

ADAPT Substance Use Prevention
Technical Webinar Series

PROGRAM EVALUATION:
Getting to Outcomes

Dr. Robert G. LaChausse

Professor of Public Health, California Baptist University
Board Member & Bulletin Editor, National Prevention Science Coalition



RESOURCE SUPPLEMENT

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ADAPT: A Division for Advancing Prevention & Treatment

Mission

ADAPT is a division within the Center for Drug Policy and Prevention at the University of Baltimore. The mission of ADAPT is to advance knowledge, skills, and quality outcomes in the field of substance use prevention while supporting successful integration of evidence-based strategies into communities.

Goals

1. Provide essential training and technical assistance services in the implementation and evaluation of substance use prevention strategies.
2. Promote public health and public safety collaboration in advancing substance use prevention.
3. Prepare the future public health and public safety workforces through student engagement in ADAPT operations and projects.

HIDTA Prevention

ADAPT supports the National High Intensity Drug Trafficking Area (HIDTA) Program by operationalizing the National HIDTA Prevention Strategy. ADAPT assists HIDTAs with implementing and evaluating substance use prevention practices within their unique communities. ADAPT also keeps HIDTA communities up to date with advances in prevention science. A variety of trainings and technical webinars to cultivate, nurture, and support hospitable systems for implementation are offered throughout the year.



Technical Assistance

Technical assistance is available to all HIDTA communities in the following domains:

1. Identification of Best Practices in Substance Use Prevention
2. Training
3. Implementation
4. Evaluation
5. Finance/Budgeting
6. Sustainability

CONNECT WITH US ON SOCIAL MEDIA!

For frequent updates from ADAPT, be sure to *follow* and *like* us on the platforms below. These platforms provide an opportunity to share resources and connect with each other.

Platform	Direct Link
	Like our Facebook page today: https://www.facebook.com/ADAPT-100681361632663/
	Follow our LinkedIn Company page for the latest insights and updates: https://www.linkedin.com/company/adapt-a-division-for-advancing-prevention-treatment
	Subscribe to our YouTube channel for informative video content! https://www.youtube.com/channel/UCbxhs3Kx69_OfAMw628PO7w/

For more information, email us at adapt@wb.hidta.org.

To be notified of upcoming webinars, products, and events, subscribe [here](#)!

ADAPT Technical Webinar Series

Concept Addressed	Technical Webinars (1.5 hours)	Date
Program Planning	Program Planning Fundamentals	2/18/21 2:30-4:00pm
Program Evaluation	Program Evaluation: Getting to Outcomes	3/4/21 2:30-4:00pm
Risk Factors	Interventions to Reduce Risk Factors for Substance Use	3/23/21 12:30-2:00pm
Protective Factors	Interventions to Promote Protective Factors for Substance Use	4/8/21 2:30-4:00pm
Prevention Systems	A Systems Perspective on Prevention Programs and Policies	4/22/21 2:30-4:00pm
Communication	Messaging, Elevator Speech, Media, & Social Media	5/6/21 2:30-4:00pm
Value Analysis	The Multiple Dimensions of Prevention Value	TBD
Appraising Evidence	Understanding Emerging, Promising, & Best Prevention Practices	TBD
Leadership	Leading Substance Use Prevention Efforts	TBD
Mentoring	Application of Mentoring Concepts in Substance Use Prevention	TBD
Project Management	Project Management Fundamentals	TBD

For each webinar, a corresponding 10-15 minute **Prevention Pearl** will be released.

Subscribe [here](#) for event announcements, including our upcoming **Evidence Based Practice Spotlight** series.





National Prevention Science Coalition

to improve lives

The National Prevention Science Coalition to Improve Lives (NPSC) was formed as a vehicle to facilitate the use of prevention science findings and evidence-based practices to improve social conditions that otherwise contribute to poor mental, behavioral and physical health. The NPSC is composed of over 700 scientists (representing over 75 universities and organizations), educators, clinicians, practitioners, communications specialists, policymakers and advocates. Domains of interest include inequalities and disparities, mental health, substance misuse, poverty, juvenile justice, child development and welfare, violence, and police-community relations, just to name a few.

Over the past 30 years, prevention science has identified key environmental and social factors that harm health and wellbeing, along with several programs, practices, and policies shown to reduce harm. The Institute of Medicine issued a report in 2009 about what prevention science has achieved. It noted that society now has the knowledge to ensure that virtually every young person arrives at adulthood with the skills, interests, values, and health habits they need to lead productive lives in caring relationships with others. We formed the NPSC to help convey this knowledge to the public and policy arenas.

Effective strategies for preventing behavioral and health problems come from the accumulated research about the risk factors that lead to problems, and the protective factors that prevent them. Prominent among these risk factors are deleterious environmental conditions such as poverty, economic inequality, and discrimination, conditions that increase stress, conflict, and coercive relationships. Neuroscience, epigenetics and behavioral science converge in showing that stress and conflict contribute to the development of most of the psychological and behavioral problems that reduce quality of life and contribute directly to inflammatory processes that lead to poor health and premature death.

With this knowledge, prevention scientists developed programs and policies to prevent multiple problems. At least 16 family-based programs have been shown to significantly improve the quality of family life and prevent many problems (e.g., antisocial behavior, anxiety, depression, alcohol and other substance misuse, risky sexual behavior, school absences, and academic performance). Numerous tested and effective school-based interventions can prevent multiple problems, from early childhood into adulthood. In addition, more than 40 policies have proven benefits in increasing families' economic and social stability.

Extensive analyses of the costs and benefits of these programs indicate that most cost far less than reactive approaches and they save in reduced healthcare, criminal justice, and educational costs, and in increased income to recipients. And perhaps of greatest importance is the potential for the principles that underlie effective interventions, once infused into our mindsets and daily practices, to have an enduring impact on subsequent generations.

We know the science exists to improve lives on a population level. The challenge is to make this knowledge accessible to the public, as well as to policymakers and administrators in federal, state, and municipal agencies that can use it to improve public policy. Few are aware of the wealth of rigorous and replicated research findings generated by prevention science. The NPSC is committed to informing policymakers and the public about the need to widely implement effective preventive interventions and fully embrace their principles by applying them in our daily interactions with children and youth.

NPSC Closes the Gaps

NPSC addresses the major obstacles that often discourage policymakers from drawing on prevention science to formulate effective policies. Major barriers include:

- Prevention research is captured in academic journals where findings are presented in technical language. NPSC educates policymakers and the public through briefings, policy papers, op-eds, fact sheets, and other means that report the science in an accessible format;
- The volume and complexity of new research is daunting. NPSC helps policymakers to distill and analyze key research, making it relevant to conditions in the districts they represent or regions over which they have jurisdiction;
- Policy makers often lack access to scientists who can interpret new research on prevention science and

draw connections to public policy. NPSC members include internationally prominent experts on the prevention of many of the most common and costly problems our nation contends with. We make ourselves available to policy makers and their staff for consultation and advice;

- Members of Congress and their staff lack personal relationships with researchers, which studies have found is an impediment to the use of research by policymakers. NPSC works to promote relationships between policy makers and researchers based on mutual trust, respect and responsiveness;
- Research findings often remain in silo'd disciplines such as neuroscience or social psychology. NPSC grants policy makers access to interdisciplinary teams who can draw on various fields of study, analyze the best data, and make recommendations to strengthen specific policy proposals; and
- Policy makers have limited access to objective, non-partisan sources of information and analysis on policy. Policymakers embrace NPSC as a source of nonpartisan information and advice which is transparent, honest, impartial, and free of any preconceived policy agenda.
- There are many settings that present opportunities for “knowledge mobilization”, one of 3 key goals for NPSC. We offer resources, informational materials, and expertise to governing bodies, school districts, community groups and stakeholders, primary care settings, foundations, and others that play a role in the nurturance of our children and youth.

Accomplishments

Since its creation in 2013, the NPSC has made significant progress in advancing the case for prevention. It has:

- Created a coalition of over 700 members and more than 60 nationally prominent organizations to promote prevention. A list of these organizations is available at <http://www.npscoalition.org/affiliations>.
- Formed the Congressional Prevention Policy Caucus to make the science accessible on Capitol Hill.
- Provided training to increase the capacity of NPSC members and scientists to advocate for prevention. We conduct workshops, trainings and resources useful for bridging science and policy.
- Hosted 20 [congressional briefings](#). Topics include school violence, child poverty, prevention of violence against women, childhood poverty, home visiting, police-community relations, budgeting for evidence-based prevention, and the prevention of human trafficking.
- Published numerous essays in outlets such as the *New York Times*, *Huffington Post*, *Baltimore Sun*, *JAMA*, *This View of Life*, and others, plus scholarly papers and books designed to promote greater use of prevention science.
- Provided consultation and technical assistance to the federal Evidence-Based Policy Making Commission and to state and local governments and healthcare and human services agencies regarding implementation of evidence-based prevention.

Strengthening Our Impact

Scientific evidence of what works holds the key to preventing problems that can ruin lives and devastate communities. Prevention science, which aims to eliminate problems before they take root, has the ability to place children and youth on the track to lead productive and healthy lives. The extensive expertise of NPSC members across multiple disciplines enables us to advise foundations and policymakers regarding implementation of effective practices and policies with potential to prevent the entire range of mental and behavioral problems.

For more information, contact:

- Diana Fishbein, Ph.D., Research Faculty at Pennsylvania State University, Director of Translational Neuro-Prevention Research at UNC, and Co-Director of the NPSC. dfishbein@psu.edu
- John Roman, Ph.D., Senior Fellow, Economics, Justice and Society Group at NORC, University of Chicago and Co-Director of the NPSC. roman-john@norc.org

www.npscoalition.org

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National Prevention Science Coalition

to improve lives

WHAT IS PREVENTION SCIENCE?

Summary:

For 50 years, Prevention Science has generated practices that improve countless lives by strengthening the conditions for individuals, families, and communities to thrive. A wide range of effective programs and policies are now available to achieve these results. Strategies have been identified that fully support widespread scale-up, increase effective supports, and foster nurturing environments across all communities. By leveraging the policymaking process, we can ensure that the benefits of these advances reach all communities across our country.

Description:

Prevention science focuses on the development of evidence-based strategies that reduce risk factors and enhance protective factors to improve the health and wellbeing of individuals, families, and communities. Prevention science draws from a diverse range of disciplines—including the epidemiological, social, psychological, behavioral, medical, and neurobiological sciences—to understand the determinants of societal, community and individual level problems (e.g., trauma, poverty, maltreatment). A central tenet of prevention science is the promotion of health equity and reduction of disparities by studying how social, economic and racial inequalities and discrimination influence healthy development and wellbeing. For well over 50 years, prevention science has generated practices and policies that have improved countless lives throughout the lifespan by avoiding negative health and social outcomes (e.g., addiction, academic failure, violence, mental illness) and strengthening conditions that enable individuals, families, and communities to thrive.

The policies, programs, and practices generated by the field have been shown to reduce the incidence and prevalence of individual and community vulnerabilities and to promote healthy lifestyles, including:

- 1) Promoting daily physical activity to protect against chronic disease;
- 2) Disrupting pathways to substance use, abuse and addiction across the lifespan;
- 3) Improving academic and behavioral outcomes with the expansion of high-quality childcare and early learning and development, and promoting positive and supportive school environments;
- 4) Enhancing community-wide capacity to attenuate detrimental conditions and increase access to supportive services;
- 5) Increasing resilience, social competency and self-regulation in order to reduce impulsive, aggressive and off-task behavior; and
- 6) Supporting the development of healthy relationships to reduce interpersonal and domestic violence.

Moreover, evidence-based prevention strategies that address systemic and structural inequalities in neighborhoods, educational, and criminal justice practices have been developed and implemented.

The application of well-tested practices, strategies and policies generated by prevention science can lead to substantial cost-savings by investing in upstream strategies to avoid downstream costs. Examples of these investments include programs that prevent drug use in adolescents, reform educational practices, and support families to reduce the financial and human burden to communities. An integrated delivery system of comprehensive evidence-based prevention strategies that crosses many public sectors (e.g. education, child welfare, juvenile justice, health) is most cost-efficient and exerts wide scale benefits. Providing scientifically-based guidance and resources to legislative and administrative decision-makers will facilitate the integration of best practices from prevention science into policy.

A wide range of effective, well-tested programs and policies are available to achieve these results. Moreover, the field continues to harness the potential for prevention science to improve lives on a population level by further expanding upon the evidence-base. The impact on individual lives, systems (e.g., schools, child welfare), communities, and society can increase exponentially with additional investment of resources and systems to support the development, evaluation, and implementation of evidence-based programs and policies.

NATIONAL PREVENTION SCIENCE COALITION TO IMPROVE LIVES

Weblinks

1. The National Prevention Science Coalition to Improve Lives (NPSC)

www.npscoalition.org

The NPSC envisions a society that fosters nurturing environments and caring relationships for the well-being of all. This page highlights the evidence-based productions and projects used to protect individuals and their societies, including recent publications and congressional briefings.

2. The Impact Center at the Frank Porter Graham (FPG) Child Development Institute

<https://impact.fpg.unc.edu>

The Impact Center at the University of North Carolina at Chapel Hill focuses on how effective prevention strategies are implemented to improve the wellbeing of individuals up to large scale communities. The three focus areas include Implementation Support, Quality and Outcome Monitoring, and Media and Networking.

3. Program for Translational Research on Adversity and Neurodevelopment

www.p-tran.com

The Program for Translational Research on Adversity and Neurodevelopment at Pennsylvania State University uses a neuroscientific approach to understand, and therefore prevent, behavioral health issues. The goal of this program is to utilize applied research to impact child development, families, and communities.

4. The Coalition for the Promotion of Behavioral Health

<https://www.coalitionforbehavioralhealth.org/training-modules/>

The Coalition for the Promotion of Behavioral Health offers four different training modules for students, professionals, and the public created by coalition members. These include: 1) Introduction to Prevention Theory and Concepts, 2) Direct Practice in Prevention, 3) Community Prevention Practice, and 4) Policy Prevention Practice.

5. Life Skills Training Shields Teens From Prescription Opioid Misuse

<https://archives.drugabuse.gov/news-events/nida-notes/2015/12/life-skills-training-shields-teens-prescription-opioid-misuse>

This article summarizes three intervention given to 7th grade students from the PROSPER prevention program (or PRoMoting School-community-university Partnerships to Enhance Resilience): 1) Life Skills Training, 2) All Starts, and 3) Project Alert. This overview outlines findings from a four-year follow up, notably a decrease in the use of drugs and/or alcohol.

Substance Use Prevention Fundamentals Webinar- Evaluation: Getting to Outcomes

Dr. Robert G. LaChausse
Department of Public Health Sciences
California Baptist University



By the end of this webinar, participants will be able to:

1. Identify at least 3 reasons for evaluating programs.
2. Describe and distinguish between different types of evaluation and program reporting.
3. Define implementation fidelity.
4. Explain how implementation fidelity affects program outcomes.
5. List the six features of implementation fidelity.
6. Identify one way to apply this information in your own program(s).

How Do You Get to Outcomes?



What is Program Evaluation?

What is Program Evaluation?

- Evaluation defined-
 - the systematic determination of the value, effectiveness, significance, or quality of something using credible evidence and standards.
- How is evaluation and research different?

Evaluation is about determining the **quality, value** or **importance** of something - *in order to take action*

It is underpinned by the **systematic collection of information** and evidence

➔

It's purpose is to determine **how well** something is doing or was done, **what its value** is or was, and **if it is worth doing more** of it

This is not program evaluation


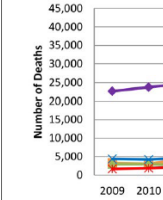




Figure 2. Drug Overdose Deaths Involving Selected Drugs, 2009-2016.




Source: National Center for Health Statistics




21,300+
Federal agents, state, local, and tribal law enforcement officers, analysts, and support personnel took part in 646 HIDTA initiatives




70%
Of those participants were from state, local, or tribal agencies




25,734
Investigations provided with analytics supported by HIDTA analysts




98%
Of agents and officers that were surveyed, reported that HIDTA assistance was useful



79,380
Officer, agent, analysts, and support staff trained by HIDTA on drug related subjects.



1,307
Organized Crime Drug Enforcement Task Forces investigation cases



96%
Positive results from follow-up surveys about HIDTA training

Why Evaluate Your Program?

- What gets measured gets done.
- If you don't measure results, you can't tell success from failure.
- If you can't see success, you can't reward it.
- If you can't reward success, you're probably rewarding failure.
- If you can't see success, you can't learn from it.
- If you can't recognize failure, you can't correct it.
- If you can demonstrate results, you can win public support.
- If you don't have good information, you're using bad information to make decisions.

Osborne & Gaebler, 1992

Why Don't We Evaluate our Programs?

- Do-Gooder Fallacy
- Confirmation Bias
- "If it helps just one person."
- Diverts resources away from the program and participants
- Fear of disappointing results

At the beginning of every evaluation

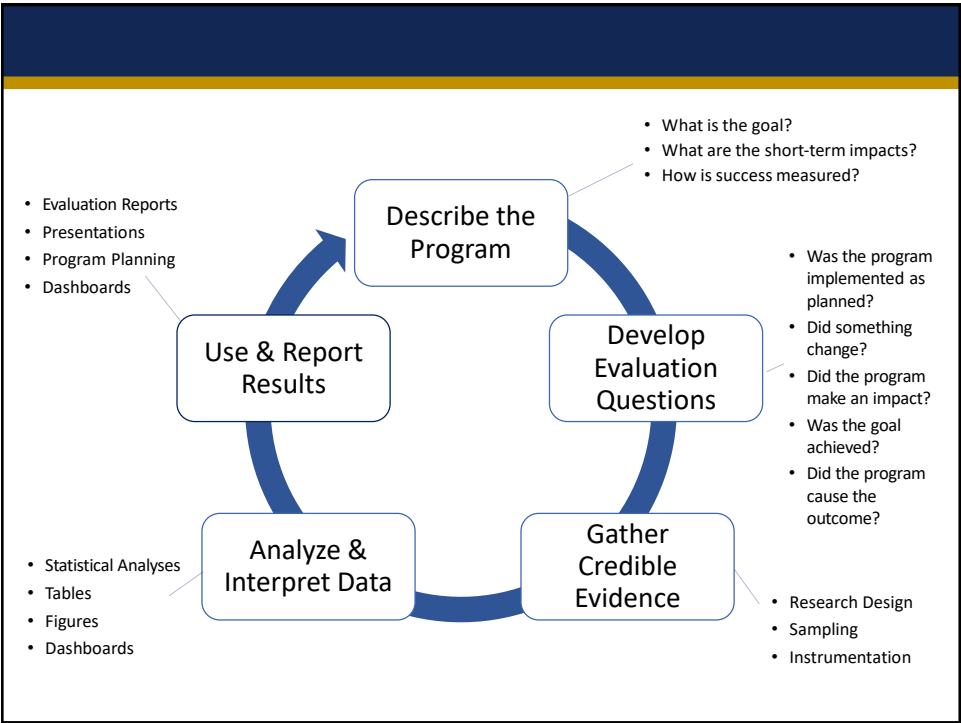
I know our
project works



No,
you don't



Program Evaluation Cycle



Planning for Evaluation

Planning for Evaluation

- Evaluation planning should start early

Group Interested in an Evaluation	What Is to Be Evaluated	How Will the Results Be Used	Evaluation Purpose Statement

National Center for Chronic Disease Prevention & Health Promotion, 2011.

Planning for Evaluation

- Evaluation planning should start early
- Types of evaluation
 - Formative
 - Summative



Planning for Evaluation

- Who should evaluate the program?

Internal Evaluator	External Evaluators
Familiar with the program	Objectivity
May be biased	Credibility
Lack training/competency in evaluation/research/statistical methods	Trained in the design of evaluations, research methods, surveys, statistical analysis, and reporting
Lower cost	Higher cost
Time taken away from other tasks	Solely focused on evaluation and program improvement
Little to no cultural change (e.g., learning culture, data driven)	Help staff build capacity to conduct evaluation and use evaluation information
Need someone who has formal training and experience in <u>evaluation methods</u> , research, and statistics and can help staff build capacity for evaluation.	

Planning for Evaluation

- Financial considerations

- In general, 10-20% of the program's budget should be allocated for program evaluation.
- Can reduce cost by having staff do some of the evaluation activities (e.g., data collection)

Evaluation is the determination of merit, worth, or significance.



Okay... I get that. Now why are we paying you 10% of our operating budget?



Types of Evaluation

Types of Program Evaluation Activities

- **Process Evaluation:** Were the components of the intervention implemented as planned? How many services were delivered and to whom?
- **Impact Evaluation:** What short-term or immediate impact (change) did the intervention have?
- **Outcome Evaluation:** Did the intervention affect the overall problem/issue? Was the goal achieved?

Process Evaluation

- Process evaluation examines the implementation process and measures what went well and what went poorly.
 - Why is this intervention needed?
 - How many services were delivered and to whom?
- Implementation fidelity
 - The bridge between a promising approach and its impact is implementation fidelity.
 - Programs are seldom implemented with 100% fidelity.

[illegible]

- Collecting data on implementation fidelity can show...
- Seven features of implementation fidelity:
 1. Dosage
 2. Attendance
 3. Adherence
 4. Quality
 5. Adaptation
 6. Participant responsiveness

Impact and Outcome Evaluation

Impact Evaluation

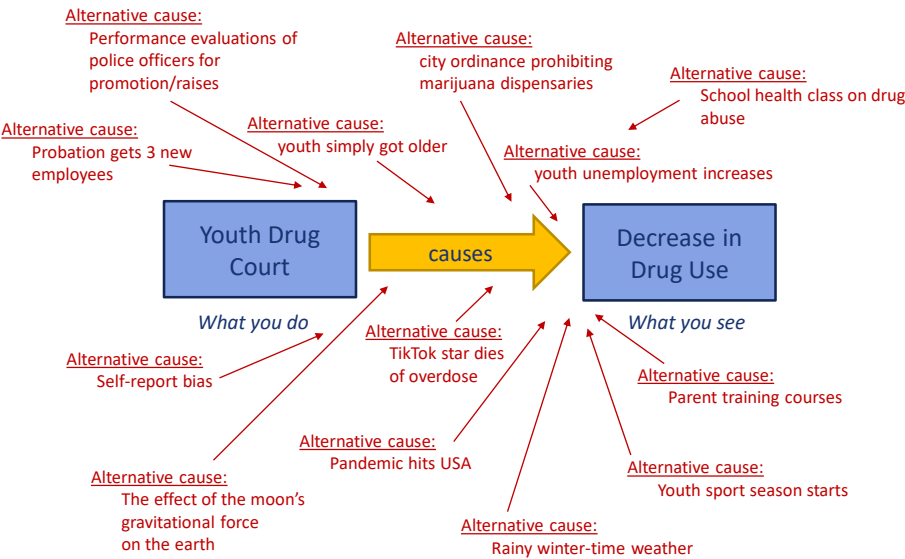
- Are the goals and objectives (outcomes) of the program being achieved?
- Are the trends in outcomes moving in the desired direction?
- Does the program have beneficial effects on the recipients and what are those effects?
- Is the problem or situation the program addresses made better? How much better?
- Did the program cause the change (or was it something else)?

Finding Program Impacts

- You want to determine if your program reduces availability and use of drugs among youth.
 - You want to see if the program impacts drug availability and the frequency of youth drug use.
 - The IV is the program (i.e., LEO training, investigation/enforcement activities, coordination, etc.) and the DV is the youth perceptions of ease of access and frequency of drug use (3 month).
- You are looking for **program impacts**:
 - Does the program CAUSE a change (hopefully a decrease) in availability and drug use?



What Other Things Could Have Caused This?



Common Research Designs in Program Evaluation

Post Test Only

- A single group exposed to a treatment (X) and then post-tested (O)

X O

One Group Pretest Posttest Design

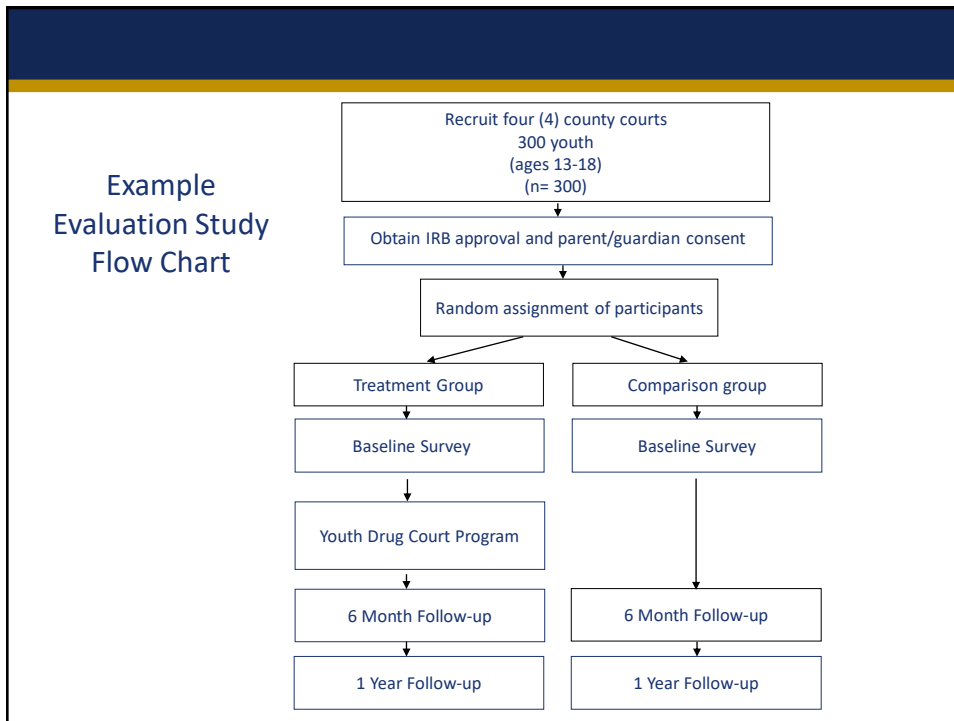
- Pretest before intervention and then posttest after treatment.

O₁ X O₂

Experimental Designs

- Randomized Controlled Trial (RCT) or Quasi-experimental Design (QED)

R O₁ X O₂
R O₁ O₂



Moving Forward

- Hope is not a strategy.
- Focus on evaluating one program or approach to start.
- Get help with your evaluation.
- Develop an evaluation plan.
- Measure implementation fidelity.
- Make sure your evaluation methods match your information needs.
- Evaluate carefully and rigorously to have evidence of program impacts for decision-making.
- Use evaluation information to make program improvements.

Questions?

Robert G. LaChausse, PhD
Department of Public Health Sciences
College of Health Science
California Baptist University

rlachausse@calbaptist.edu

 @RGLPhD

adapt@wb.hidta.org



References

- Osborne, T., and T. Gaebler (1992). Reinventing the Government: How the entrepreneurial spirit is transforming the public sector from the schoolhouse to statehouse. City Hall to the Pentagon. Reading, Mass: Addison-Wesley.
- Developing an Effective Evaluation Plan. Atlanta, Georgia: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; Division of Nutrition, Physical Activity, and Obesity, 2011.
- Ratzan, S. C. (2002). The plural of anecdote is not evidence. Journal of Health Communication, 7(3), 169–170.
<https://doi.org/10.1080/10810730290088058>
- Dusenbury, L., Brannigan, R., Falco, M., & Hansen, W. B. (2003). A review of research on fidelity of implementation: Implications for drug abuse prevention in school settings. Health Education Research, 18, 237–256. <https://doi.org/10.1093/her/18.2.237>.

Program Evaluation Resources Recommended by the Presenter

Topic	Resources
CDC Framework for Evaluation	https://www.cdc.gov/eval/framework/index.htm
American Evaluation Association	https://eval.org
Evaluation Basics 101	http://toolkit.pellinstitute.org/evaluation-101/
Planning Evaluations Designed to Meet Standards	https://opa.hhs.gov/sites/default/files/2020-07/ta_update_1.pdf
Innovative Network Program Evaluation Workbook	http://www.pointk.org/client_docs/File/evaluation_plan_workbook.pdf
Evaluation Checklists	https://wmich.edu/evaluation/checklists
Online Evaluation Resource Library	http://oerl.sri.com/
The Evaluator's Institute (courses for practitioners)	https://tei.cgu.edu/
Choosing an Evaluator	https://www.childtrends.org/wp-content/uploads/2013/04/Child_Trends-2007_10_01_RB_SelectingEvaluator.pdf

Additional Program Evaluation Web Resources

Organization	Resources
U.S. Department of Health & Human Services	<p>“The Program Manager’s Guide to Evaluation, Second Edition” https://www.acf.hhs.gov/opre/report/program-managers-guide-evaluation-second-edition</p>
Centers for Disease Control & Prevention (CDC)	<p>“Types of Evaluations” https://www.cdc.gov/std/program/pupestd/types%20of%20evaluation.pdf</p>
New England Prevention Technology Transfer Center Network (PTTC)	<p>“Introduction to Evaluation for Substance Use Prevention Professionals” https://pttcnetwork.org/centers/new-england-pttc/event/part-1-introduction-evaluation-substance-use-prevention#:~:text=Part%201%3A%20Introduction%20to%20Evaluation%20for%20Substance%20Use,a%20science%20with%20many%20steps%20along%20the%20way.</p>
Community Anti-Drug Coalitions of America (CADCA)	<p>“Evaluation Primer: Setting the Context for a Community Coalition Evaluation” https://www.cadca.org/resources/evaluation-primer-setting-context-community-coalition-evaluation</p>