METHODOLOGICAL

CHALLENGES IN EVALUATING

COMMUNITY PARTNERSHIPS

& COALITIONS: STILL CRAZY

AFTER ALL THESE YEARS

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The federal Center for Substance Abuse Prevention has made a huge

investment in community-based substance abuse prevention. Over the past

decade it has provided funding for nearly four hundred community

partnerships and coalitions. This article describes a series of methodological

challenges in evaluating such programs and in assessing their key processes

and outcomes. Evaluation designs face the challenge of an ever-changing

array of interventions and the unavailability of traditional no-treatment

control groups for testing the effectiveness of these community-wide

interventions. Assessment approaches must contend with the often poor, or

at least under-specified, connections between the immediate outcomes of the

community interventions and the ultimately desired impact of reduced

substance abuse. Reporting strategies must forego researchers’ penchants for

over-analyzing data in favor of getting the information into the hands of

practitioners who can use it. A common theme in the resolution of these

issues is the need for evaluation professionals to move away from the

traditional objective detachment often ascribed to the evaluation enterprise.

In the spirit of this prevention approach itself, evaluators must become

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Katherine Laws, and David Weaver of RMC Research Corporation who have joined me in confronting

the “black box” of these community prevention efforts and have shone considerable light on it. I am also enlightened

by the comments of the reviewers of this manuscript, whose insights I hope are sufficiently reflected

in this article.

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partners to prevention professionals, adapting their designs, assessment

techniques, and reporting strategies to fit the local context and needs.

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In 1990, the Center for Substance Abuse Prevention (CSAP; then the Office of Substance

Abuse Prevention, or OSAP) released its first Request for Proposals (RFP) for the implementation

of community partnerships for the prevention of alcohol and other drug

abuse. Over the next six years, CSAP funded 374 community partnerships or coalitions

whose mission was to mobilize community leaders, activists, and service providers to reduce

the use of alcohol and other drugs by youth and adults. Overall, nearly a half billion

dollars has been allocated to these prevention efforts—dramatic evidence of this

agency’s belief in this particular community-based approach to prevention.

CSAP’s initial procurements also represented an important mandate and investment

in local evaluation of these prevention efforts by requiring that funded partnerships dedicate

at least 10 percent of their budget to evaluation. Other RFPs in the series increased

this mandated investment in evaluation to 15 and 20 percent. This mandate had several

desirable consequences. First, it elevated the priority for evaluation among prevention

practitioners to a new level. In the best of applications, it promoted a true partnership

between program and evaluation staff, a partnership that was symbiotically parallel to the

intervention itself (i.e., a partnership among community leaders). Second, it awakened

in the evaluation profession an attention to an incredible methodological challenge—

assembling objective evidence of behavioral change attributable to community partnership

or coalition activities.

In this article, the author examines the most prominent of these methodological

challenges and proposes solutions from a local evaluator’s perspective. RMC Research

Corporation has been involved in the evaluation of nine partnerships and coalitions

across three states in the Pacific Northwest. Other local evaluators have equally impressive

experience and have written eloquently of the similarities, differences, and

lessons learned in conducting this work. Florin and his colleagues have conducted numerous

evaluations of a network of prevention coalitions in New England (Florin,

Mitchell, & Stevenson, 1993). Phillips and his colleagues have evaluated over two dozen

local partnerships and coalitions in California (Phillips & Springer, 1997). Wandersman,

Goodman, and their colleagues have a long history with partnerships and coalitions

along the Atlantic seaboard (e.g., Goodman & Wandersman, 1994; Wandersman,

1998).

The discussion here is focused on three fundamental tasks which must be addressed

in any comprehensive evaluation: design, measurement, and reporting. More general

discussions of methodological issues in evaluating programs such as these include Connell,

Kubisch, Schorr, & Weiss (1995), Kaftarian & Hansen (1994), and Rindskopf, Sirratt,

Livert, & Saxe (1997). Others have written more technically about the methodological

challenges in the statistical analysis of data from these evaluations (e.g., Murray,

1998; Murray & Wolfinger, 1994; Yin, Kaftarian, Yu, & Jansen, 1997).

To do these evaluations well, evaluators must move progressively away from traditional

skills in evaluation and research methodology (elaborate sampling schemes, sophisticated

quantitative analyses), and toward increased interaction and relationship with

community prevention practitioners in a manner now recognized as “empowerment eval-

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uation” (Fetterman, Kaftarian, & Wandersman, 1996) and earlier written as “participatory

collaborative, stakeholder-involving, or utilization-focused evaluation” (Patton,

1997, p. 151).

THE CHALLENGE IN DESIGN (“AT LEAST WE

KNOW WHAT THE DEPENDENT VARIABLE IS.”)

Weiss (1995) has written extensively of the value of theory in guiding the design of effective

programs and their meaningful evaluation. Consistent with these observations,

there are at least three major challenges to designing an adequate evaluation of community

interventions such as substance abuse prevention partnerships and coalitions:

1. By their nature, the interventions are both multi-faceted and moving targets;

2. The affected population is often difficult to specify; and

3. Appropriate control or comparison groups rarely exist.

Multi-Faceted and Moving Targets

In characterizing the community partnership program, Yin and his colleagues described

the methods used in their evaluations as “broad-based and operating in real-life settings

that freely involved individuals and organizations” (Yin et al., 1997, p. 295). These programs

were necessarily multi-faceted and actively responsive to each community’s needs.

Community needs emerge at unpredictable times. A tragic accident, in which a group of

teenagers are killed due to alcohol use and impaired driving, may awaken a community’s

appreciation of its need to prevent alcohol use in its high schools. A sudden increase

in drug overdoses reporting to the emergency room may sensitize law enforcement and

treatment professionals to the increased availability of a new strain of heroin in the

community. For a coalition to ignore these occurrences—and stick to a pre-determined

scope of work that may have been formulated years earlier in a grant proposal—would

be both ethically questionable and politically fatal.

This inherent malleability in coalition activity presents an enormous challenge to the

enterprise of evaluating its effects. Process and short-term outcome measures designed

at the outset of the program may well miss the focus of these activities. When traditional

long-term outcome measures are already in place, evaluators of these interventions

have been known to feel, “Well, we know what the dependent variables are. If only we were

as clear on what the independent variable is.”

Specifying the Target Population

Coalitions often promote or coordinate activities that include both individually-targeted

and environmentally-targeted interventions. Individually-targeted interventions include

such activities as parent training programs, school-based resistance skills curricula, or

drug-free workplace training programs. These activities usually have an identifiable set

of participants and a specified dosage level. Environmentally-targeted activities include

social marketing or media campaigns that attempt to raise awareness or influence attitudes

against the use of illicit drugs throughout the community. Other examples are advocacy

activities to change policies or regulations governing alcohol use. These activities

have a wider and more diffused population of participants.

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The intent of the prevention partnerships and coalitions was to influence community-

wide outcomes: knowledge and attitudes toward substance use and a reduction in alcohol

and drug-use behaviors. To the extent that a given partnership or coalition emphasized

individually-focused activities, they were better able to specify their affected

population (and know whom to measure). Their ability to influence attitudes and behavior

of the entire community was severely limited, however (Hansen, 1997). For those

that emphasized environmentally-focused activities, it became difficult to specify their

participants, but prevention literature offered more optimism that they could achieve

community-wide outcomes (e.g., Stewart, 1997; Stoil & Hill, 1996).

Control Groups

A cornerstone of traditional experimental and quasi-experimental design has been the

inclusion of a “control” or “comparison” group to ensure that changes in the dependent

variable observed in the “treatment” group could be attributed to the intervention under

study (Campbell & Stanley, 1963). The comparison group should consist of individuals

and an environment that are just like those of the treatment group, the only difference

being the absence of the intervention of interest. For a time, the CSAP partnership

program sought to identify matched communities to serve as controls for their partnership

or coalition communities. In the national evaluation of its initial cohort of community

partnerships, this matching was accomplished for a small subset of partnership

communities. Yin et al. (1997) wrote convincingly of the difficulties in doing this. The

most conscientious attempts at identifying such communities often met with frustration.

For example, how do you find a matched comparison for New York City or Los Angeles?

When acceptable matches along demographic lines could be found, other problems ensued.

Evaluators quickly realized that even if these demographically matched communities

were not receiving CSAP prevention funds, they were still very active in a variety of

prevention-focused efforts in their communities. At one point, Robert Wood Johnson’s

Join Together program had estimated that, at their height, there were more than 3,000

community coalitions in operation across the country (Join Together, 1999).

Classic texts in experimental design (Campbell & Stanley, 1963; Cook & Campbell,

1979) have insisted on control groups as the best mechanism to eliminate alternative explanations

to changes observed in the dependent variable. In the absence of such

groups, however, several noted methodologists have drawn on other disciplines to offer

alternatives to these traditional methods.

Yin (1998) asserts that the elimination of rival explanations for the treatment effect

is the universal goal of research and evaluation design. When control or comparison

groups are not available, he suggests the systematic formulation of rival explanations to

the observed changes and subsequent, equally systematic, investigations into the validity

of those rivals. For example, if evidence indicates a dramatic reduction in teenage fatalities

in late-night auto accidents in a community, a coalition would like to attribute this

to its concerted prevention and intervention efforts in local high schools and with parent

groups. Rival hypotheses may include other community-wide reforms such as the increased

enforcement of a curfew for young people under the age of twenty-one, or statefunded

“sting” operations that cite retail outlets for sales of alcohol to minors. Y in argues

persuasively that systematic and unbiased examination of these rival explanations provides

a far better test of the intervention effect than concocting a flawed control group.

He also notes that other respected professions, such as detective work and journalism,

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use the rival explanation method to advance their own version of “proof.” He cites the

foreword to his own classic text on case study methodology (Yin, 1994) written by Donald

Campbell himself attesting to the validity and value of these methods.

Lipsey (1993) cites the historical tradition of “treatment theory” as a needed supplement

or alternative to traditional comparative analysis when adequate control groups

are in short supply. Outside the realm of community interventions, he acknowledges the

vexing problem of understanding the “black box” of many interventions. He points out

that, when an existing theory can yield an a priori set of predicted relationships between

activities and outcomes, and the outcomes turn out as predicted, this is compelling evidence

of a treatment effect. Specifically, he notes that the intended causal attribution is

“substantially strengthened by an explicit theory about the nature and details of the

change mechanism through which the cause of interest is expected to produce the effects

of interest” (p. 6).

Wholey’s (1979) logic models, frequently used in the evaluations of community partnerships

and coalitions, afford a versatile mechanism to evaluators for just such an explication.

Figure 1 displays an illustrative logic model used in one of the author’s evaluations

of a community prevention partnership.

Figure 1 is one of scores of logic models developed by the network of community

partnership evaluators for CSAP. It describes the community partnership effort in a small

urban community in the Pacific Northwest. Moving from left to right, the model depicts

the connections between the (undesirable) existing conditions in the community and

the activities planned to improve them. These activities are then linked to the short-term

outcomes expected from them, longer-term outcomes that are realized from these, and

the ultimately desired impact of reducing substance use in the community.

To Lipsey (1993), the theory that drives the specification of a logic model such as

that shown in Figure 1 can come from at least three sources: previous research on the

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Figure 1. TOGETHER! Thurston Communities for Drug Free Youth.

intervention of interest, prior studies in the population at hand, and discussion with

stakeholders and practitioners themselves. The initial formulation of a community-based

prevention program’s logic model has been an excellent opportunity for evaluators and

practitioners to share their perspectives and expertise in formulating this useful product.

Working together on these models not only brings the evaluator and practitioner

together; it also increases the likelihood that prevention theory influences program

design.

Summarily, classic experimental and quasi-experimental design methodology is

poorly equipped to deal with many of the realities and challenges of evaluating such

complex community-based programs. Springer & Phillips (1994) summarized it nicely

when they characterized partnerships and coalition evaluations as “learning systems” as

opposed to natural experiments. They cited Patton’s (1986) characterization of these

kinds of interventions that

. . . frequently unfold in a manner quite different from what was planned or conceptualized

in a proposal. Once in operation, innovative programs are often

changed as practitioners learn what works and what does not, grow and change

their priorities. This, of course, creates frustration and hostility among evaluators

who expect specifiable, unchanging treatments to relate to specifiable, predetermined

outcomes (p. 203).

THE CHALLENGE IN OUTCOME ASSESSMENT

(“. . . BECAUSE THE LIGHT’S BETTER”)

Beyond the evaluation design issues discussed above, there are a host of challenges relating

to the assessment of partnership or coalition processes and outcomes. In their national

evaluation of CSAP’s Community Prevention Partnerships, Yin et al. (1997) devised

a useful framework (see Figure 2) for conceptualizing partnership processes and

their linkages with short- and long-term outcomes. These authors have also developed

an adaptation of this framework to apply to the more recent prevention coalition evaluation.

Like the local logic models described previously, the framework links local condi-

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Figure 2. Community Partnership Evaluation Framework.

tions (in this case positive ones: partnership characteristics and capacity) to activities and

subsequent outcomes. Contextual conditions in the community both drive the formation

of the partnership and activities and may be affected by their outcomes.

Using this framework as a backdrop, and acknowledging the substantial assessment

work that has already taken place in the areas of partnership formation (e.g., Goodman

& Wandersman, 1994) and prevention planning and implementation (e.g., Fawcett et al.,

1997; Mitchell, Stevenson, & Florin, 1997), the current author will advance a series of

methodological challenges that still face the assessment of outcomes of these partnership

and coalition efforts:

1. A lack of fit between the outcomes assessed and the anticipated outcomes of the

community interventions that have been implemented;

2. Insufficient (or insufficiently specified) connections between the immediate outcomes

of interventions and the desired long term impacts of the community partnership

or coalition effort; and

3. Lack of sufficient empirical attention to the challenges of culturally sensitive and

age-appropriate assessment tools.

Lack of Fit

There is an old joke about an inebriated man seen crouching down on all fours under

a streetlight, obviously in search of something. When a passerby inquires as to what he

is looking for at this late hour of the evening, the man responds, “My car keys.” Approaching

the poor soul as if to help, the good Samaritan inquires, “Where did you lose

them?” The man points behind him about fifty yards and says, “I dropped them over

there by my car when I was getting out.” Incredulous, the passerby says, “Well, if you

dropped them way over there, why are you looking here?” Growing impatient with this

line of questioning, the desperate searcher says, as if it is patently obvious, “Because the

light is better over here!”

The author’s observation is that the outcome assessment plans in many local evaluations

may have been designed by this poor fellow searching for his keys. The assessment

of “bottom-line impacts” such as youth alcohol and other drug use, or community-wide

drug-related arrests, seems virtually mandatory given the fundamental purpose of these

partnerships. However, there is little logic to support their use as the most direct outcome

measures of most community partnership or coalition activities. Rather, the direct

outcomes of these activities are such things as increased awareness, improved coordination,

changed attitudes, etc., which are hypothesized to ultimately affect the intended

“bottom line impacts” of these efforts.

Over-reliance on community-wide assessments of substance use and related behavioral

indicators typically fails the evaluation of partnership/coalition impact in at least

two ways. First, they are often not sufficiently connected to the objectives of the preventive

interventions implemented in the community (see discussion on the following point

in this section). Second, they often overstate the target population of these interventions.

For example, a county-wide coalition invests itself in three major interventions in a

given year: a resistance skills curriculum in a local school district; a parent training

program; and the annual Red Ribbon Week drug-free march.

Assessment of county-wide attitudes toward drug use or prevalence rates of youth alcohol,

tobacco, and other drug (ATOD) use will likely show no change because these in-

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terventions touched only a small portion of the entire community. Not surprisingly, there

is little literature to support the notion that these interventions in themselves would have

a direct effect on substance use.

Poor Connections

Prevention research has come a long way in the past decade (Coie et al., 1993). Based

on their CSAP-funded National Structured Evaluation (NSE) of Prevention, Stoil and

Hill (1996) published an excellent account of effective interventions for a variety of substance

use-related problems. Tobler & Stratton (1997) conducted a series of meta-analyses

that have isolated effective prevention strategies and program components. Recently,

the National Institute on Drug Abuse (NIDA) (1997) and CSAP (1998) have advanced

portfolios of “science-based” interventions. These products contain empirical evidence

from the prevention literature and disseminate it to community-based programs in hopes

of ensuring more widespread implementation of these approaches.

All of these efforts represent needed guidance to prevention practitioners as they

implement promising programs and to local evaluators as they seek to demonstrate the

effectiveness of these local programs in new environments and contexts. But as Backer,

David, & Soucy (1995) have noted, the implementation enterprise is rarely driven by the

strength of scientific findings. Rather, local programs in substance abuse prevention and

other areas are often guided by tradition or political influence. “What works” is supplanted

by “what’s familiar.”

Compendia of effective prevention programs will be clear that not all interventions

will have a direct impact on substance use. The literature has prospered in specifying intermediate

outcomes that are empirically linked to the desired behavioral changes in alcohol

and other drug use. Hawkins, Catalano, & Miller’s (1992) risk-focused prevention

is now widely used in local prevention efforts. Enhancing resiliency, protective factors

and individual/community assets are other examples of this focus on intermediate outcomes

that are empirically linked to the desired behavior change (Benard, 1992; Benson,

Scales, & Roehl Kepartain, 1998; Werner & Smith, 1992).

The literature provides increasing specification of these intermediate outcomes and

logic models promote their inclusion (see Fig. 1). Local evaluators and practitioners still

need more specific linkages between the immediate outcomes of preventive interventions

and the longer-term impacts of ATOD use than even the literature-based risk and

protective factors represent, however.

The author has illustrated these linkages in the context of a drug-free workplace

training program (Gabriel, 1995). In general, immediate outcomes of training are usually

assessed at the conclusion of the training event. (What did you like about the training?

What would you like to see done differently?) The necessary question is, how do

the outcomes of this training relate to the ultimate objective of reducing substance use

in the community? Figure 3 illustrates the conceptual linking of intended outcomes to

establish this connection between the immediate outcomes of this training program and

the desired longer term impact on substance use in this particular context, the workplace.

The figure follows a conceptualization of training outcomes that seeks information

on what was learned during the training, with whom it was shared outside the training,

how it influenced practice and/or policy in the workplace, and finally how it affected

behavior. By designing an assessment strategy that assesses outcomes along this continu-

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um (requiring more than a simple evaluation form handed out at the conclusion of the

training), the partnership can determine its accomplishments along this continuum. At

that point where the evidence indicates change is not occurring, the partnership can focus

some effort on learning where the effort at influencing substance use through this

intervention may have broken down. For example, trainees may report increased knowledge

and skills as a result of the training, and that they have shared the information with

others in their work environments who did not attend the event. If follow-up evaluations

can find no evidence of changes in practice or policy at the worksite, however, it is unlikely

that the desired impact on behavior change will be realized. On the other hand,

as Lipsey’s (1993) “treatment theory” portends, if empirical evidence of change can be

assembled at all points along this continuum, the predetermined theoretical expectation

lends considerable credibility to attributing the achieved behavior change, at least in

some measure, to the training program and its associated support.

This approach has its roots in the training evaluation literature, but a form of it is

seen in other methodological work as well (e.g., the “threshold-gating” approach by Kim,

Crutchfield, Williams, & Hepler, 1994, or the “micro-steps” in process evaluation discussed

by Scheirer, 1994). The essential point is that, like the development of logic models,

it is a useful collaborative exercise for prevention practitioners and evaluators to go

through, as it will yield a more defensible and useful set of outcomes for a given preventive

intervention. When done thoughtfully, it will likely avert the surprise and disappointment

(and verdicts of failure) when the results of surveys of incidence and prevalence

of ATOD use do not yield indications of the dramatic behavior changes across the

community.

Cultural and Age Appropriateness

Few topics have received as much attention in the prevention evaluation literature in the

past several years as the need to include culturally appropriate and sensitive evaluation

methods (e.g., CSAP’s Cultural Competence Series of monographs). The literature is re-

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Figure 3. Illustrative connections between immediate, intermediate, and long-term outcomes of a Drug-Free

Workplace Training Program.

plete with compelling arguments and much-needed education as to the unique aspects

of different racial/ethnic cultures and the obvious need to re-think evaluation strategies

in these contexts. It is not as generous in the supply of concrete suggestions for improvement

in the assessment of prevention outcomes under different cultural environments,

however. Prevention evaluation badly needs a collection of these methods and assessment

strategies to guide evaluators working in these contexts.

When assessing attitudes or behaviors, expressions common to specific racial/ethnic

groups are often not interpreted as they appear in standardized measurement tools

or interview protocols. When African-American youth talk about “kickin’ it” with others,

they are not referring to violent behavior. Young people describing others as “bad” may

not be meaning this negatively at all (“bad”, meaning “good”, as a teen once tried to

explain to me).

Goodman (2000) offers an example of a survey designed to measure a client’s mental

health status as part of an evaluation of a maternal and child health clinic. When presenting

the statement “Other people have difficulty understanding me,” the assessment

interprets a “yes” as an indication of the respondent’s mental distress and potential withdrawal

from its social context. However, when this instrument was used with Hispanic

clients in an essentially White and English-speaking community, this response was more

indicative of a language difficulty than mental distress.

Finally, the concept of culture can be used to embrace other differences besides race

and ethnicity. This includes age groupings, rural/urban differences, etc. Developmental

psychologists are clear that assessing attitudes toward school and family suggests different

approaches for elementary school children than it does for teenagers and young

adults. However, the availability of assessment tools to measure these risk and protective

factors needs to be broadened along these lines. In highly rural settings, objects and symbols

common to urban environments may have no meaning (e.g., stop signs, traffic cops).

Asking young people in these environments if they have heard gunshots in the neighborhood

is less of an indication of experience with violence and more a recognition of

the annual hunting season.

The increasing federal emphasis on developing a menu of best measures associated

with “common core” constructs in prevention faces all of these challenges. The best the

field has to offer may work well in some cultural contexts but not others (Kumpfer &

Johnson, 1993). While the need for broader implementation of psychometrically-proven

measures is unquestioned, their off-the-shelf use in cultural contexts for which they were

not developed cannot be tolerated. The most sophisticated design and analysis methods

cannot compensate for bad measurement.

THE CHALLENGE IN REPORTING

A final comment in this article re-invokes the “learning system” environment of these

evaluations described so well by Springer & Phillips (1994). In this increasingly interactive

relationship between program and evaluation staff, it is critical that researchers and

evaluators report results of their analyses clearly, concisely, and frequently. Unlike their

traditional images as detached, objective judges, community-based program evaluators

must be heavily engaged with program staff, constantly feeding them formative evaluative

information to guide and improve the program’s operation (Goodman, 1998; Patton,

1986; Wandersman, 1998). The author has implored colleagues in this enterprise to

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“stifle ourselves from conducting an infinite number of ‘interesting’ analyses before getting

the information into the hands of people who can use it” (Gabriel, 1997, p. 342).

Such statistical indulgence can delay the delivery of the message to an extent that it is

no longer useful to prevention practitioners.

The multi-faceted and complex nature of these projects adds further to the challenge

of reporting their results. The many strands of program activity make broad, summative

judgments of program effectiveness difficult. Relatedly, these programs often

have a wide variety of stakeholders, each with their own vested interests, some of which

can be highly political. Negative findings can be dismissed as insensitive or racist. Positive

findings can be criticized as insufficiently objective and overly sympathetic to practitioners’

dedicated efforts.

Addressing these challenges requires the evaluators’ deep understanding and knowledge

of both the community program and the stakeholding groups. Objective detachment

is not the answer. Partnership with the program and practitioners better arms the

evaluator for working with these challenges. Let us not make our colleagues in community-

based prevention look too hard. Classical experimental design, psychometrically

standard instrumentation, and the most sophisticated analytical methods are not the

requisite tools of this evaluation trade.

LESSONS LEARNED

The experience of the author and other prominent local evaluators across the country

who have addressed these methodological challenges offers several important lessons

learned in the conduct of these evaluations. Summarizing the discussion in this article,

four such lessons stand out.

First, the traditionally detached and external role of a program evaluator does not

meet the needs of a useful evaluation of these dynamic and multi-faceted programs. Increased

interaction with program staff yields better understanding of the program’s intent

and activities, and a more informed specification and assessment of its key processes

and outcomes.

Second, the use of logic models, developed through this kind of program/evaluation

interaction, provides the critical connections between local community needs, the

partnership/program activities, and intended outcomes. Specifying the link between

community needs and program activities increases the probability that what is implemented

is addressing a demonstrated need and can direct program staff to the adoption

of evidence-based programs. Links between activities and outcomes provide important

direction to the evaluator in what to measure. This connection must also include the

more detailed linkages of short-term or intermediate outcomes with the intended longterm

impacts of these community-wide programs.

Third, greater energy must be directed toward the identification and systematic elimination

of alternative or rival explanations to the evidence of positive change in these

outcomes. This approach, well-grounded in theoretical literature cited here, is highly

preferable to the use of the typically inadequate comparison or control groups available

for these community-based programs.

Finally, the reporting of evaluation results is most useful when done frequently and

simply by the evaluator. Waiting until the outcomes of all subgroups are sufficiently analyzed

or the last correlate is put to rest in explaining the results will very likely lose the

opportunity to affect the program or inform the community.

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Lessons of the past decade of community partnership and coalition evaluations have

brought us substantial guidance in the effective and useful evaluation of communitybased

prevention. Use of these tools will continue to advance the use of science-based

prevention and contribute to the reduction of substance abuse and related health risk

behaviors in the nation’s communities.

REFERENCES

Backer, T.E., David, S.L., & Soucy, G. (Eds.). (1995). Reviewing the behavioral science knowledge

base on technology transfer. Rockville, MD: National Institute on Drug Abuse.

Benson, P.L., Scales, P.C., & Roehl Kepartain, E.C. (1998). A fragile foundation: The state of developmental

assets among American youth. Minneapolis, MN: Search Institute.

Campbell, D.T., & Stanley, J.C. (1963). Experimental and quasi-experimental design for research.

Chicago: Rand McNally.

Center for Substance Abuse Prevention. (1998). Science-based practices in substance abuse prevention:

A guide (Working draft). Prepared by the CDM Group, Inc. Chevy Chase, MD.

Coie, J.D., Watt, N.F., West, S.G., Hawkins, J.D., Asanow, J.R., Markman, H.J., Ramey, S.L., Shure,

M.B., & Long, B. (1993). The science of prevention: A conceptual framework and some directions

for a national research program. American Psychologist, 48 (10), 1013–1022.

Connell, J.P., Kubisch, A.C., Schorr, L.B., & Weiss, C.H. (1995). New approaches to evaluating community

initiatives. Washington, DC: The Aspen Institute.

Cook, T.D., & Campbell, D.T. (1979). Quasi-experimentation: Design and analysis issues for field

settings. Chicago: Rand McNally.

Fawcett, S.B., Paine-Andrews, A., Francisco, V.T., Schulz, J.A., Richter, K.P., Lewis, R.K., Harris, K.J.,

Williams, E.L., Berkley, J.Y., Lopez, C.M., & Fisher, J.L. (1997). Empowering community health

initiatives through evaluation. In Fetterman, D.M., Kaftarian, S.J., & Wandersman, A. (Eds.),

Empowerment evaluation: Knowledge and tools for self-assessment and accountability. Thousand

Oaks, CA: Sage Publications.

Fetterman, D.M., Kaftarian, S.J., & Wandersman, A. (1996). Empowerment evaluation: Knowledge

and tools for self-assessment and accountability. Thousand Oaks, CA: Sage Publications.

Florin, P., Mitchell, R., & Stevenson, J. (1993). Identifying training and technical assistance needs

in community coalitions: A developmental approach. Health Education Research: Theory and

Practice, 8 (3), 417–432.

Gabriel, R.M. (1995). Methods for assessing ATOD and health impacts. Invited presentation at

CSAP annual meeting of Community Prevention Coalition Grantees, Washington, D.C.

Gabriel, R.M. (1997). Community indicators of substance abuse: Empowering coalition planning

and evaluation. Evaluations and Program Planning, 20 (3), 335–344.

Goodman, R.M. (2000). Evaluation of community-based health programs: An alternate perspective.

In Schneiderman, N., et al., Integrating Behavioral and Social Sciences with Public Health, Washington,

D.C.: American Psychological Association (In press).

Goodman, R.M., & Wandersman, A. (1994). FORECAST: A formative approach to evaluating community

coalitions and community-based initiatives. Journal of Community Psychology, (CSAP

Special Issue), 6–25.

Hansen, W. (1997). Prevention programs: Factors that individually focused programs must address.

In CSAP Resource Papers for the Secretary’s Youth Substance Abuse Prevention Initiative.

Rockville, MD: Center for Substance Abuse Prevention.

Hawkins, J.D., Catalano, R.F., & Miller, J.Y. (1992). Risk and protective factors for alcohol and

other drug problems in adolescence and early adulthood: Implications for substance abuse

prevention. Psychological Bulletin 112 (1), 64–105.

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Join Together. (1999). Results of the fourth national survey on Community efforts to reduce substance

abuse and gun violence. Boston, MA.

Kaftarian, S.J., & Hansen, W.B. (1994). Improving methodologies for the evaluation of community-

based substance abuse prevention programs. Journal of Community Psychology, [Special

issue], 3–6.

Kim, S., Crutchfield, C., Williams, C., & Hepler, N. (1994). An innovative and unconventional approach

to program evaluation in the field of substance abuse prevention: A threshold-gating

approach using single system evaluation designs. Journal of Community Psychology, (CSAP Special

Issue), 61–78.

Kumpfer, K.L., & Johnson, J. (1993). Measurements in prevention: A manual on selecting and using

instruments to evaluate prevention programs. U.S. Department of Health and Human Services,

Center for Substance Abuse Prevention, Technical Report 8. Rockville, MD: Government

Printing Office.

Lipsey, M.W. (1993). Theory as method: Small theories of treatments. New Directions for Program

Evaluation, 57, 5–38.

Mitchell, R., Stevenson, J., & Florin, P. (1996). A typology of prevention activities: Journal of Primary

Prevention, 16 (4), 413– 436.

Murray, D.M. (1998). Design and analysis of group randomized trials. New York. Oxford University

Press.

Murray, D.M., & Wolfinger, R.D. (1994). Analysis issues in the evaluation of community trials:

Progress toward solutions in SAS/STAT MIXED. Journal of Community Psychology (CSAP Special

Issue), 140–154.

National Institute on Drug Abuse. (1997). Preventing drug use among children and adolescents:

A research-based guide. U.S. Department of Health and Human Services, National Institute of

Health.

Patton, M. (1997). Toward distinguishing empowerment evaluation and placing it in a larger context.

Evaluation Practice, 18 (2), 147–164.

Phillips, J.L., & Springer, J.F. (1997). Implementation of community interventions: Lessons

learned. In Secretary’s youth substance abuse prevention initiative: resource papers. U.S.

Department of Health and Human Services, Substance Abuse and Mental Health Services

Administration.

Rindskopf, D., Sirratt, M., Livert, D., & Saxe, L. (1997). The utility of multilevel models in the evaluation

of community-based programs. Unpublished manuscript, City University of New York,

Graduate School and University Center.

Scheirer, M.A. (1994). Designing and using process evaluation. In J.S. Wholey, H.P. Hatry, &

K.E. Newcomer (Eds.), Handbook of practical program evaluation. San Francisco: Jossey

Bass.

Springer, J.F., & Phillips, J.L. (1994). Policy learning and evaluation design: Lessons from the community

partnership demonstration program. Journal of Community Psychology (CSAP Special

Issue), 117–134.

Stewart, K. (1997). Environmentally oriented alcohol prevention policies for young adults. In CSAP

Resource Papers for the Secretary’s Youth Substance Abuse Prevention Initiative. Rockville, MD:

Center for Substance Abuse Prevention.

Stoil, M.J., & Hill, G. (1996). Preventing substance abuse: Interventions that work. New York:

Plenum Press.

Tobler, N.S., & Stratton, H. (1997). Effectiveness of school-based drug prevention programs:

A meta-analyses of the research. Journal of Primary Prevention, 18, 71–128.

Wandersman, A. (1998). Comprehensive quality programming: Eight essential strategies for

implementing successful programs. Journal of Primary Prevention, 19 (1), 3–30.

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Wandersman, A., & Goodman, R.M. (1991). Community partnerships for alcohol and other drug

abuse prevention. Family Resource Coalition Report, 3, 8–9.

Weiss, C.H. (1995). Nothing as practical of good theory: Exploring theory-based evaluation for

comprehensive community initiatives for children and families. In J.P. Connell, A.C. Kubisch,

L.B. Schorr, & C.H. Weiss (Eds.), New approaches to evaluating community initiatives. Washington,

DC: The Aspen Institute.

Yin, R.K. (1994). Case study research: Design and methods (2nd ed.). Thousand Oaks, CA: Sage

Publications.

Yin, R.K. (1998). Rival explanations as an alternative to reforms as ‘experiments’. In L. Bickman

(Ed.), Validity and social experimentation: Donald Campbell’s legacy. Thousand Oaks, CA: Sage

Publications.

Yin, R.K., Kaftarian, S.J., Yu, P., & Jansen, M.A. (1997). Outcomes from CSAP’s community partnership

program: Findings from the national cross-site evaluation. Evaluation and Program

Planning, 20 (3), 345–355.

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