

# Evaluating A Prevention Coalition

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Community coalitions are frequently used to address problems in today's society. These coalitions can be formed through citizen mobilization, led by agency personnel, or a combination of both. Most coalitions exist to address a problem ranging from health-related concerns such as asthma or mental illness to social problems such as the prevention of alcohol, tobacco, and other drug abuse. The goals of prevention coalitions include raising awareness of prevention efforts, informing the public of resources to prevent substance abuse, and increasing resources and services to address the problem.

Determining whether these coalitions are effective, or are effectively addressing the issue for which they exist, is difficult. There is no single widely-accepted coalition evaluation method. Evaluators that have studied coalitions have not consistently used the same approach. Some evaluations have been limited to one or two focus groups of community leaders on whether they perceive the coalition is making a difference in the community. Other evaluators have used more complex survey research in identifying risk and protective factors as well as distal outcomes for their target audiences.

This paper serves as a summary of several published works on evaluating coalitions, with a focus on those that address the prevention of alcohol, tobacco, or other drug abuse (ATOD). The different approaches to evaluating coalitions will be explained. The paper will also provide examples of potential indicators coalitions can use to measure their effectiveness and what tools can be used to measure these indicators.

## Evaluation Approaches

One of three approaches is often used in evaluating coalitions: coalition-level, individual-level, and community-level. The

type of approach used can be influenced by several factors, such as the goals, age, or resources of the coalition. Depending on the context of the coalition, these approaches can each be expanded, decreased or even combined.

*Coalition-level:* The most common evaluation approach used by coalitions is to measure the coalition's functioning, structure, and member satisfaction. This approach uses a rating scale distributed to coalition members and asks them to rate how well the coalition performs in regards to internal/structural factors (communication, conflict), external relationships (agency collaboration), and membership indicators (member participation, satisfaction, and recruitment).

*Individual-level:* Some coalitions measure its impact on individual behavior or access to services. This can be done in a couple of different ways. First, the coalition can conduct a time-series evaluation of one of its prevention programs. Second, the coalition can conduct a control-group study where they study a target population that is influenced by coalition activities and one without (possibly two different schools). Both of these studies typically last multiple years and require foresight on the part of the coalition to undertake.

*Time Series:* This type of evaluation can measure risk factors (individual attitude toward favorable drug use, perceived availability of drugs), protective factors (perceived risk of drugs) and distal outcomes (past 30 day use of drugs) before and after the program intervention.

*Control Group:* This type of evaluation would follow the same type of measurement as the time-series except it would examine two groups. The coalition would only provide programming to one of

the groups. At the end of the study, the coalition can see if there was a significant decrease in the problem behavior within the intervention group. A control group evaluation is difficult for many reasons. Beyond the methodological challenges, some coalitions are uncomfortable making a conscious effort to withhold prevention efforts to a target group.

*Community-level:* Most coalitions attempt to measure the impact they have made on the overall community or a target population within their community. Three areas are often assessed in a community-level evaluation: logic modeling, public policy change, and change in local prevention service systems.

**Logic modeling:** This area assesses how well the coalition has developed comprehensive, research-based prevention plans. This is measured through analysis of the coalition's logic model and whether the connections between the outcomes and activities are logical and research-based.

**Public Policy Change:** This area assesses to what extent the coalition strengthened ATOD-related policies or regulations in the community.

**Change in local prevention service system:** This area assesses to what extent the coalition increased community-wide awareness of the community's ATOD problem or helped organizations working for ATOD prevention.

These impacts are often measured through a process of rating scales distributed to coalition members and community leaders. These ratings can be supplemented by community-level indicators such as the number of people receiving ATOD treatment or number of ATOD traffic violations. However, obtaining these types of community-level indicators presents several challenges. Because of these challenges, evaluation of the three areas provided has become an acceptable way to evaluate the

impact the coalition has had on its community.

### **Evaluation tools**

As mentioned, self-reporting (participant surveys) is often used in coalition evaluation. However, past studies have shown that members tend to over-rate their coalition. Therefore, it is important to gather data from different sources during evaluation.

In addition to participant surveys, evaluation can include document review or key informant interviews. Document review may involve reviewing the activity logs of the coalition to identify all programs and how they relate to the coalition's goals and objectives. Key informant interviewing can be conducted to check for completeness of event logs. Key informant interviews are also strongly recommended for survey development. Focus groups are often used in the formative stages of a coalition or program to further gather data about a special population served by the coalition but are not strongly recommended for evaluation of the coalition.

Ultimately, any of these approaches can provide excellent feedback to a coalition on how it is doing and where it might improve. As mentioned earlier, the type of approach used will depend on the goals, age, and resources of the coalition.

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