

In addition, the cost of evaluation may be more than offset by discontinuing programs and activities that are found to be ineffective.

Ideally, the effect of a campus-based prevention effort would be compared with what is happening on a similar campus that was not the target of such an effort. Such comparison-based studies can be challenging to design and carry out but can have substantial effect as an evaluation of a prevention strategy. One example is a trial reported in the journal *Addiction* (Vol. 100, No. 3, March 2005) to test the efficacy of a campaign to reduce drinking and driving

among students at a public university in the Southwest. Another university with a student body of similar characteristics served as a comparison site.

The study, designed and carried out by John D. Clapp, Ph.D., and colleagues at San Diego State University and the Pacific Institute for Research and Evaluation, provided for stepped-up driving under the influence (DUI) enforcement, a media advocacy campaign, and a social marketing campaign on one campus while only routine DUI enforcement continued at the comparison university. Using baseline data collected in advance, the researchers measured a considerable drop in self-reported driving after drinking among students at the university where the prevention effort had taken place.

Such comparison studies in the realm of research lie well beyond the means of most campus prevention programs, but they illustrate a point made by DeJong. If an evaluation indicates that a prevention effort had a disappointing outcome, a good question to ask is: compared with what? Doing nothing at all? That's why many studies include intervention sites and control sites, where data are collected on the same measures during the same time period.

"There might be a school that is actually seeing an increase in problem drinking on its campus in spite of all the work prevention people are doing," DeJong says. "Does that mean their prevention program is failing? If they look at data from comparison schools they might find that the problems on their own campus are not going up as much as they are at other schools. Being able to gauge how you're progressing against other schools is important, too."

Editor's note: Tips on designing prevention programs with effective evaluation components can be found on the Web site of the National Institute on Alcohol Abuse and Alcoholism at http://www.collegedrinkingprevention.gov. ■

Message From Deborah Price, Assistant Deputy Secretary for Safe and Drug-Free Schools

With greater emphasis on accountability when it comes to funding, evaluation becomes even more important. But it is not just those providing funding for prevention programs—government agencies, foundations, colleges and universities—that benefit from good evaluations that show whether programs are being effective. Programs themselves need to engage in ongoing evaluations so that they initiate changes midstream to achieve greater effectiveness.

The Office of Safe and Drug-Free Schools supports program evaluation in a number of ways. First, our Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention provides technical assistance to campuses and communities on ways to conduct evaluation through a number of publications, training sessions, and workshops (see http://www.higheredcenter.org/eval).

Our annual National Meeting on Alcohol and Other Drug Abuse and Violence Prevention in Higher Education has included pre-conference institutes on evaluation as well as workshops showcasing the evaluation experiences on specific campuses. In addition, we showcase the work of the model program awardees, selected on the basis of evaluation demonstrating the effectiveness of their programs. Our new publication *Experiences in Effective Prevention: The U.S. Department of Education's Alcohol and Other Drug Prevention Models on College Campuses Grants* highlights the evaluation lessons learned by 22 grantee institutions funded from 1999 to 2004 by the U.S. Department of Education's Alcohol and Other Drug Prevention Models on College Campuses grants initiative. ■

Evaluation on a Shoestring

I n a perfect world, every prevention program would include enough money for rigorous evaluation. We don't, however, live in a perfect world. All too often it seems that evaluation is almost an afterthought, with most of the resources directed to program implementation instead.

"We don't have the money to evaluate," says John D. Clapp, Ph.D., professor in the School of Social Work and Public Health and director of the Center for Alcohol and Other Drug Studies and Services at San Diego State University as well as a member of the Higher Education Center's Review Group. "It's pretty rare for people without grant money from the National Institutes of Health to do a full evaluation of outcomes."

Nevertheless, evaluation is necessary. In fact, according to John H. Pryor, director of the Cooperative Institutional Research Program at the University of California, Los Angeles's (UCLA) Higher Education Research Institute, it is "incredibly important."

"If you're going to do a program, you really have an obligation to evaluate," he says. "We shouldn't be doing it on a shoestring. If people had been evaluating effectively from the beginning, we'd be much further along."

The imperative to measure a program's effectiveness coupled with the dearth of evaluation dollars means that prevention practitioners must use their resources wisely. Finding inexpensive ways to gather data can help. Web-based surveys, because they incur no expenses for postage, printing, or materials, have become increasingly popular. Web technology saves staff time, too.

Another economical way to collect information is to use focus groups rather than individual interviews for program feedback. It is less expensive, for example, to hold a one-hour discussion with 12 participants in a focus group than to engage in 12 one-hour interviews.

Some prevention programs lend themselves to using data compiled by outside entities, and these data cost essentially nothing. A municipal or university police department, for example, may keep track of the number of college students who are detained for alcohol-related offenses. A residence hall may tally property

"If you're going to do a program, you really have an obligation to evaluate"

damage. Many colleges regularly survey their student populations through institutional research offices. If these surveys include questions about alcohol or other drugs, prevention practitioners can obtain information from them. At UCLA, the freshman survey "Your First College Year" asks one question about high-risk drinking and one about participation in prevention programs. Because the survey leaves space for miscellaneous questions, prevention practitioners can ask that specific questions be added.

"You can reach a large population that way," says Pryor.

In addition to making changes in the way information is gathered, evaluators can trim costs by decreasing the frequency of survey administration. Many prevention programs include several strategies or events, and surveys for each one are often unnecessary or "overkill," according to Pryor. Instead, programmers can conduct their evaluation after all of the events have occurred, saving money by using one instrument instead of several.

Gloria T. DiFulvio, Ph.D., research assistant professor at the University of Massachusetts Amherst School of Public Health and Health Sciences, advocates developing partnerships and relationships across campuses and communities as a way to decrease evaluation expense. Other departments may be willing to share costs, and a campus and community coalition may help with the workload. For two-year campuses and for campuses without research institutions, personnel at nearby campuses can provide expertise.

At larger universities, DiFulvio points out that graduate students in need of projects might be interested in collecting and analyzing data about prevention programs. Students who are engaged in independent study are another source of assistance.

Pryor agrees that graduate students and others can be useful. But he cautions that evaluation is not the same as research, and he encourages prevention practitioners to find people who are trained to do evaluation.

"Evaluation is an applied setting," he says. "It's real people in real circumstances. It's not like a psychology experiment in a closed room. As an evaluator, you have to be able to move with what's going on with the program. In a strict research design, you can't change."

Even with the incorporation of the above cost-cutting strategies, measuring long-term behavior change—so-called outcome evaluation—remains expensive. But process evaluation, which looks at a program as it unfolds and measures intermediate change, is less costly. Process evaluators ask what should happen and when. They decide which indicators are important for change and set up a system to track those indicators.

Here is how it works.

A university program to decrease the negative consequences of high-risk drinking, for example, might feature educational workshops for fraternities and sororities, responsible beverage server training, advertising campaigns, and other strategies. In a process

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evaluation of the program, the first question to ask about each activity is: Did it occur as planned? If an advertising campaign called for 500 posters and only 50 were displayed, the activity did not occur as planned. Then, did the activity reach its target audience? A workshop intended for fraternities may not be as successful if it only attracts athletes or community business owners. Next, if an intervention is identified as a good one, what about it has been successful? As program planners answer these and other process questions and evaluate intermediate goals by looking at specific indicators at various points in time, they can make needed corrections.

Policymakers are starting to favor model programs when they make funding decisions.

Sometimes even process evaluation is not feasible due to limited resources but that does not mean program planners cannot both gauge the progress of their efforts and save money by using a logic model (see p. 11). Planners must ask themselves ahead of time what attitudes and behaviors would indicate change and how these attitudes and behaviors could be measured. In a program to reduce DUI, for example, prevention practitioners could posit that drinking and driving will be decreased if students believe that their chance of DUI arrest is high. So activities that are intended to increase perception of risk would be put in place. Then, students would self-report DUI and evaluators would ask them about their perception of risk. A decrease in self-reported DUI and a concurrent increase in perceived risk of arrest would lead to the assumption that the particular program

reduced DUI. But under these conditions, quantification is not possible.

The use of model prevention programs can cut evaluation costs dramatically. These model programs are science-based interventions that have been tested and proven effective under various criteria developed by a number of different agencies, including the U.S. Department of Education, the Center for Substance Abuse Prevention, or the National Institute on Alcohol Abuse and Alcoholism. They are available to universities across the country with instructions about what to do and how to do it. The theory is that if campuses are faithful to the model programs, the long-term outcomes will mirror those that were achieved when the programs were tested. Thus the evaluation becomes, "Did the program get implemented as it should have been?" says Clapp, adding that policymakers are starting to favor model programs when they make funding decisions.

Statewide initiatives, in which campuses work together to share resources and help one other with data collection, can help defray the cost of evaluation. There are currently 47 statewide initiatives for college alcohol abuse prevention, with long-standing programs in Illinois, Ohio, Maine, New York, and Pennsylvania, among others.

No matter which cost-saving techniques and methods are used, DiFulvio says that evaluation should be seen as a core component of any prevention program.

"Evaluation is not just about monitoring student outcomes, it is about guiding implementation."

"When budgeting, we need to understand that part of the budget is for evaluation and include it from the beginning," she says. "Evaluation is not just about monitoring student outcomes, it is about guiding implementation. So it is important to communicate with those who may be in supervisory positions and who may not recognize the value of evaluation."

It's a difficult task and one that, thus far, has demanded creativity and resourcefulness.

But evaluation "on a shoestring," although hardly optimal, remains an important part of prevention programs by providing colleges and universities with information on whether they have, at minimum, implemented the activities that they intended to. ∎

Dealing With Alcohol and Other Drug Issues at Small Colleges
So What's the Problem, Anyway?

by Laurence W. Mazzeno

At a March 2007 conference sponsored by the National Association of Student Personnel Administrators, I was asked to appear on a presidents' panel with leaders of two of America's distinguished large public institutions, the University of Rhode Island and Texas Tech University. What an incongruous pairing, I thought. After all, Alvernia College, where I served as president for eight years, is radically different from theirs. The entire student population is one seventh that of URI, and notably smaller than the entering freshman class at Texas Tech. Moreover, Alvernia's endowment is roughly equivalent to the annual interest earned by endowments at many larger, more prestigious centers of higher education. If I may be allowed a bit of hyperbole for effect, I think it fair to say that at a place like Penn State or the University of California my annual budget would have been considered a rounding error.

Generally those of us not in that elite classification *U.S. News & World Report* describes as "national liberal arts colleges" have actually tried to make a virtue of these differences, marketing ourselves as places where students receive individual attention from faculty and administrators keenly interested in helping them succeed in college and after. Try as hard as we might, however, we simply can't seem to get over the fact that the behemoths in our industry have more money—and keep getting more whenever someone identifies a problem. We tend to become especially envious when we see six-figure grants going to large public institutions or to "Ivy League caliber" schools. Many of us pine for the chance to show that, if we just had money, we too could solve all our problems.

But I would like to offer a "minority opinion" on this matter when it comes to alcohol and other drug prevention and treatment. I think many of us would only squander more money if it were made available. We're simply not ready to use it effectively.

Why? A snapshot of my college can help answer that question. Founded by the Bernardine Franciscan Sisters in 1958, Alvernia enrolls slightly fewer than 3,000 students in more than 30 undergraduate and graduate programs. Half the students are "nontraditional" (over the age of 25). We have taken special pride in touting our mission as a

Alvernia President Emeritus Laurence W. Mazzeno

values-centered institution where religious principles guide all our actions. We highlight the fact that our faculty are teachers first, and that every student gets personal attention. We are proud of the comprehensive program run by our student affairs professionals that promotes healthy lifestyles.

We are not unique, of course; there are hundreds of similar institutions throughout America that claim strong religious and moral underpinnings and insist that they are in touch with their students. The sad fact is that in many cases these attitudes and beliefs are actually *hurting* rather than helping colleges deal with drug and alcohol problems on campus.

I was reminded of that recently when I was helping recruit new member institutions for the Network Addressing Collegiate Alcohol and Other Drug Issues (Network). I sent letters to presidents of nearly 800 small and medium-sized colleges to explain what services the Network could offer. I didn't receive many responses, but among the replies one from the president of a small religiously affiliated institution much like mine caused me to do a mental double-take: "Dear Dr. Mazzeno," this president wrote. "Thank you for inviting our college to become a member of The Network. We appreciate what The Network is doing; however, we will not be joining. None of our students uses alcohol or drugs."

Now it is certainly possible that what this president told me is true, but it has been my

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experience that *no college in America* is totally immune from alcohol and other drug problems. My surprise was muted, however, when I recalled what had happened only seven years earlier on my own campus. In the spring of 1998, my chief student affairs officer, who had come to Alvernia with me in 1997, gave her first briefing to trustees about the status of alcohol and other drug issues on campus. She and I both thought the report was fairly innocuous and routine. The trustees, however, stared in disbelief, then erupted with a volley of outraged responses: "We've never heard this before!" "We have a policy against having alcohol anywhere on campus!" "We're a Catholic school—how can there be problems with alcohol and drugs here?" Apparently they were convinced that strong policies coupled with a tradition of religious affiliation were all we needed to create a drug-free utopia. In short, they were *in denial.*

Actually there seems to be a lot of this *denial* going on. Leaders at many small colleges are convinced that alcohol and other drug problems on their campuses are either nonexistent or not significant. Why do they think this? Because they believe in the great myth that permeates such institutions: because we're small, we know all our students personally. This cliché has been a mantra behind which faculty and staff and leadership at small colleges have hidden for decades. As a consequence, many of us have never taken any formal steps to learn about those who are enrolling at our institutions. On my campus, it took participation in the National Survey of Student Engagement to convince people we were not nearly as well informed as we thought—and certainly not always pleased with what we learned. That tool and other, similar surveys opened our eyes in a number

of ways. Not only did we discover that our freshmen did not really feel connected to their fellow students or their faculty as well as we assumed—though seniors, on the other hand, were very comfortable in the level of their engagement—but we learned that our students were remarkably like those on other campuses, including large research universities: They came to us from a culture that condoned, and even promoted, the use of alcohol and other drugs, and they were not about to let the fact that they were attending a Catholic college change behaviors they'd learned long before they enrolled at Alvernia.

As painful as all this was, once we got over our denial and began to rely on fact-based information, we began to look for ways to get beyond platitudes and really help our students deal with alcohol and other drug issues. At that point the task became remarkably more manageable: We discovered there were many
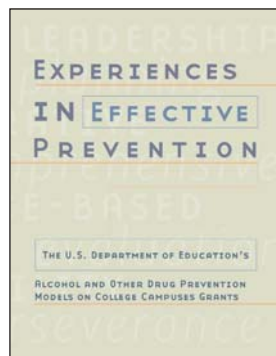
resources available, from federal, state, and private organizations—much of which came at no cost except the time we were willing to invest in dealing with alcohol and other drug matters honestly and effectively.

The good news is that now trustees, faculty, and staff are willing to admit there's a problem; that is a tiny but important step forward. We also found the courage to admit that we would probably not eradicate alcohol and other drug problems, at least not in the foreseeable future. Nevertheless, leaders who face this dreary fact head-on rather than hiding from the truth behind the comforting myths about life at small colleges will know that they are making a positive difference in the lives of those who attend their institutions. Can we settle for anything less?

Laurence W. Mazzeno, Ph.D., is president emeritus of Alvernia College in Reading, Pa. ■

It's Only Logical by Linda Langford

When campus prevention coordinators implement a program, activity, or policy, they are doing so in hope of achieving some result, such as decreased high-risk drinking or violent behavior among college students (the program goal). A logic model is a diagram that shows the program planners' commonsense understanding of how and why program activities lead to program goals.

Why use a logic model? Because a logic model lays out all the steps that are expected to occur, it serves as an easy-to-follow program plan. Also, the very process of generating a logic model serves to create a shared understanding among staff members of the program's process, goals, and objectives, which helps project staff to work together more effectively.

The logic model also serves as the basis for the evaluation plan. Evaluation planners can decide how and when to measure each step of the program specified in the logic model. Using the logic model in this way ensures that each important program component is measured. Because program staff participated in generating the logic model, evaluators are more likely to collect information that is relevant to program staff and useful for improving the program.

In addition, measuring each element in the logic model assists in the interpretation of evaluation results. If evaluation results show that the program goals were not achieved, program staff can ascertain where in the sequence the program did not work as planned. If the anticipated outcomes were obtained, having data that support each step in the logical sequence improves the argument that the long-term goals occurred as a result of the program activities. In essence, the logic model allows program staff to use evaluation results to report on the accuracy of their assumptions about how activities would lead to goals.

But before constructing a logic model, program planners should conduct a needs assessment designed to gather information on the nature of the alcohol, other drug, and violence-related problems in their particular campus and community setting. For example, one campus might find that many problems take place in and around local community bars that engage in aggressive promotions targeted at students and have lax enforcement of underage drinking and public order laws. Another campus might find greater alcohol, other drug, and violence problems associated with fraternity parties or large events. Each of these problems suggests the need for a different solution.

If you are having trouble specifying the change, ask yourselves, "what result(s) do we expect from this activity?"

A needs assessment might include administering a student survey; scanning the environment using the Higher Education Center's *College Alcohol Risk Assessment Guide: Environmental Approaches to Prevention* and campus safety audit tools; and reviewing data gathered by campus and community agencies, such as vandalism reports, alcohol-related hospital visits, campus disciplinary actions, visits to rape crisis centers, and community arrests. Reviewing these data can help program planners to identify the specific problems that should be addressed. After identifying and prioritizing the problems, planners consult prior research and theory to determine which strategies are likely to be effective in addressing these priority problems, and then create a set of integrated program activities.

This is the best time to construct a logic model: after program activities have been tentatively selected but prior to program implementation. Constructing a logic model as a part of this planning process can serve to make explicit how the planned activities will lead to the ultimate goals for these efforts (e.g., decreased high-risk drinking, decreased incidents of violence). Planning a prevention program is a complex undertaking, and even experienced professionals often find that the first draft of a logic model reveals flaws in the logical sequence of the program. A logic model allows these flaws to be corrected on paper before implementing program activities in the field.

There is no single format for a logic model. One way of constructing a logic model is to list program activities on the far left-hand side of a piece of paper and program goals on the far right. The planning team can then fill in the middle of the diagram by brainstorming the series of steps by which each activity leads to the goals. The trickiest part of this process is to articulate each interim step as a *change* rather than describing the activity. For example, rather than stating the step as "workshops in dorms," specify what will be different as a result of that activity, that is, "increase in student knowledge about campus sexual assault policies" (or whatever the workshop content is). Beginning each link with "increase" or "decrease" can help in articulating each step as a change. If you are having trouble specifying the change, ask yourselves, "what result(s) do we expect from this activity?"

It is important to articulate all of the steps that you expect will occur. For example, we do not expect most training programs to result directly in behavior change. Instead, we assume there are intermediate steps, such as increased knowledge about the topic, increased positive attitudes about the behavior change, and perhaps an increase in skills needed to perform the new behavior. Each of these assumptions should be made explicit in the model. It is especially important to articulate both how initial changes in knowledge and attitudes will lead to a desired behavior change and how the behavior change itself is linked to the ultimate program goals. For example, what changes in student behavior are you assuming will result from increased knowledge about sexual assault policies,

Q&A With Peggy Glider

Peggy Glider, Ph.D., is the coordinator of evaluation and research for the Campus Health Service at the University of Arizona. She has served as the principal investigator or research director on many federal research and demonstration grants in the alcohol, other drug abuse, and violence arenas. She also has participated in national panels and evaluation teams for the Public Health Service and U.S. Department of Education. In addition, she has provided evaluation technical assistance to a variety of colleges and universities and serves as an evaluation consultant for the Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention. The University of Arizona is a member of the Network Addressing Collegiate Alcohol and Other Drug Issues.

Q: Often evaluation takes a back seat when programs are in the planning stage. What would you say to encourage people to build in evaluation as a key component of prevention efforts?

A: I tell people that in light of increasing emphasis on accountability, without evaluation it is very difficult for a program to demonstrate any effect on the targeted problems or population. Building evaluation in from the very beginning allows for the monitoring of what is going on in terms of process as well as outcomes. If the program is not getting the desired results, it can be tweaked as it goes along.

Evaluation is also critical in order to get funding. Solid evaluation that has gone hand-in-hand with the program as it is developed provides the program with a much better position for grant writing to request funding.

Proactive inclusion of evaluation in program development also helps in terms of cost effectiveness. If evaluation is part of the program design from the beginning, appropriate information can be collected to figure out what is working and what isn't. For example, if a less expensive format of a program is working just as well as a more expensive format—say a small group versus individual sessions—that allows for some tweaking to save money. In addition, there is no way to demonstrate effectiveness without evaluation data.

Q: What are some of the ways to use evaluation to help programs meet their goals?

A: Evaluation can help determine if the target audience is being reached. It can provide qualitative information as well as "head counts" of who is participating in activities. Evaluation can help tailor program outreach efforts and what is being provided to whom. But it is also critical for determining outcomes. The only way to know if a program is working is through evaluation efforts. The major goal of prevention programs is to see some change in knowledge, attitude, and, we hope, behavior.

Q: What kinds of goals can people realistically set and evaluate during relatively short funding periods in order to satisfy the evaluation requirements or expectations of funders?

A: I strongly encourage the use of a logic model. It helps people to really look at what they are doing, why they are doing it, and what changes they can expect in the short term, which may just be students coming in—that important process information. What are some of the intermediate things that might be expected to happen in three months or six months as well as the long-term effect? We would all love to see underage drinking or high-risk drinking on campuses cut in half, but we know that certainly will not happen in the short term. Thinking about both the long-term outcomes as well as what is reasonable to achieve in the short and intermediate terms is part of the planning process when it comes to determining what some reasonable expectations might be.

Q: Often evaluation goals focus on shifts or changes in individual behaviors or individual consequences. However, current research, such as the NIAAA [National Institute on Alcohol Abuse and Alcoholism] panel reports, points to the need for environmental management to influence the campus and community environment. Are there ways that programs can build in some ways to evaluate the environment as well?

A: Absolutely. There are several tools that are very good for conducting environmental scans available through the Higher Education Center as well as other sources. An environmental scan, which is a process for developing a campus profile by taking a look around and having

Q&A With Peggy Glider

conversations with people to determine problems and issues does take time but does not really cost anything other than time. Basically, it helps to monitor what is out there. There is usually quite a lot of secondary data available, whether from campus police, community police, judicial officers, or residence halls. At the University of Arizona we have looked not only at residence hall incidents but also things like damage or vandalism. While not all damage is alcohol related, a good portion of it is. Other data can come from student health centers regarding alcohol-related incidents that result in students coming in for services.

Some environmental factors that can be measured are how bars operate or advertise on campus. Monitoring a student newspaper or places where ads are posted on campus to determine the messages (frequency and content) can be extremely important. An environmental scan can provide a broad cross section of the campus environment and is really not that difficult to do. Program staff or students can do this kind of environmental scan easily because they are in tune to issues on campus whereas an outside evaluator may not be.

At the University of Arizona we have had students as well as community members involved with environmental scans. It has helped our community coalition members get engaged in the process. They have come on campus as well as gone into bars around campus to do environmental scans. Seeing for themselves what the issues are was extremely helpful in getting buy-in from the coalition members.

Q: In times of limited resources for prevention on campus are there cost effective evaluation methods that can be implemented?

A: In addition to environmental scans by students, program staff, and coalition members, there are other cost effective ways to do such things as collect information on individual outcomes. For example, online surveys are becoming more cost effective. Online survey

programs can help campuses get a lot of data for a relatively small amount of money. In addition, most campuses also have existing evaluation resources, such as departments in which professors teach research and statistics. They often have graduate students looking for research projects. Many campuses have some kind of institutional research office that monitors things like retention and recruitment. Such offices also get all types of data and are often willing to work with departments to collect other survey information. They are a really good resource because their whole function is to collect data on campus. An institutional research office is a fantastic resource that generally costs the program very little, if anything.

Q: At minimum what do you recommend programs do to evaluate their efforts?

A: Programs need both process and outcome evaluation. Process evaluation really means documenting what was done, when it was done, whom it was done on or for or with, and any changes over time in programming. That is needed to publish findings and to get funding. It is also what is needed to tell the administration what you are doing.

But the other half—and critical piece—is outcome evaluation. Unfortunately, a lot of evaluation stops with the process. Programs may get head tallies and satisfaction surveys, but that does not demonstrate that a program had an effect on reducing problems. For that, outcomes are needed—both environmental and individual. The purpose of environmental management is to change the environment to influence the individual. It is not sufficient just to evaluate at the environmental level. But it is also not sufficient just to look at individual outcomes. That is part of getting evaluation involved in program planning. What are the outcomes you can truly expect if this program is effective? What would you expect immediately? What would you expect either to grow as an improvement or at least maintain

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as an improvement over the long term? How will those outcomes be measured? Whether it's a pre- and post-survey that looks at change over the course of a program or an e-mail pretest and a delayed posttest, it doesn't have to be a lengthy survey. It just needs to cover the anticipated outcomes.

It doesn't have to take a huge amount of money or effort to come up with those things. The timing is really in the planning process. If evaluation is included at the very beginning it makes the whole process much easier. ■

It's Only Logical

and how will that change in behavior translate to decreased rates of sexual assault?

To achieve a complete program model, program planners should first make a separate "chain" showing how each activity leads to program goal(s). Typically, you will notice that as you move toward the right-hand side of each chain, similar results are expected. Planners can integrate the separate models into one large model by showing how separate activities and their immediate effects eventually lead to common outcomes on the right-hand side of the model.

Let's say that your campus survey and interviews with campus and community stakeholders reveal that many underage students are drinking at certain bars nearby the campus. By observing these bars, you determine that IDs are not consistently and carefully checked at the doors of these establishments. Among other activities, you decide to try to increase the extent and consistency of ID checking at these bars with the objective of increasing the number of underage patrons who are refused entry. With support from members of your campus and community coalition, the bar owners and managers are persuaded to establish a policy and protocol for universal ID checking and allow you to provide training to the bouncers. Bar owners are willing to support this policy because it helps them maintain their state liquor licenses in this state.

Your logic model for the bouncer training "chain" and the policy change activity might look like the diagram at right.

As you can see from the model, we expect bouncer training to result in a greater number of trained bouncers. Trained bouncers are expected to show increased knowledge about the new protocol and how to recognize fake IDs, an increase in positive attitudes toward checking IDs, and an increase in the skills required to refuse entry to a patron without proper ID (of course, the training must include content that addresses each of these goals). The changes in knowledge, attitudes, and skills are

expected to lead to an increase in actual ID checking behavior according to the established protocol, which is assumed to lead to an increase in bouncers refusing service to underage patrons. Serving fewer underage patrons is assumed to decrease the availability of alcohol to underage students, which is expected to decrease high-risk alcohol use and related consequences. The top row shows the policy change, protocol development, and ongoing management support for the policy. This part of the program could be represented in even more detail but serves to remind us that these factors are necessary to support the training efforts and subsequent behavior change by the bouncers.

Notice that all of the relationships are articulated in terms of their "expected" or "assumed" results, which is the purpose of the logic model. By measuring each of these steps in the chain during the evaluation, we can determine whether each of our assumptions is supported, thereby informing future planning.

Before implementing your activities, take a step back and consider whether your model is realistic and feasible. First, examine the changes specified in your model, and make

sure that there is evidence from prior research or theory to support your assumptions. For example, many studies have shown that increasing students' knowledge about the consequences of drinking will not result in a change in drinking behavior. Thus, if your model shows that you are expecting information about consequences to alter behavior, the research literature suggests that you should revise or replace that activity. Conversely, research shows that lower alcohol availability is associated with decreased consumption and problems, which provides an empirical basis for these links in the chain. Second, assess whether the program model is feasible given the available time, money, and staff—are too many activities proposed? The model can help you decide whether to delay, omit, or change some activities. Finally, given that most prevention programs take many years to reach ultimate program goals, ask yourselves whether you have specified intermediate goals that are realistic, measurable, and meaningful given the program activities and stakeholders.

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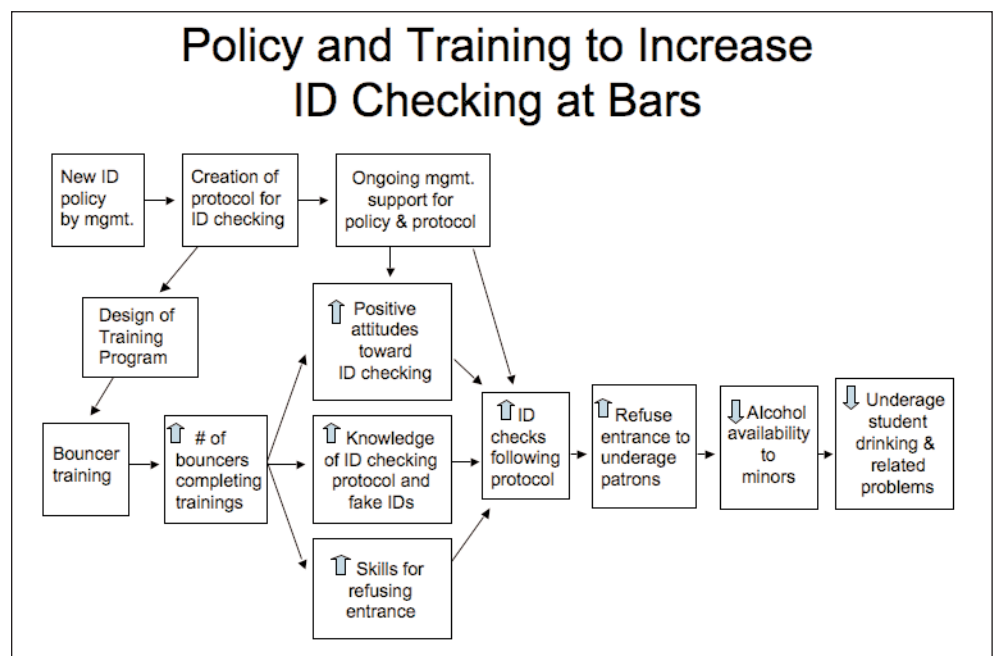
Policy and Training to Increase ID Checking at Bars

Our Mission

The mission of the U.S. Department of Education's Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention is to assist institutions of higher education in developing, implementing, and evaluating alcohol and other drug abuse and violence prevention policies and programs that will foster students' academic and social development and promote campus and community safety.

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How We Can Help

- Training and professional development activities
- Resources, referrals, and consultations
- Publication and dissemination of prevention materials
- Support for the Network Addressing Collegiate Alcohol and Other Drug Issues
- Assessment, evaluation, and analysis activities

Resources

For resources on evaluation, click on the following publications from the Higher Education Center's publications collection:

College Alcohol Risk Assessment Guide: Environmental Approaches to Prevention

Experiences in Effective Prevention: The U.S. Department of Education's Alcohol and Other Drug Prevention Models on College Campuses Grants

Evaluating Environmental Management Approaches to Alcohol and Other Drug Abuse Prevention

How to Select a Program Evaluator

Understanding Evaluation: The Way to Better Prevention Programs

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