

# **SECTION VII**

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## **Prevention and Evaluation Terms**

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## **Accountability**

The ability to demonstrate to key stakeholders that a program works, and that it uses its resources effectively to achieve and sustain projected goals and outcomes

## **Activities**

What programs develop and implement to produce desired outcomes

## **Archival Data**

Information about ATOD use and trends in national, regional, state and local repositories (e.g., the Centers for Disease Control and Prevention, county health departments, local law enforcement agencies) that may be useful in establishing baselines against which program effectiveness can be assessed

## **Availability**

The inverse of the sum of resources (time, energy, money) that must be expended to obtain a commodity (alcohol, marijuana, cigarettes)

## **ATOD**

Alcohol, tobacco and other drugs

## **Baseline**

Observations or data about the target area and target population, prior to treatment or intervention, that can be used as a basis for comparison following program implementation

## **Best Practice**

New ideas or lessons learned about effective program activities that have been developed and implemented in the field, and have been shown to produce positive outcomes

## **Celerity**

The speed of the outcome of a strategy. Strategies aimed at the shared environment often produce more rapid results than those aimed at individuals.

## **Community Assessment (Needs and Resources)**

A community assessment is a systematic process for: (1) examining the current conditions of a situation (such as substance abuse) and identifying the level of risk and protection in your community; and (2) examining the current resources in your community that are buffering risk factors and increasing protective factors

## **Comparison Group**

A group of people whose characteristics may be measured against those of a treatment group; comparison group members have characteristics and demographics similar to

those of the treatment group, but members of the comparison group do not receive intervention.

### **Control Group**

A group of people randomly chosen from the target population who do not receive an intervention, but are assessed before and after intervention to help determine whether program interventions were responsible for changes in outcomes

### **Cooperative Agreement**

Cooperative agreements are similar to grants, but have some important differences. The funding source typically is more involved in the entire process, including:

- participating in the design or direction of key elements to develop a research protocol, training or service-delivery model;
- assisting in the selection of contractors, trainees, project staff, etc.;
- coordinating or participating in the collection and/or analysis of data;
- coordinating or assisting in training of project staff;
- assisting in the management and technical performance of the activity;
- participating in the preparation of results in publications; and
- reviewing and approving each phase of implementation of the project.

### **Credibility of Findings**

Derives from the quality of intervention implementation plus the methodological rigor of the research. When both are high, findings are attributable to the intervention and therefore have high credibility.

### **CSAP**

Center for Substance Abuse Prevention, a part of the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services

### **Cultural Competency**

A set of academic and interpersonal skills that allow individuals to increase their understanding and appreciation of cultural differences and similarities within, among and between groups

### **DAODAS**

South Carolina Department of Alcohol and Other Drug Abuse Services, a cabinet-level agency

### **Data**

Information collected and used for reasoning, discussion and decision-making. In program evaluation, both quantitative (numerical) and qualitative (non-numerical) data may be used.

### **Data Analysis**

The process of systematically examining, studying and evaluating collected information

**Descriptive Statistics**

Information that describes a population or sample, typically using averages or percentages rather than more complex statistical terminology

**DHEC**

South Carolina Department of Health and Environmental Control

**Effectiveness**

The ability of a program to achieve its stated goals and produce measurable outcomes

**Empowerment Evaluation**

An approach to gathering, analyzing and using data about a program and its outcomes that actively involves key stakeholders in the community in all aspects of the evaluation process, and that promotes evaluation as a strategy for empowering communities to engage in systems change

**Experimental Design**

The set of specific procedures by which a hypothesis about the relationship of certain program activities to measurable outcomes will be tested, enabling conclusions about the program to be made more confidently

**External Evaluation**

Collection, analysis and interpretation of data conducted by an individual or organization outside the organization being evaluated

**Focus Group**

A small group of people with shared characteristics who typically participate, under the direction of a facilitator, in a focused discussion designed to identify perceptions and opinions about a specific topic. Focus groups may be used to collect background information, create new ideas and hypotheses, assess how a program is working or help to interpret results from other data sources.

**Formative Evaluation**

Systematic collection, analysis and interpretation of data used to improve or enhance an intervention while it is still being developed

**Goal**

A broad, measurable statement that describes the desired impact or outcome of a specific program.

**Impact**

A statement of long-term, global effects of a program or intervention; with regard to ATOD use. An impact generally is described in terms of behavioral change.

**Incidence**

The number of people within a given population who have acquired the disease or health-related condition within a specific time period

**Domain**

Every level at which an individual interacts with other people and/or the society around him/her can be considered a life domain. G-CAP works with the following domains: individual, family, peer, school, community and society.

**Effective**

Preponderance of research or program findings is consistent, positive and clearly related to the intervention.

**Environmental Focus**

Strategies that are focused on the “environment” can fall within various domains, as can those focused on individuals and families. Environmentally focused strategies address policies, norms, expectations, regulations and enforcement within a shared environment with others in a community. Such strategies tend to: (1) have greater reach (affecting more individuals) and less strength (intensity per individual); (2) be longer in duration; and (3) show more rapid results.

**Environmental Prevention Strategies**

See Prevention Strategies

**Evidence-Based**

This term refers to a process in which experts, using commonly agreed upon criteria for rating research interventions, come to a consensus that evaluation research findings are credible and can be substantiated. This process is sometimes referred to as science- or research-based. Levels of evidence are presented in Attachment 3 of the Guidance Package.

**Fidelity of Program Implementation**

The degree to which a replicated program, model or strategy is implemented according to the guidelines or specifications of the original. Implementation fidelity also reflects the degree to which a program, as implemented, has sufficient dosage to effect positive change. Studies have consistently demonstrated that the amount of change is directly related to the quality (fidelity) of program implementation (replication).

**Framework**

A general structure supporting the development of theory

**G-CAP**

Governor’s Cooperative Agreement for Prevention

**Generalizability**

The extent to which program findings/principles/models apply to other populations and/or settings

**GTO**

Getting to Outcomes, a 10-step process developed by Abe Wandersman, Ph.D., Pam Imm, Ph.D., and Michael Chinman, Ph.D., will be used as the G-CAP logic model for planning, delivery and evaluation. The U.S. Center for Substance Abuse Prevention of the Substance Abuse and Mental Health Services Administration has nationally supported GTO.

**Impact**

The net effect observed within an outcome domain

**Indicated Prevention**

Prevention efforts that most effectively address the specific risk and protective factors of a target population, and that are most likely to have the greatest positive impact on that specific population, given its unique characteristics

**Integrity**

The level of credibility of study findings based on peer consensus ratings of quality of implementation and of evaluation methods

**Intervention**

See Strategy

**Internal Evaluator**

An individual (or group of individuals) from within the organization being evaluated responsible for collecting, analyzing and interpreting data

**Internal Validity**

Evidence that the desired outcomes achieved in the course of a program can be attributed to program interventions and not to other possible causes. Internal validity is relevant only in studies that try to establish a causal relationship, not in most observational or descriptive studies.

**Intervention**

An activity conducted with a group in order to change behavior. In substance abuse prevention programs, interventions at the individual or environmental level may be used to prevent or lower the rate of substance abuse.

**IOM Categories of Prevention**

According to the Institute of Medicine (IOM) program-classification system, prevention and intervention programs can represent universal, selective and indicated efforts. The following are definitions of each of these three types of prevention/intervention programs:

- *Universal* programs target general population groups without identifying those at particularly high risk. All members of the community benefit from prevention efforts rather than specific individuals or groups within a community. It is very important to have prevention programming for general-population groups to help establish community norms.
- *Selective* programs target those who are at greater-than-average risk for substance use. The targeted individuals are identified on the basis of the nature and number of risk factors for substance abuse to which they may be exposed.
- *Indicated* programs are aimed at individuals or entities (such as retail establishments) that may already display signs of substance use/abuse. These efforts refer individuals or entities to more intensive programming in order to prevent more potential problems.

### **Key Informant**

A person with the particular background, knowledge or special skills required to contribute information relevant to topics under examination in an evaluation

### **Logic Model**

A decision framework, often recorded in writing, established on the premise that (long-term) ATOD behavioral objectives for a target population are accomplished by impacting the priority risk and/or protective factors relevant to the population. In the sequence of logic, a needs assessment determines the target population and forms the basis for desired ATOD behavioral changes and risk and/or protective factor (intermediate) objectives. Based on the established objectives, an intervention is chosen that has been proven effective at accomplishing the ATOD behavioral objectives by first achieving the intermediate objectives. Valid and reliable evaluation instruments and procedures are essential for measuring the degree of change for intermediate and long-term objectives.

### **Mean (Average)**

A middle point between two extremes; or, the arithmetic average of a set of numbers

### **Meta-Analysis**

A form of evaluation that provides a method of combining results from a variety of studies in order to identify the extent to which specific types of prevention programs are effective in reducing and preventing adolescent drug abuse

### **Methodology**

A particular procedure or set of procedures used for achieving a desired outcome, including the collection of pertinent data

### **Needs Assessment**

A systematic process for gathering information about current conditions within a community that underlie the need for an intervention

**Norms**

The basic orientation concerning the “rightness or wrongness,” acceptability or unacceptability and/or deviance of specific behaviors for a specific group of individuals

**Outcome**

An immediate or direct effect of a program; outcomes typically are described in terms of behavioral changes that occur as an internally validated result of specific interventions. Change anticipated or observed on targeted measures (e.g., substance use behavior, risk/protective factor status). Outcomes are measurable changes observed on indicators related to specific objectives.

**Outcome Evaluation**

Systematic process of collecting, analyzing and interpreting data to assess and evaluate what outcomes a program has achieved

**Pre- and Post-Tests**

Evaluation instruments designed to assess change by comparing the baseline measurement taken before the program begins with measurements taken after the program has ended

**Prevalence**

The total number of people within a population who have the disease or health-related condition

**Prevention Principle**

A principle is prescriptive and can provide implementation directions and define effective practices. A principle can be derived from science-based program evaluations, either across multiple program implementations of the same type, or of programs of different types through meta-analyses.

**Prevention Strategies – CSAP Categories**

Interventions, programs or practices that target the delay of onset or the reduction of substance use/abuse by youth or adults. The Center for Substance Abuse Prevention has defined six categories of strategies:

- *Information Dissemination:* This strategy focuses on key and valid facts about the nature and extent of ATOD use, abuse and addiction, and their effects on individuals, families and communities, as well as information to increase perceptions of risk. It also provides knowledge and awareness of prevention policies, programs and services. It helps set and reinforce norms (e.g., underage drinking and drug dealers will not be tolerated in this neighborhood); it helps establish true norms of use (everyone is not using); and it helps increase perception of risk of use among a target population (e.g., I really could get caught for underage drinking and lose my driver’s license; people really do die from alcohol poisoning).

- *Prevention Education:* This strategy aims to develop critical life and social skills, including decision-making, refusal skills, critical analysis (e.g., of media messages), and systematic and judgmental abilities.
- *Alternatives:* This strategy provides for the participation of targeted populations in activities that exclude ATOD use by youth. The theory is that constructive and healthy activities offset the attraction to, or otherwise meet the needs usually filled by, ATOD use. Evidence indicates that this strategy is more effective when it: (1) serves as an alternative to an event that would normally involve alcohol use and therefore helps to modify community norms (usually on a college campus); or (2) integrates key risk or protective factors into a long-term program. “One-shot” events have generally not proven to be effective.
- *Problem Identification and Referral:* This strategy calls for identification, education and referral to services for those youth that have indulged in age-inappropriate use of tobacco products or alcohol, or who have indulged in the first use of illicit drugs. Activities under this strategy would include screening for tendencies toward substance abuse and referral for preventive treatment for curbing such tendencies.
- *Community-Based Processes:* This strategy aims to enhance the ability of the community to provide prevention services for ATOD problems more effectively. Activities include organizing, planning and enhancing the efficiency and effectiveness of service implementation, interagency collaboration, coalition building and networking. Building healthy communities encourages healthy lifestyle choices.
- *Environmental:* This type of strategy establishes, modifies or enhances written and unwritten community standards, codes and attitudes influencing incidence and prevalence of ATOD-use problems in the general population. Included are community norms, local ordinances and laws to restrict availability and access, price increases and community-wide actions.

### **Process Evaluation**

Assessing what activities were implemented, the quality of the implementation, and the strengths and weaknesses of the implementation. Process evaluation is used to produce useful feedback for program refinement, to determine which activities were more successful than others, to document successful processes for future replication and to demonstrate program activities before demonstrating outcomes.

### **Program**

A coordinated set of activities that has clearly stated goals from which all activities – as well as specific, observable and measurable outcomes – are derived

**Program Activity**

A specified set of behaviors that constitute a portion of an intervention strategy (e.g., lecture, field trip)

**Program Model**

A program taken as a whole. All of the program activities/interventions and administrative structure comprise the model

**Protective Factor**

An attribute, situation, condition or environmental context that works to shelter an individual from the likelihood of ATOD use; characteristics that some youth or adults seem to possess that seem to buffer the effects of risk factors. Protective factors are important, particularly when a great number of risk factors or unalterable risk factors are present for a particular target population.

**Public Health Model**

The public health model represents the interactions among the agent, host and environment. In substance abuse prevention, the agent is alcohol or other drugs; or the sources, supplies and availability of alcohol and other drugs. Hosts can be seen as the potential and/or active substance users. The environment is the social climate that encourages and supports the potential and/or actual use of substances. The public health model posits that each of these factors must be addressed together for prevention to be effective.

**Qualitative Data**

Information about an intervention gathered in narrative form by talking to or observing people. Often presented as text, qualitative data serve to illuminate evaluation findings derived from quantitative methods. Quantitative methods deal most often with numbers that are analyzed with statistics to test hypotheses and track the strength and direction of effects.

**Questionnaire**

Research instrument that consists of statistically useful questions, each with a limited set of possible responses

**Random Assignment**

The arbitrary process through which eligible study participants are assigned to either a control group or the group of people who will receive the intervention

**Reach**

Some strategies have the ability to have impact upon, or “reach” entire populations and reduce collective risk. Altering the community system may produce widespread small changes in behavior among large populations that result in reduced problems for the entire community. Environmental strategies tend to have greater reach than individual approaches.

**Regulations**

Formalized laws, rules or policies that serve to control availability, codify norms and specify sanctions for violations. May be instituted by governments, public agencies (police departments, school systems) or private organizations (HMOs, hospitality establishments, convenience stores)

**Reliability**

The extent to which a measure produces the same results time after time, across populations, venues and/or research

**Replicate**

To implement a program in a setting other than the one for which it originally was designed and implemented, with attention to the faithful transfer of its core elements to the new setting

**Resource Assessment**

A systematic examination of existing structures, programs and other activities potentially available to assist in addressing identified needs

**Risk Factor**

An attribute, situation, condition or environmental context that increases the likelihood of drug use or abuse, or that may lead to an exacerbation of current use

**Risk/Protective Model**

A theory-based approach to understanding how substance abuse happens and how it can be prevented. The theory highlights “risk factors” that increase the chances that a young person will abuse substances, such as a chaotic home environment, ineffective parenting, poor social skills and association with peers who abuse substances. This model also holds that there are “protective factors” that can reduce the chances that young people will become involved with substance abuse, such as strong family bonds and parental monitoring (parents who are involved with their children’s lives and set clear standards for their behavior).

**Sample**

A group of people carefully selected to be representative of a particular population

**SAMHSA**

Substance Abuse and Mental Health Services Administration

**SCAPPA**

The South Carolina Association of Prevention Professionals and Advocates) is an organization for prevention professionals in South Carolina. The mission of the association is to establish a support system for prevention professionals and to promote public recognition of prevention as a viable distinct personal and professional discipline. The organization offers two levels of certification. (See Attachment 4)

**Science-Based**

A classification for programs that have been shown through scientific study to produce consistently positive results

**SECAPT**

Southeast Center for the Application of Prevention Technologies ([www.secapt.org/](http://www.secapt.org/))

**Selected Prevention**

Prevention efforts targeting those whose risk of developing ATOD problems is significantly higher than average

**Self-Administered Instrument**

A questionnaire, survey or report completed by a program participant without the assistance of an interviewer

**Stakeholder**

An individual or organization with a direct or indirect interest or investment in a project or program (e.g., a funder, program champion or community leader)

**Standardized Tests**

Instruments of examination, observation or evaluation that share a standard set of instructions for their administration, use, scoring and interpretation

**Statistical Significance**

A situation in which a relationship between variables occurs so frequently that it cannot be attributed to chance, coincidence or randomness

**Strategic Planning**

Strategic planning refers to a deliberate set of steps that:

- assess needs and resources;
- define a target audience and a set of goals and objectives;
- plan and design coordinated strategies with evidence of success;
- logically connect these strategies to needs, assets and desired outcomes; and
- measure and evaluate the process and outcomes.

**Setting**

The actual location in which an intervention takes place

**Strategy**

A type of activity (e.g., policy) that can be implemented in order to achieve specific objectives and for which there may or may not exist a strong evidence base

**Strength**

The strength of a strategy lies in the magnitude of the effects or dosage. Individual strategies tend to have greater strength when directed at a smaller target audience.

**Target Population**

The individuals or group of individuals, organizations, communities or other entities for whom a prevention program has been designed and upon whom the program is intended to have an impact

**Threats to Internal Validity**

Factors other than the intervention that may have contributed to positive outcomes and that must be considered when a program evaluation is conducted. Threats to internal validity diminish the likelihood that an observed outcome is attributable solely to the intervention.

**Validity**

The extent to which an item or group of items (scale) used to measure a particular outcome or construct truly reflects the construct

**Universal Prevention**

Prevention efforts targeted to the general population, or a population that has not been identified on the basis of individual risk. Universal prevention interventions are not designed in response to an assessment of the risk and protective factors of a specific population.