Annual Findings Report 2006

Drug-Free Communities Support Program National Evaluation

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Executive Summary

The Office of National Drug Control Policy (ONDCP) funds the Drug-Free Communities (DFC) Support Program and its evaluation. The DFC program is designed to build community capacity to prevent substance abuse among our nation's youth and has two primary goals: (1) to reduce substance abuse among youth by addressing local risk and protective factors to minimize the likelihood of subsequent substance abuse in the community, and (2) to support community anti-drug coalitions by establishing, strengthening, and fostering collaboration among public and private nonprofit agencies, as well as federal, state, local, and tribal governments to prevent and reduce substance abuse.

The DFC program has funded nine cohorts (one a year from 1998 to 2006) of community anti-drug coalitions and ONDCP is authorized to continue funding coalitions through FY2012. Currently 719 community anti-drug coalitions are receiving DFC grants.

Battelle is conducting an evaluation of the DFC program to understand how effective the DFC program has been in achieving its goals. It will answer the following questions:

1. Are DFC grantees reducing substance abuse among youth?
2. How do DFC coalitions increase collaboration to reduce substance abuse?
3. What are the most successful coalitions doing?

The specific objectives of the evaluation are to:

- Assess whether the DFC program has made an impact on reducing the substance abuse outcomes at the community, state, and national level;
- Assess whether DFC coalitions have increased the capacity and effectiveness of substance abuse coalitions; and
- Identify specific factors that contribute to coalitions' ability to prevent substance abuse.

This report documents evaluation findings based on data collected for the DFC Program Evaluation up to and during Fiscal Year (FY) 2006. Data used include grantee progress reports, data collected as part of previous evaluation efforts, and information collected to facilitate the classification of coalitions into a stage of development to develop this report. This report generally presents basic information on the characteristics and performance of the DFC coalitions nationally. Information on the current status of the typology of DFC coalitions[1], a classification system to place coalitions into a stage of development, is also included in the report. When completed in FY2007, the typology will allow the evaluation to identify how coalitions evolve in their abilities to reduce substance abuse and how they institutionalize these capacities to help communities come together to prevent substance abuse and related problems.

Preliminary evaluation findings that are relevant to the evaluation objectives are described. Sections 1.1, 1.2, and 1.3 discuss what successful DFC coalitions are doing, how DFC coalitions are reducing substance abuse among youth, and how DFC coalitions increase collaboration to reduce substance abuse, respectively. To provide context for the evaluation design and findings, the report will also review some important issues that arise when evaluating Community Prevention Coalitions (Section 3) such as the DFC coalitions. Next, the report provides a brief

[1] The typology is based on existing research literature and practitioners' experiences.

overview of the evaluation framework and methodology that describes how the evaluation has addressed these issues, discusses the current status of the evaluation, and summarizes the analyses conducted (Section 4). Finally, specific evaluation design challenges (Section 5) that have emerged over the past year, recommendations to enhance the evaluation in the future (Section 6), and next steps for the evaluation (Section 7) are presented at the end of this report.

Characteristics of Successful DFC Coalitions

The analysis of the most successful DFC coalitions, while preliminary, did indicate that the following characteristics were associated with greater rates of reductions in substance abuse than the average DFC coalition:

- Having a well developed decision-making structure;
- Using research knowledge, community assessment data, and evaluation findings for strategy development and refinement; and
- Transforming conflict so that internal coalition tensions can become opportunities for greater coalition capacity and success.

It is important to note that all of the above characteristics, with the exception of conflict transformation, are explicit tenets of the DFC Support Program. These findings support the developmental framework of the DFC Program Evaluation, such that DFC coalitions become more successful as they develop their capacities. A more in-depth discussion of the characteristics of successful coalitions is presented in Section 1.1 of this report.

DFC Grantee Reductions of Substance Abuse

Findings discussed in more detail in Section 1.2, indicate:

- Twenty-seven percent of youth in the United States are in DFC target communities.
- At least eight out of ten DFC coalitions that have provided data report at least a five percent “improvement” in core measures that reflect contributing factors to substance abuse.
- Most DFC coalitions (65%) report that they have been successful in enhancing protective factors and many (48%) are reducing risk factors that influence substance abuse within families and communities.
- Almost all (98%) DFC coalitions are using at least one environmental strategy to target substance abuse, which increases the likelihood that coalitions will reduce substance abuse in their community.

DFC Coalitions’ Increases in Collaboration to Reduce Substance Abuse

Preliminary evaluation findings indicate that coalitions are increasing community participation in substance abuse prevention and building the capacities to collaborate[2] to reduce substance abuse. Findings discussed in more detail in Section 1.3, indicate:

[2] Capacity for collaboration refers to coalitions’ ability to perform the functions needed to increase member capacity (e.g., recruit new members that are accountable to the coalition and are able to take action), relational capacity (e.g., develop vision through leadership), organization capacity (e.g., leadership among coalition members, delegate responsibilities to committees), and programmatic capacity (e.g., clear direction from leadership) (Foster-Fishman, Berkowitz, Lounsbury, Jacobson, and Allen, 2001).

- DFC coalitions have community participation from a broad number of sectors (e.g., youth-serving organizations, law enforcement agencies, youth, and parents), and active community participation in coalitions' prevention efforts has increased 3% since 2005. In 2006, 61% of coalitions had *active* participation from all required sectors.
- Most DFC coalitions reported being *confident* or *very confident* in performing the basic functions that define capacity for collaboration (e.g., 74% of coalitions were *confident* or *very confident* that they could provide direction and vision through leadership, a key indicator of their ability to engage community members in collaboration).
- Most DFC coalitions reported having formal structural characteristics (e.g., written bylaws to facilitate decision making) that facilitate coalition development and management. For example, 81% of coalitions reported that their coalition has a board or governing body.
- Over a third (35%) of DFC coalitions active objectives have been *completed*, *mostly completed* or *exceeded* suggesting that these coalitions have the capacity to successfully implement the collaborative activities needed to achieve their objectives.
- Most coalitions reported that they have the ability to work with diverse communities which may strengthen their ability to effect meaningful change in their community.

The DFC Program Evaluation recommends that ONDCP implement the activities below to improve data collection from DFC coalitions (i.e., more reliable and complete) and allow the evaluation to more effectively achieve its objectives.

- Continue to enhance COMET's[3] on-line validation and quality improvement;
- Begin to "quantify" the level of effort put forth by DFC coalitions for each activity/objective;
- Create a national substance abuse surveillance system that can provide data to local DFC coalitions as well as meet state and other national program needs;
- Address some of the issues that cause DFC coalitions to not comply with reporting requirements for core outcome measures; and
- Enforce compliance and provide additional training and guidance to DFC coalitions on appropriate reporting of core outcome measures.

In conclusion, the DFC program has the potential to have made and continue to make a great impact on substance abuse in the United States. Preliminary evaluation findings suggest that successful DFC coalitions possess the very characteristics that are being promoted by the DFC program for all coalitions. These findings show great promise for the direction that the DFC program has taken. In addition, DFC coalitions are increasing community participation in substance abuse prevention and building the capacities to collaborate and implement effective strategies to reduce substance abuse. If the challenges currently facing this evaluation can be successfully addressed, this evaluation will not only be able to show if and how DFC coalitions reduce substance abuse, but will also make a great contribution to the science of prevention.

[3] COMET is the on-line data collection system where DFC grantees report their progress and outcomes.

1.0 DFC Support Program National Evaluation: What has been learned?

This section discusses preliminary evaluation findings that describe:

- Characteristics of successful DFC coalitions;
- DFC grantee reductions of substance abuse among youth; and
- DFC coalitions' increases in collaboration to reduce substance abuse.

1.1 Characteristics of Successful DFC Coalitions

The success of the DFC program will be determined by its ability to reduce actual substance abuse. Many DFC coalitions have been successful in achieving these outcomes in their target communities, but little is known about the capacities and other characteristics of these coalitions. The evaluation conducted a preliminary analysis to learn about the capacities and other characteristics of successful and most successful DFC coalitions, as determined by having significant, "faster" rates of reduction of 30-day past use of alcohol, marijuana, and tobacco[1] compared to the average DFC coalition.

1.1.1 Capacities of "Successful" Coalitions

The successful coalitions, having a significantly different rate of reduction in 30-day use in one or more of the three targeted substances (i.e., alcohol, tobacco, marijuana):

- Were in communities with an average of 968 youth in grades 9 to 12;
- Had been established for an average of 5.7 years, no different than the average of other DFC coalitions; and
- Were primarily serving rural communities (76%) compared to all DFC coalitions (57% report targeting rural communities).

After examining the data, the evaluation found the following significant differences[2] in the capacities of successful coalitions compared to all other DFC coalitions. The "successful" coalitions:

- **Achieved more of the objectives they set.** They were able to achieve or exceed their stated grant objectives more than the average coalition, supporting the notion that these coalitions are relatively more successful.
- **Used research and data for program planning and improvement.** They more often reported conducting process and outcome evaluations that were used to refine or eliminate programs and they more frequently used local outcome data for program planning. Successful coalitions reported less evaluation activities than others, but apparently better used the information they did collect. More evaluation activities do not necessarily lead to more successful coalitions.

[1] Successful coalitions were determined as coalitions that had one or more statistically significant different positive trends than the average for all DFC coalitions in reported past 30-day use of alcohol, tobacco, and marijuana for the youth in their community for which they supplied data (n=52). Only DFC coalitions with sufficient data for this analysis were included. More information on the methodology and analyses can be found in Appendix B.
[2] Significant differences were found at $p \leq .05$.

- **Used conflict to improve the coalition (conflict transformation).** Successful DFC coalitions more often reported that conflict between coalition members strengthened the coalition. The successful coalitions also reported less conflict created by personality differences and turf or territorial issues. They may have previously addressed these issues successfully.
- **Staff are representative of the demographic and cultural diversity in their community**. On average, they agreed more strongly than other DFC coalitions that it was important to have staff representing the diversity of their community. This represents the potential for a stronger relationship with different groups in their target community.
- **Use a more advanced decision-making processes.** This is measured through a composite of several factors including their ability to make decisions when needed, use a formal process for making decisions (e.g., voting process), and make decisions through the coalition effectively and in an open and participatory manner, to allow general membership to feel they have decision-making control over policies and actions.
- **Conduct fewer basic collaborative activities.** This may be due to the possibility that the most successful coalitions put their energies and resources into fewer, but more effective activities.

1.1.2 Capacities of the "Most" Successful Coalitions

The DFC Program Evaluation is predicated on the understanding of the developmental processes of coalitions and how they impact reductions in substance abuse. Therefore, the evaluators assumed that DFC coalitions that achieved even greater success in reducing substance abuse would illustrate the capacities of more mature and more broadly implemented coalitions than even the successful coalitions previously described[3]. These coalitions are expected to exhibit the most advanced developmental characteristics. Consistent with the evaluation framework, significant differences between the "most successful coalitions" and other DFC coalitions were found for several capacities. The "most successful" coalitions:

- **Had greater perceived ability to sustain coalition leadership.** The most successful DFC coalitions more strongly agreed that they had a developmental plan for continued leadership and were more confident that they could develop new coalition leaders. Sustaining leadership may help coalitions to sustain their efforts to reduce substance abuse.
- **Were more likely to use primarily evidence-based strategies.** They more strongly agreed about the coalition's intention to use evidence-based strategies for community change. Use of strategies that have been proven to be effective may be one of the factors that helped to make these coalitions the most successful.
- **Are competent in assessing the current knowledge and skills among community leaders, staff, and residents.** They reported being more proficient in understanding the community knowledge of prevention strategies; the steps needed to assess, plan, and implement a community intervention; the resources that exist outside of their community; and the way to develop a framework or model of change. These skills in assessing intermediary or community support are indicative of a more broadly implemented and mature coalition.
- **Used research and data more frequently for program planning.** Similar to the successful coalitions, the most successful coalitions reported more frequently using local

[3] To be considered "most" successful a coalition had to have two or more statistically significant positive trends in past 30-day use of alcohol, tobacco, or marijuana compared to the average for all DFC communities (n=23).

community health and other outcome data for program planning. Again, the most successful coalitions reported less evaluation activities than other DFC coalitions, but better used the information they did collect.

1.1.3 Summary of Successful Coalition Analysis

The previous analysis of successful and most successful DFC coalitions, while preliminary, did indicate that the following characteristics of a DFC coalition will more likely lead to reductions in substance abuse:

- Having a well developed decision-making structure;
- Using research knowledge, community assessment data, and evaluation findings for strategy development and refinement; and
- Transforming conflict so that internal coalition tensions can become opportunities for greater coalition capacity and success.

It is important to note that all, with the exception of conflict transformation, are explicit tenets of the DFC program. This analysis also supports the developmental perspective of this evaluation such that DFC coalitions become more successful as they develop their capacities.

1.1.4 Limits of the Successful Coalition Analysis

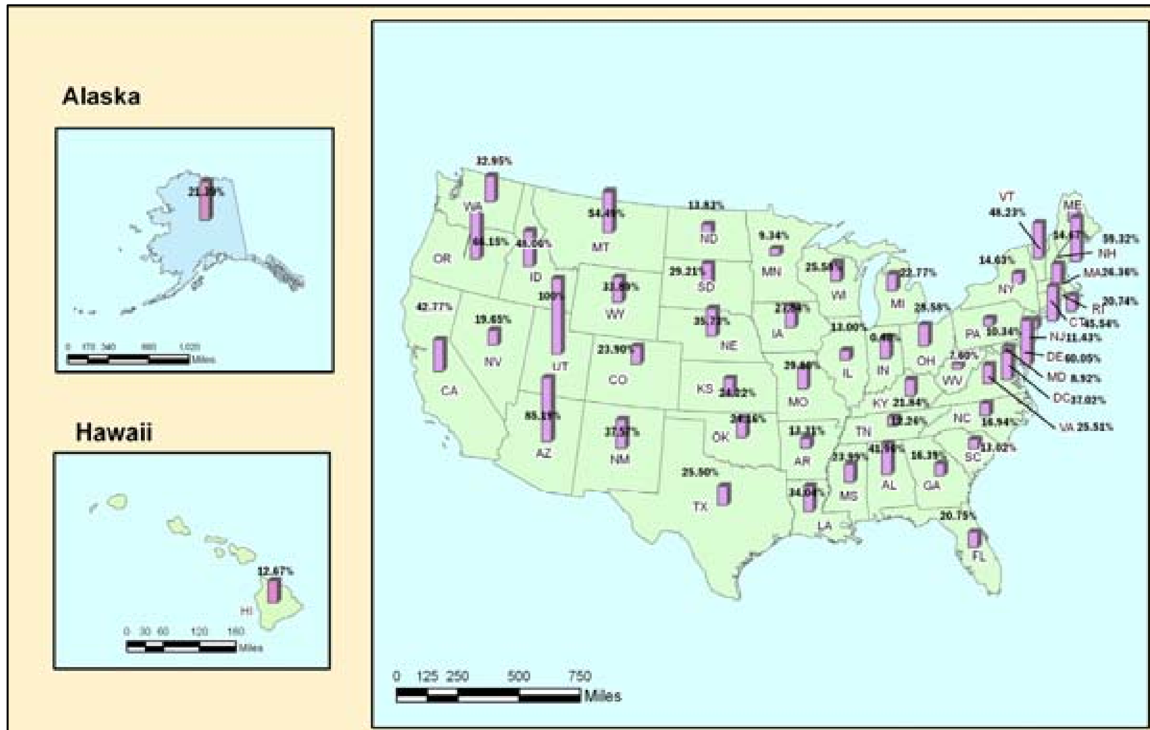
This analysis is very preliminary and very basic. The DFC Program Evaluation acknowledges that these analyses were limited by a number of factors:

- They were exploratory analyses; many iterations were run to identify these differences increasing the chances that some difference may have been by chance;
- The sample size of both successful groups was small, limiting the ability to determine statistically significant differences; and
- The successful coalitions were disproportionately working in rural areas and therefore the ability to generalize these findings is more limited for other types of communities.

1.2 DFC Grantee Reductions of Substance Abuse

To begin to answer the question of “are DFC coalitions reducing substance abuse among youth,” the DFC Program Evaluation examined many factors including the number of youth potentially reached by the DFC program, trends in substance abuse indicators among DFC coalition communities, targeted substances, target populations, risk and protective factors targeted by DFC coalitions, and the DFC coalitions’ capacity for and use of environmental strategies. To impact substance abuse among youth at local, state, and national levels, DFC coalitions have to impact a large number of youth. As indicated in Figure 2-1, DFC coalitions are targeting youth in states across the nation.

Figure 1-1. 27% of Youth in the United States in DFC Communities: Percentage of Youth within Current DFC Coalitions' Target Communities by State



The analyses conducted that most appropriately assessed the question "Is the DFC reducing substance abuse among youth," included:

- DFC Coalitions' Impact on the Four Core Measures
- Comparison of DFC Coalitions' Reported Past 30-day Use to National Trends
- DFC Coalitions Targeted Substances and Target Groups
- DFC Coalitions' Impact on Risk and Protective Factors
- DFC Coalitions' Capacity for and Use of Environmental Strategies

These analyses are discussed separately, in greater detail below.

1.2.1 DFC Coalitions' Impact on the Four Core Measures

The evaluation examined the four core measures to assess how effective DFC coalitions have been in reducing substance abuse among youth in their communities. DFC coalitions report information on the following indicators from youth in grades 6–12[4]:

- **Past 30-Day Use.** The percentage of respondents who report using alcohol, tobacco, and marijuana at least once in the past 30 days.
- **Average Age of Onset.** The average age that respondents report first trying alcohol, tobacco, and marijuana.

[4] Actual grades reported vary among reporting coalitions. Data reported is expected to be representative of all youth in the coalition's target community.

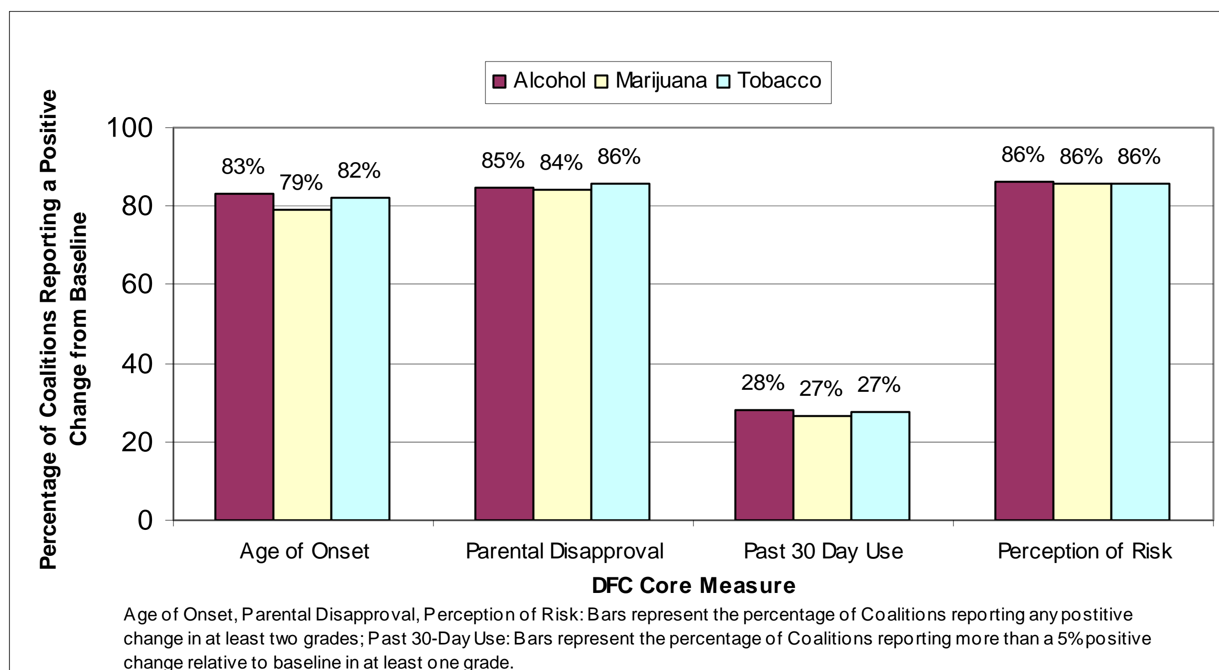
- **Perception of Risk.** The percentage of respondents who report feeling regular use of alcohol, tobacco, and marijuana has moderate risk or great risk.
- **Perception of Parental Disapproval.** The percentage of respondents who report their parents feel regular use of alcohol is wrong or very wrong. The percentage of respondents who report their parents feel any use of cigarettes or marijuana is wrong or very wrong.

Preliminary evaluation findings indicate that:

- At least eight out of ten DFC coalitions that have provided data report at least five percent "improvement" in the core measures that reflect contributing factors to substance abuse; and
- Over a quarter of these DFC coalitions reported at least a five percent reduction in 30-day use of alcohol, marijuana, or tobacco (see Figure 1-2).

These findings are consistent with the evaluation framework that predicted that changes in the environment (e.g., attitudes toward substance abuse and age of onset) would precede actual reductions in substance abuse, yielding a lower percent of DFC coalitions that show a reduction in actual abuse.

Figure 1-2. Coalitions Report that Community Substance Abuse Indicators are Improving: Percentage of DFC Coalitions that Positively Impacted the Four Core Measures



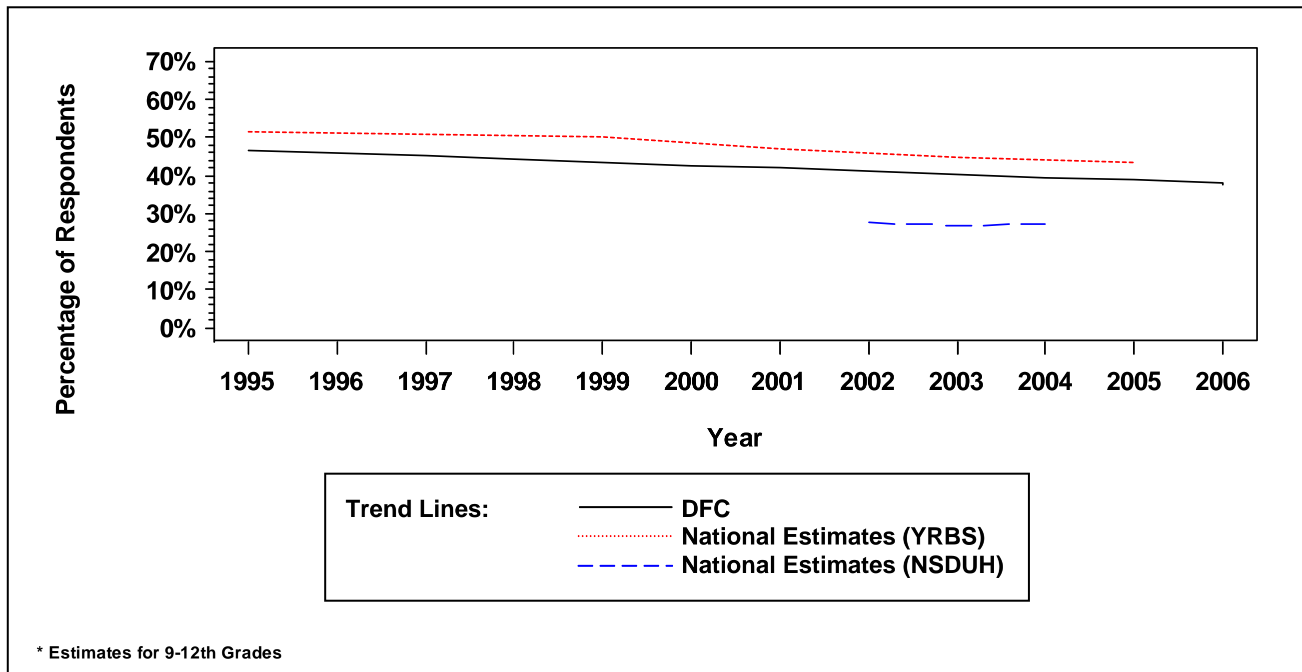
1.2.2 Comparison of DFC Coalitions' Reported Past 30-day Use to National Trends

The DFC Program Evaluation wanted to determine how the trends in past 30-day use data for DFC coalitions compared to national trends. National trends for past 30-day use were determined using the Youth Risk Behavior Survey[5] (Centers for Disease Control Prevention, 2006) and the National

[5] The Youth Risk Behavior Survey provides data that is representative of students in grades 9 through 12 in public and private schools throughout the United States on priority health risk behaviors that contribute to the leading causes of death, disability, and social problems among youth.

Survey on Drug Use and Health[6]. The evaluation found that all DFC coalition target areas combined had essentially the same trend for past 30 day use as the national average, indicating that combining coalitions at all levels of development will not show program effectiveness as predicted. Comparisons of tobacco and marijuana use among youth in DFC coalition communities and youth nationally were similar to trends for alcohol (see Figure 1-3). Upon completion of the typology, the DFC Program Evaluation will re-examine these trends for coalitions by stage of development. It is expected that this analysis will yield more conclusive results about the effectiveness of DFC coalitions.

Figure 1-3. Trends for DFC Coalitions and National Trends are Similar for Youth Alcohol Abuse: Alcohol Past 30-day Use Trends for DFC Coalitions Compared with the Youth Risk Behavior Survey and National Survey on Drug Use and Health



The above analysis, shown in Figure 1-3, looks at substance abuse outcomes for alcohol for grades 9 to 12 combined. The DFC Program Evaluation also examined the trends to assess whether or not trends in substance abuse were consistent across all of the grades (i.e., grades 6 to 12). The evaluation found that as grade decreased, alcohol, tobacco, and marijuana use decreased; however, there were differences between tobacco and marijuana use depending on the grade level of youth:

- The tobacco use among youth in grades 8 to 12 decreased significantly more than the tobacco use among youth in grade 6;
- Similarly, the marijuana use among youth in grades 8 to 12 decreased significantly more than the marijuana use among youth in grade 6;
- Additionally, the marijuana use among youth in grade 11 decreased significantly more than the marijuana use among youth in grade 10.

[6] The National Survey on Drug Use and Health (NSDUH) provides annual national and state level data on alcohol, tobacco, illicit drug, and non-medical prescription drug use for persons aged 12 years or older in the United States. The NSDUH is sponsored by the Substance Abuse and Mental Health Services Administration. More information about the NSDUH can be found at https://nsduhweb.rti.org/.

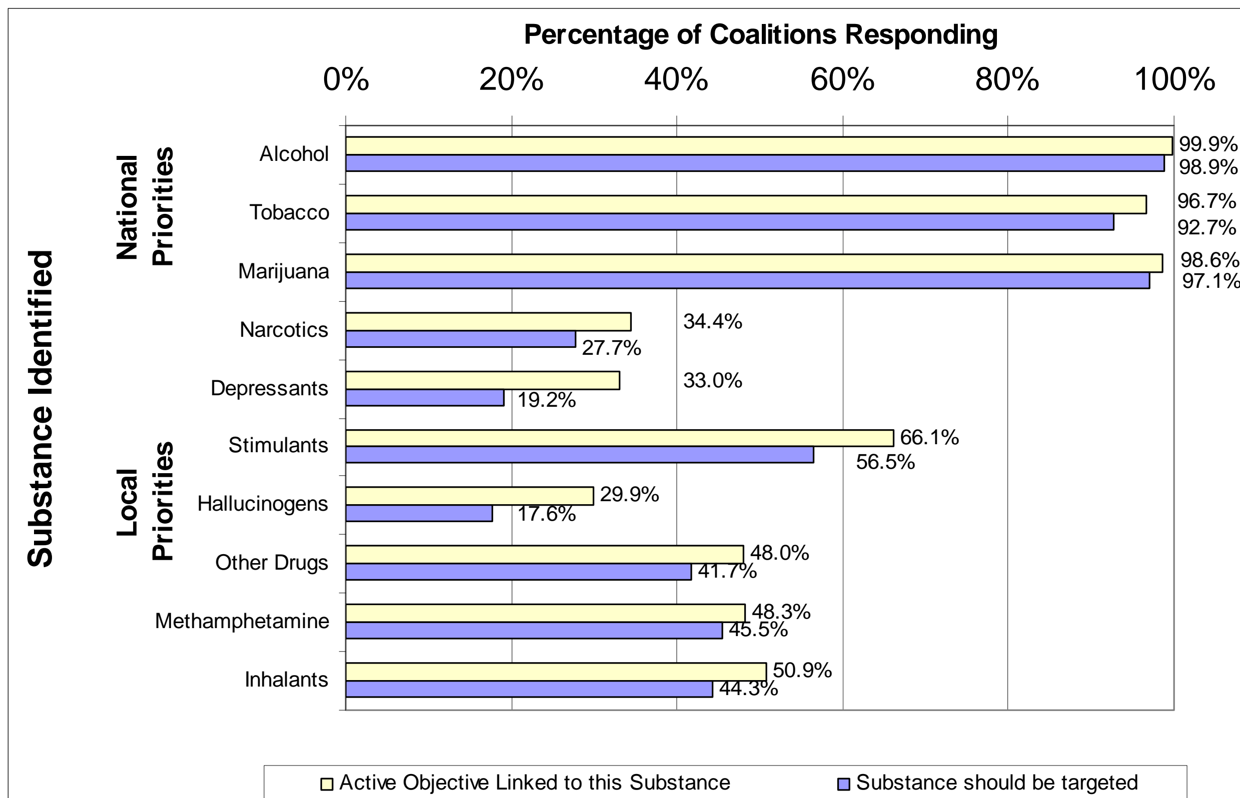
These differences in change by grade are to be expected because the use of tobacco and marijuana by youth in grade 6 and the use of marijuana by youth in grade 7 was initially low (i.e., less than 6% of youth reported using these substances) so a large decrease in use is not possible. In contrast, 8 to 12 graders begin with much higher rates of use allowing for significant decreases to occur over time. These differences suggest that when assessing DFC coalitions' effectiveness, it is important to consider not only the substances that were targeted but also the grades that were targeted because youth in different grades do not necessarily behave the same way.

Future analyses of only the fully implemented and mature DFC coalitions will yield more conclusive results about the impact of the DFC program.

1.2.3 DFC Coalitions' Targeted Substances and Target Groups

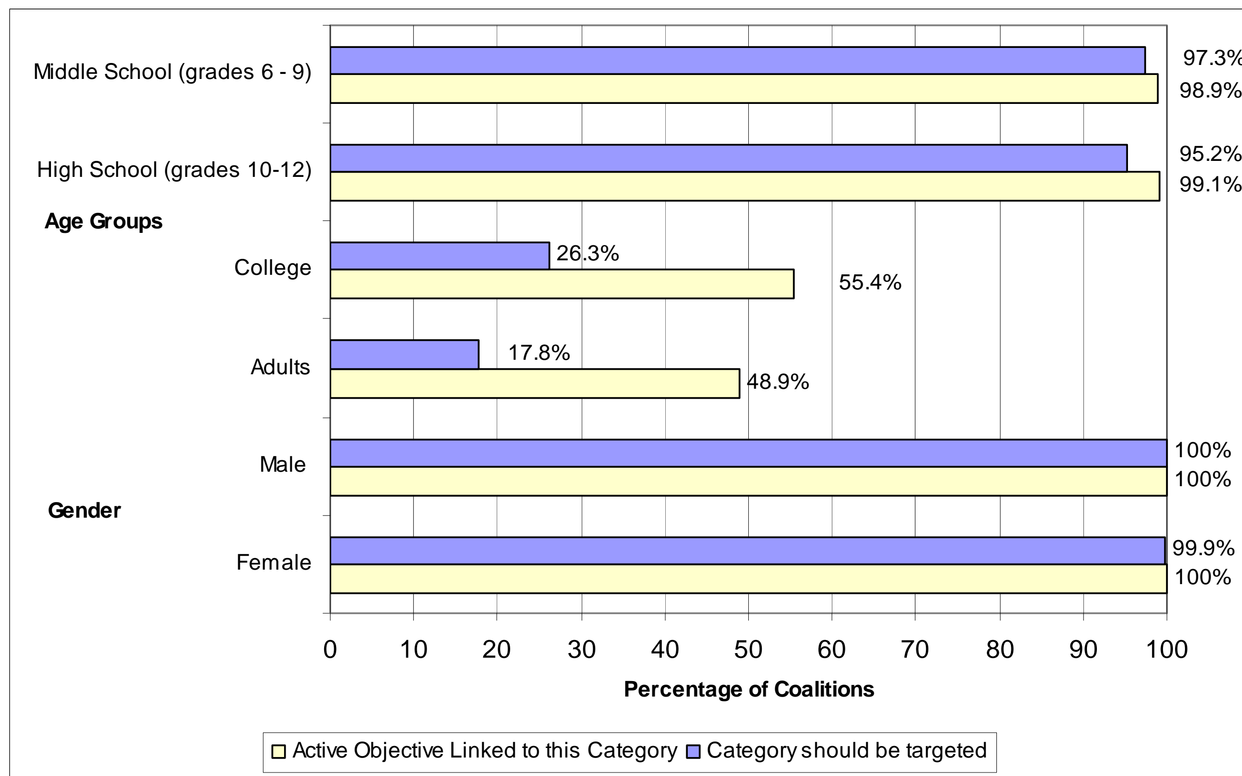
It is likely that the substances and groups targeted by DFC coalitions are those that will show changes in community substance abuse outcomes. Currently, the program requires DFC coalitions to target alcohol, tobacco, and marijuana use, but some of them are also responding to local substance abuse needs by targeting other illicit drug use (Figure 1-4). For example, in addition to the three target behaviors, 66% of DFC coalitions were actively targeting stimulant use in their community.

Figure 1-4. Coalitions Targeting National and Local Priority Substance Abuse Needs: Substances Identified as an Issue in DFC Communities and Actively Being Targeted by DFC Coalitions



DFC coalitions are also responding to community needs by targeting both males and females and are focusing the majority of their coalition efforts on substance abuse prevention among middle and high school students, as shown in Figure 1-5. In addition, about half of all DFC coalitions are also actively targeting college (55%) and adult (49%) populations.

Figure 1-5. DFC Coalitions Target Intended Groups and Others: Grades, Gender, and Other Groups Targeted by DFC Coalitions



1.2.4 DFC Coalitions' Impact on Risk and Protective Factors

If DFC coalitions impact the community and family risk and protective factors that influence substance abuse, research has shown that they will likely observe reductions in substance abuse outcomes. DFC coalitions targeted the following community risk and protective factors:

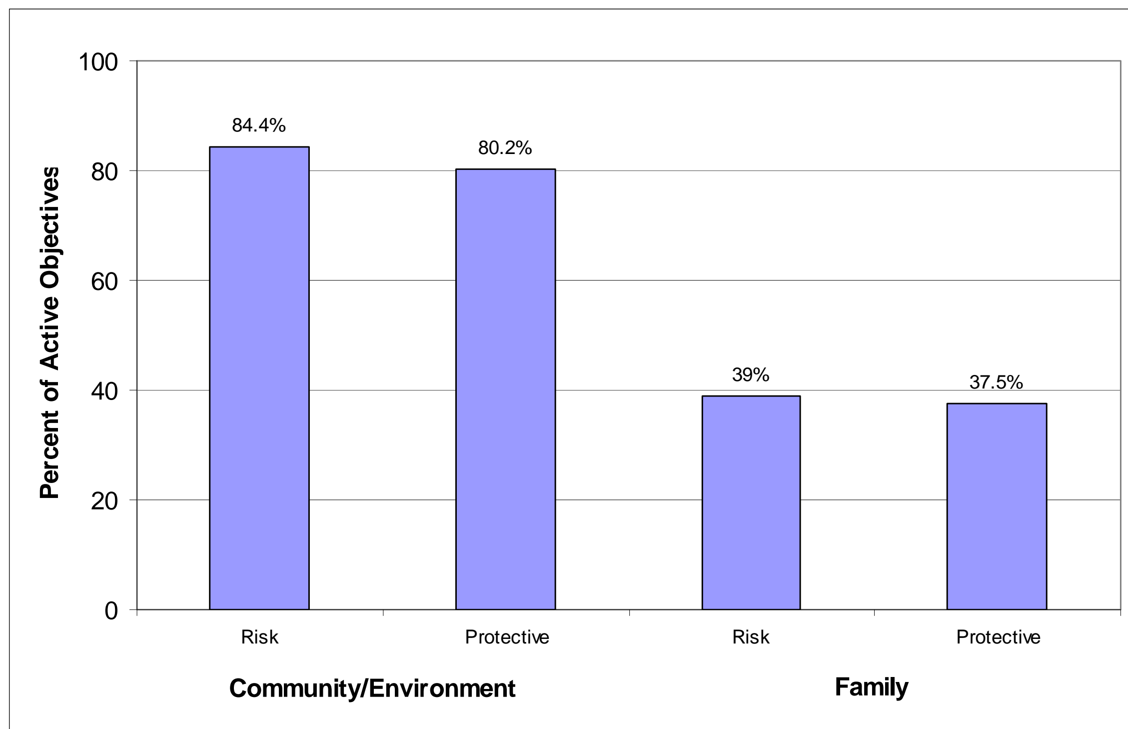
- **Community risk factors**: Availability of substances that can be abused; cultural norms; perceived acceptability (or disapproval) of substance use; poverty; racism and discrimination; and transitions and mobility.
- **Family risk factors**: Abuse and neglect; family history of antisocial behavior; family trauma/stress; high family conflict; mobility of family; parental attitudes favorable to antisocial behavior; parental substance abuse; and poor family management.
- **Community protective factors**: Advertising and other anti-drug promotion; community attachment; enforcement of laws and regulations; laws and policies; level of community organization; opportunities for pro-social community involvement; perceived standards of trust and community; and rewards for pro-social community involvement.
- **Family protective factors**: Acculturation; family bonding; family economic resources; family history of successful socialization; opportunities for pro-social family involvement; parental monitoring and supervision; and rewards for pro-social family involvement.

One way to assess if DFC coalitions are targeting community and family risk and protective factors that influence substance abuse is to examine their objectives. Figure 1-6 shows that the majority of DFC coalitions are adopting the environmental approach to substance abuse prevention advocated by the DFC program:

- Over 80% of the active objectives of DFC coalitions target community and environmental risk and protective factors;
- Less than 40% target risk and protective factors directed specifically at families.

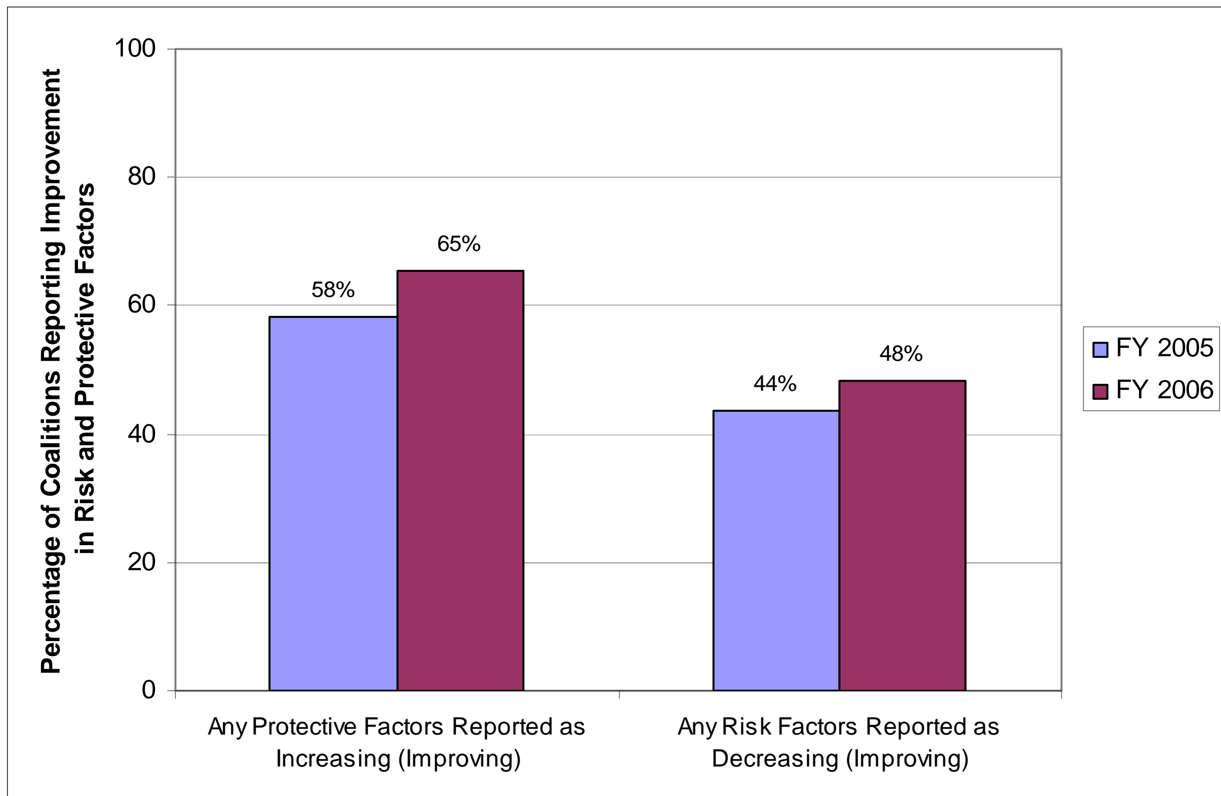
These findings suggest that DFC coalitions are likely to influence substance abuse because their objectives target research-based risk and protective factors.

Figure 1-6. Coalition Current Objectives are to Improve Research-Based Risk and Protective Factors: Percent of DFC Coalitions with Active Objectives that Target Risk and Protective Factors



In addition, over half of the DFC coalitions reported improving protective factors and nearly half reported reducing risk factors within families and their community as a whole from FY2005 to FY2006, as shown in Figure 1-7.

Figure 1-7. DFC Coalitions Report That Risk and Protective Factors are Improving in Their Target Communities: Percentage of DFC Coalitions that Reported Enhancing Protective Factors and Reducing Risk Factors within Families and their Community



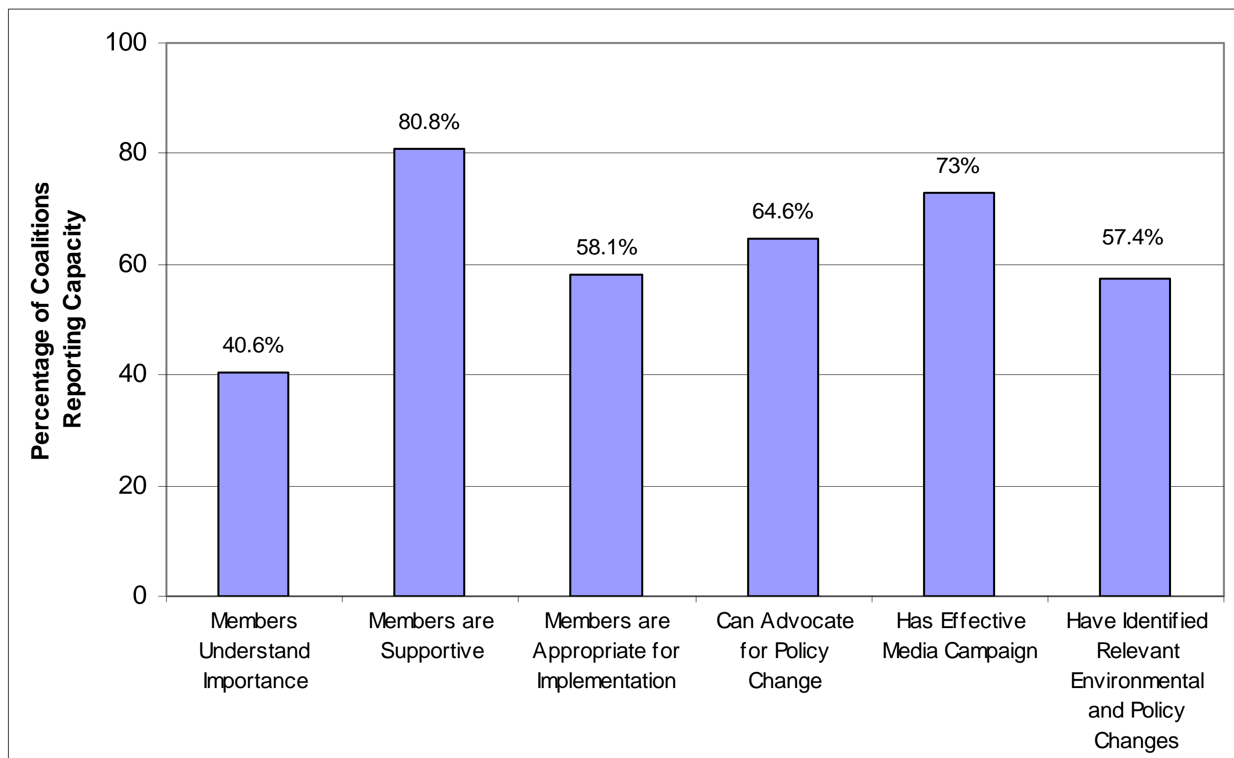
1.2.5 DFC Coalitions' Capacity for and Use of Environmental Strategies

DFC coalitions' capacity for and use of environmental strategies are important to achieve substance abuse outcomes because research has shown that these are the most effective ways to create community-wide change (Birckmayer, Holder, Yacoubian and Friend, 2004). The use of effective environmental strategies increases the likelihood that coalitions will reduce substance abuse in their community. As shown in Figure 1-8, most DFC coalitions reported that their members:

- Were supportive of their use of environmental strategies (81%);
- Had the ability to implement an effective media campaign (73%); and
- Had sufficient ability to advocate for policy changes (65%).

Fewer DFC coalitions, however, reported that their members understood the importance of environmental strategies (41%).

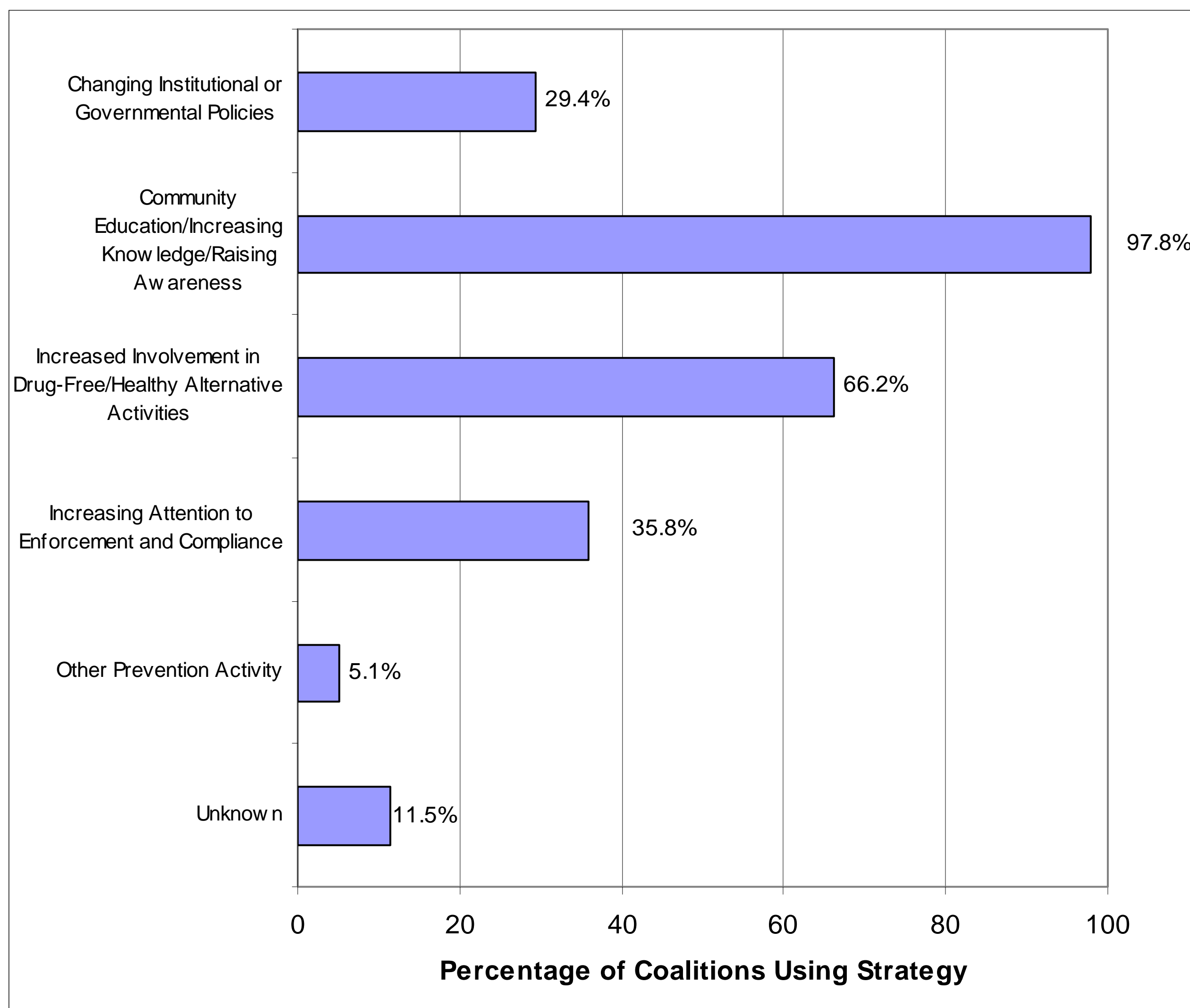
Figure 1-8. Most DFC Coalitions Have the Capacity to Implement Environmental Strategies: Percentage of DFC Coalitions that Reported Having the Capacity to Implement Environmental Strategies



Almost every DFC coalition (98%) is using at least one environmental strategy to create change in their community (see Figure 1-9). The most common environmental strategies used were those that focused on community education, increasing knowledge, and raising awareness, such as media campaigns (98% of coalitions used this type of strategy). The least common types of environmental strategies were:

- Strategies to change institution or governmental policies, such as efforts to increase tax on alcohol and tobacco (29% of coalitions); and
- Strategies to increase attention to enforcement and compliance, such as enforcement of underage drinking laws (39% of coalitions).

Figure 1-9. DFC Coalitions are Using Environmental Strategies to Achieve Community Change: Percentage of DFC Coalitions Reporting that That they Use Environmental Strategies



1.2.6 Overall Findings: How the DFC Program is Addressing Substance Abuse Among Youth

Preliminary findings suggest that DFC coalitions are addressing the first goal of the DFC program– to reduce substance abuse among youth. In addition, evaluation findings show that DFC coalitions are addressing local risk and protective factors to minimize the likelihood of subsequent substance abuse in the community by:

- Working to improve substance abuse outcomes for a wide range of substances and groups;
- Addressing the targeted community substance abuse indicators (i.e., the four core measures) and risk and protective factors that have been shown to impact substance abuse; and
- Taking an environmental approach to substance abuse prevention which increases the likelihood that DFC coalitions' will create change in their community.

1.3 DFC Coalitions' Increases in Collaboration to Reduce Substance Abuse

DFC coalitions are expected to operate in a collaborative manner, which includes recruiting and maintaining active participation from diverse community sectors. The analyses conducted that most appropriately examined how DFC coalitions increased collaboration to reduce substance abuse included:

- Community Participation in DFC Coalitions
- DFC Coalitions' Capacity for Collaboration
- Structural Characteristics of DFC Coalitions
- DFC Coalitions' Achievement of Objectives
- DFC Coalitions' Ability to Work with Diverse Communities
- DFC Coalitions' Acomplishments and Challenges/Barriers

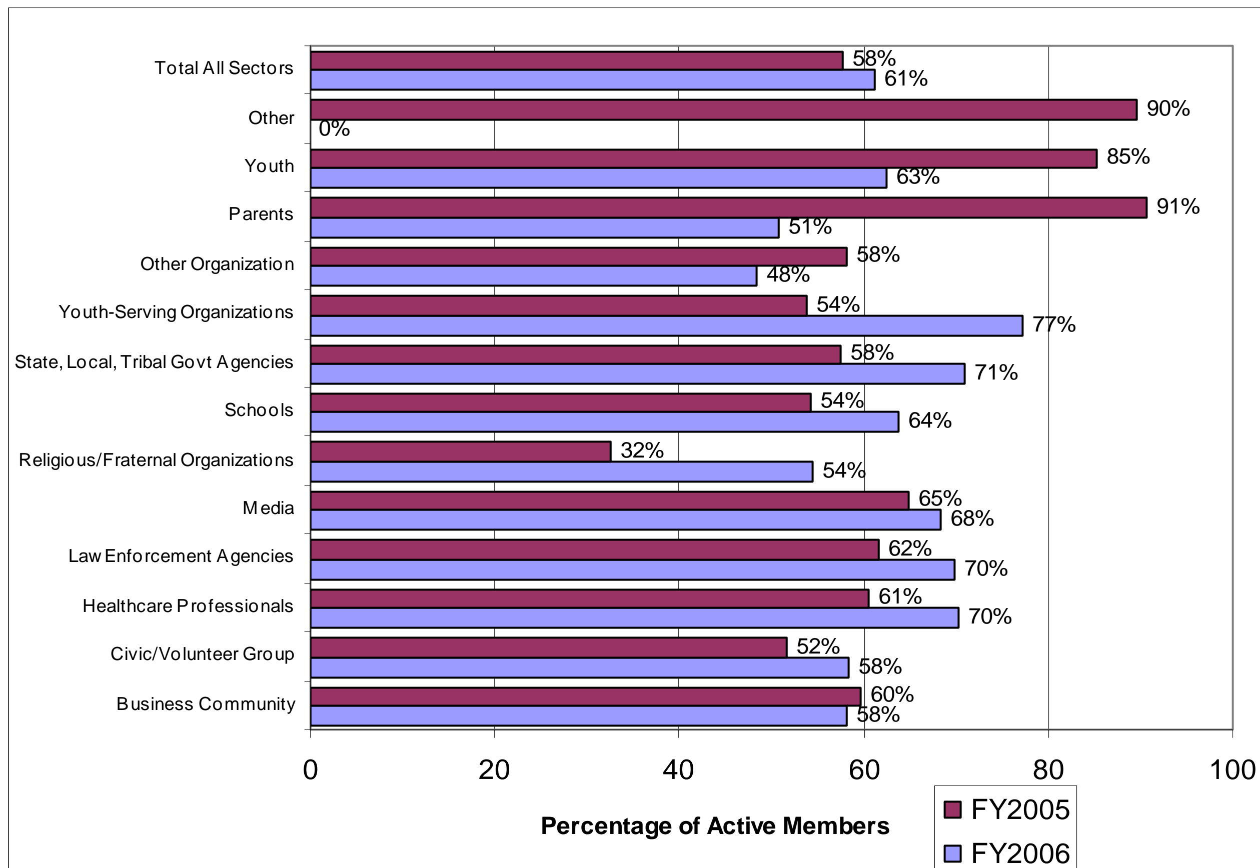
These analyses are discussed separately in greater detail below.

1.3.1 Community Participation

As shown in Figure 1-10, DFC coalitions have community participation from a broad number of sectors with participation that has increased in most sectors over the past year. These findings suggest that DFC coalitions have been successful in recruiting, maintaining, and increasing active participation in their substance abuse prevention efforts among their community members. The most common active members in FY2006 were youth-serving organizations and the least common active members were other organizations (e.g., local universities, YMCA). The three most increased active members between FY2005 to FY2006 were:

- State, local, and tribal government agencies (increased 27%),
- Youth-serving organizations (increased 23%), and
- Religious/fraternal organizations (increased 22%).

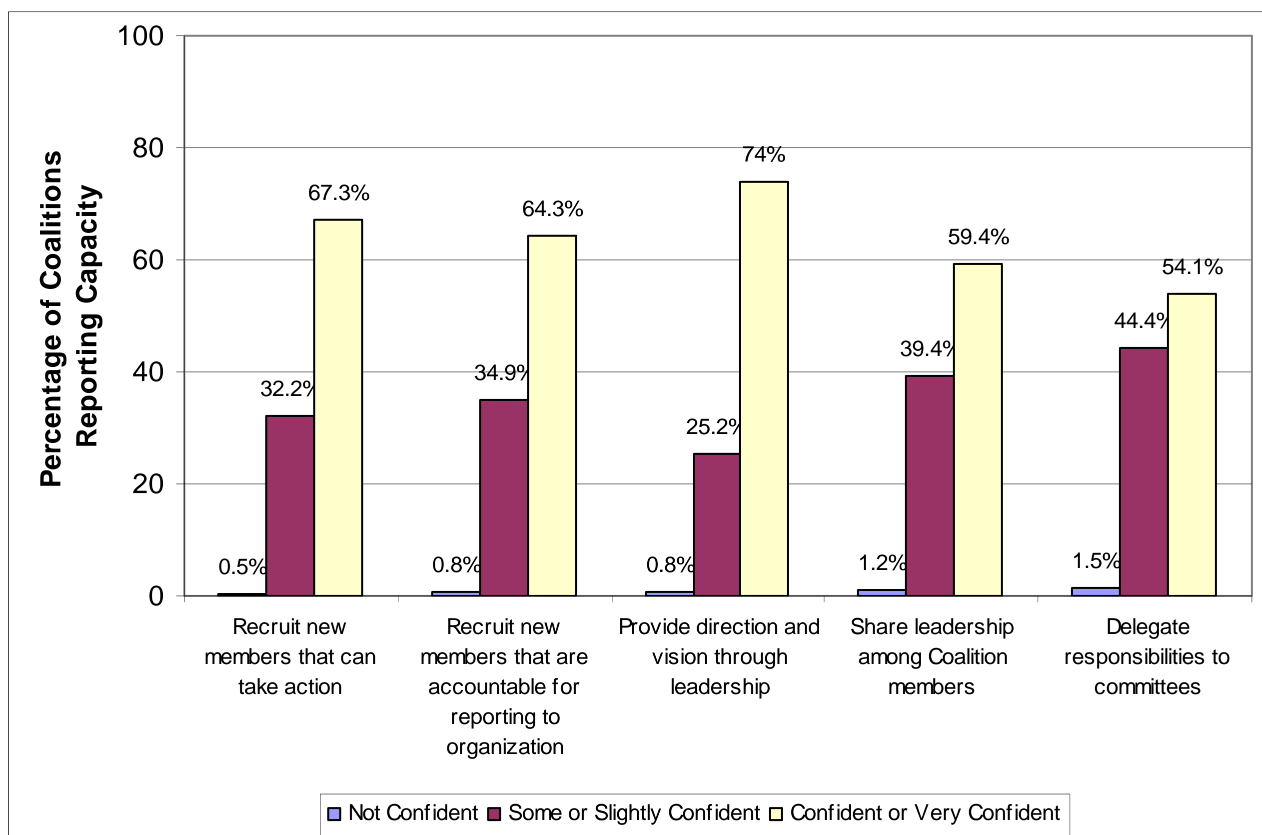
Figure 1-10. Community Participation is Increasing in DFC Coalitions: Percentage of DFC Coalitions with Active Members in Each Community Sector from 2005 to 2006



1.3.2 Capacity for Collaboration

Most DFC coalitions reported being *confident* or *very confident* in their capacity to collaborate, as shown in Figure 1-11. These findings suggest that DFC coalitions not only have the community participation necessary for effective collaboration to reduce substance abuse, but the capacity to maintain community participation and keep that participation meaningful. The strongest capacity among DFC coalitions was their ability to provide direction and vision through leadership (74% were *confident* or *very confident* they could do this). As a voluntary organization, coalitions rely heavily on their membership and recruiting new members is an essential capacity. Again, most DFC coalitions reported that they were *confident* or *very confident* that they could recruit new members who can take action (67%) and who are accountable to the coalition (64%).

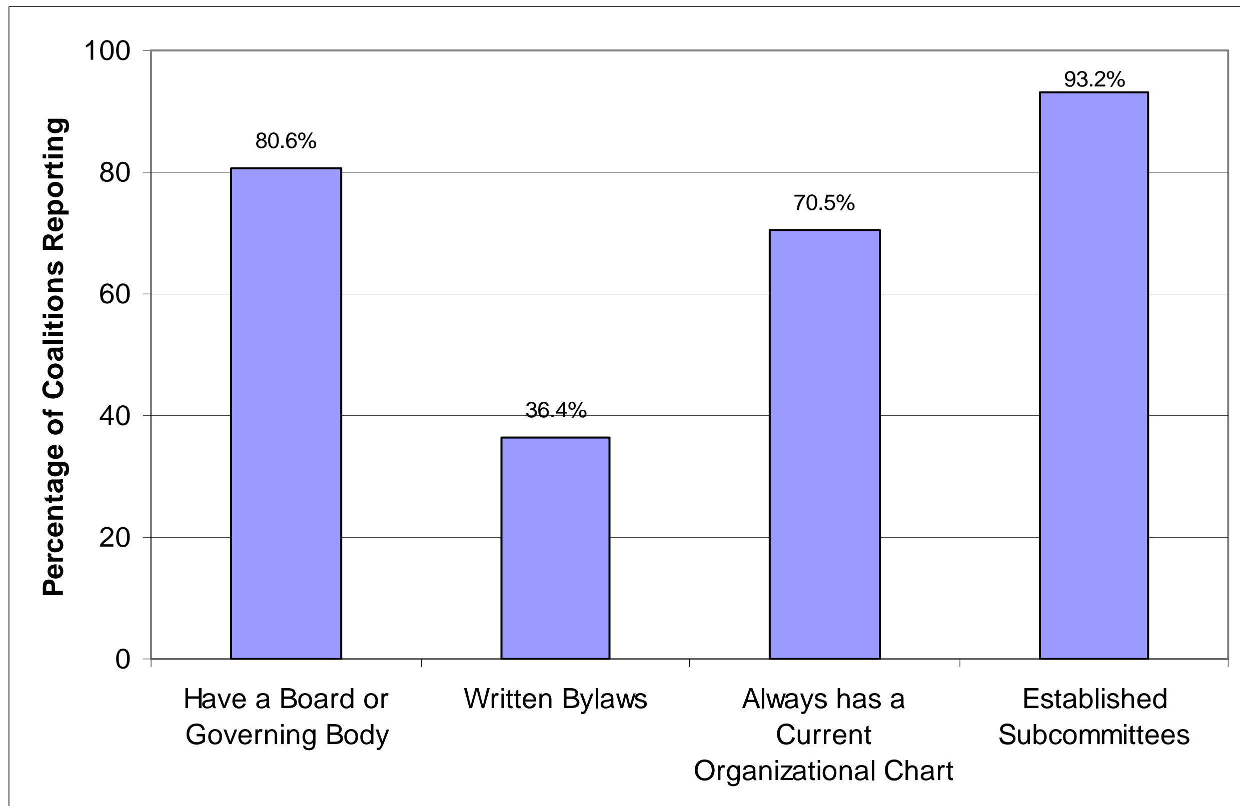
Figure 1-11. Coalitions Are Confident They Can Collaborate: Percentage of DFC Coalitions Reporting Having Capacity to Collaborate



1.3.3 Structural Characteristics

Many DFC coalitions reported that they have the formal structural characteristics that facilitate coalition development and maintenance (Figure 1-12). These formal structural characteristics help to ensure that the DFC coalition has the infrastructure to address a broad range of community issues efficiently and to enhance resources for building the community capacity.

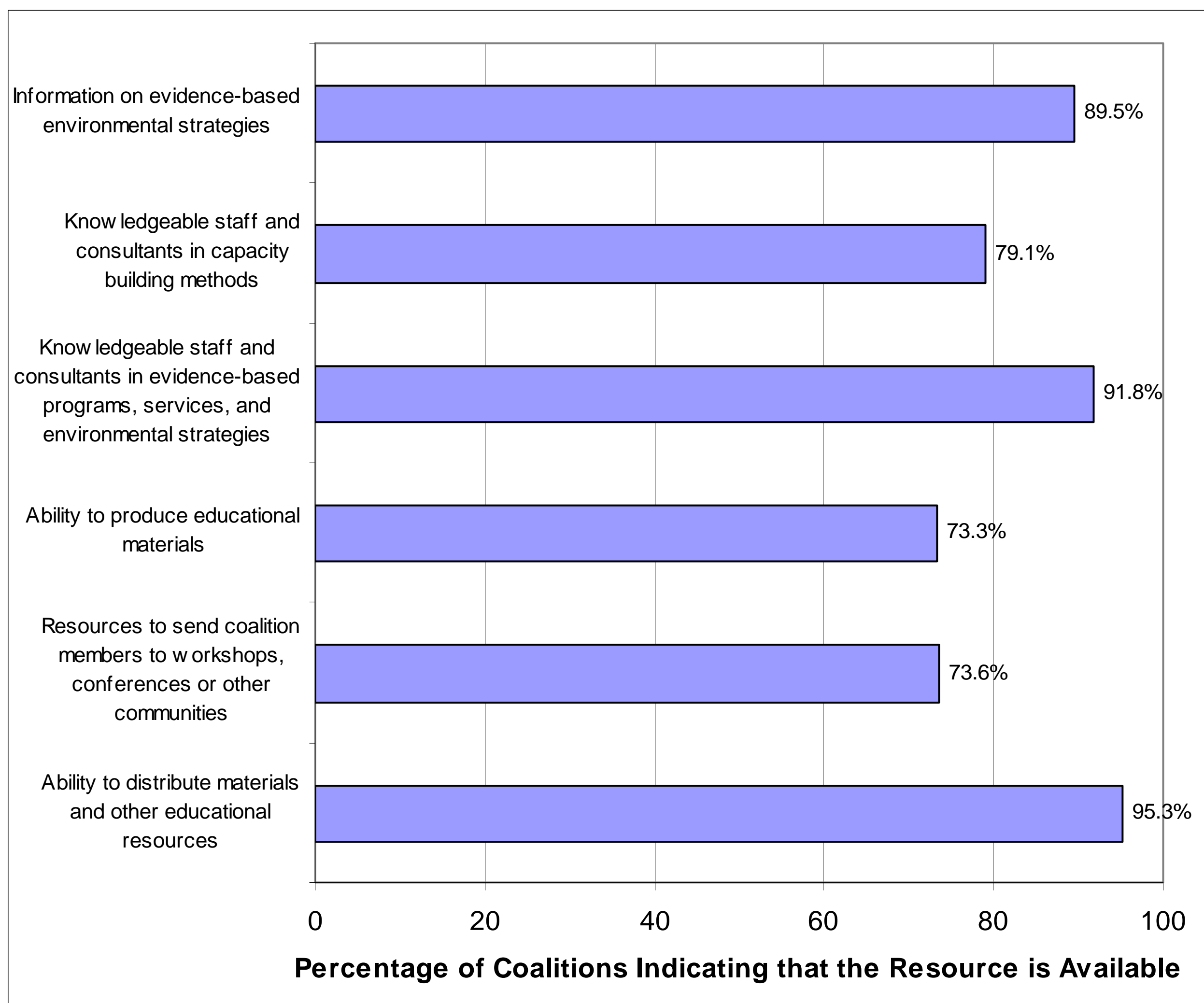
Figure 1-12. DFC Coalitions Have Developed the Structure and Procedures to Collaborate: Characteristics of DFC Coalitions



Research has suggested that coalitions with structural characteristics that reflect their capacity for decision-making (e.g., written bylaws), communication (e.g., current organization chart), adequate resources (e.g., enough members to organize into subcommittees), and leadership (e.g., board or governing body) are more likely to be able to build the capacity of community institutions and, therefore, more likely to effect change in their community (Wolff, 2001).

As previously mentioned, building the capacity of community institutions is key to creating community change. Most DFC coalitions reported that they had resources (e.g., information on evidence-based strategies, the ability to produce or distribute educational materials) for capacity building (see Figure 1-13). For example, 95% of DFC coalitions reported having the ability to distribute materials and other educational resources.

Figure 1-13. DFC Coalitions Have Developed Resources to Build Community Capacity: Resources Available to DFC Coalitions for Community Capacity Building

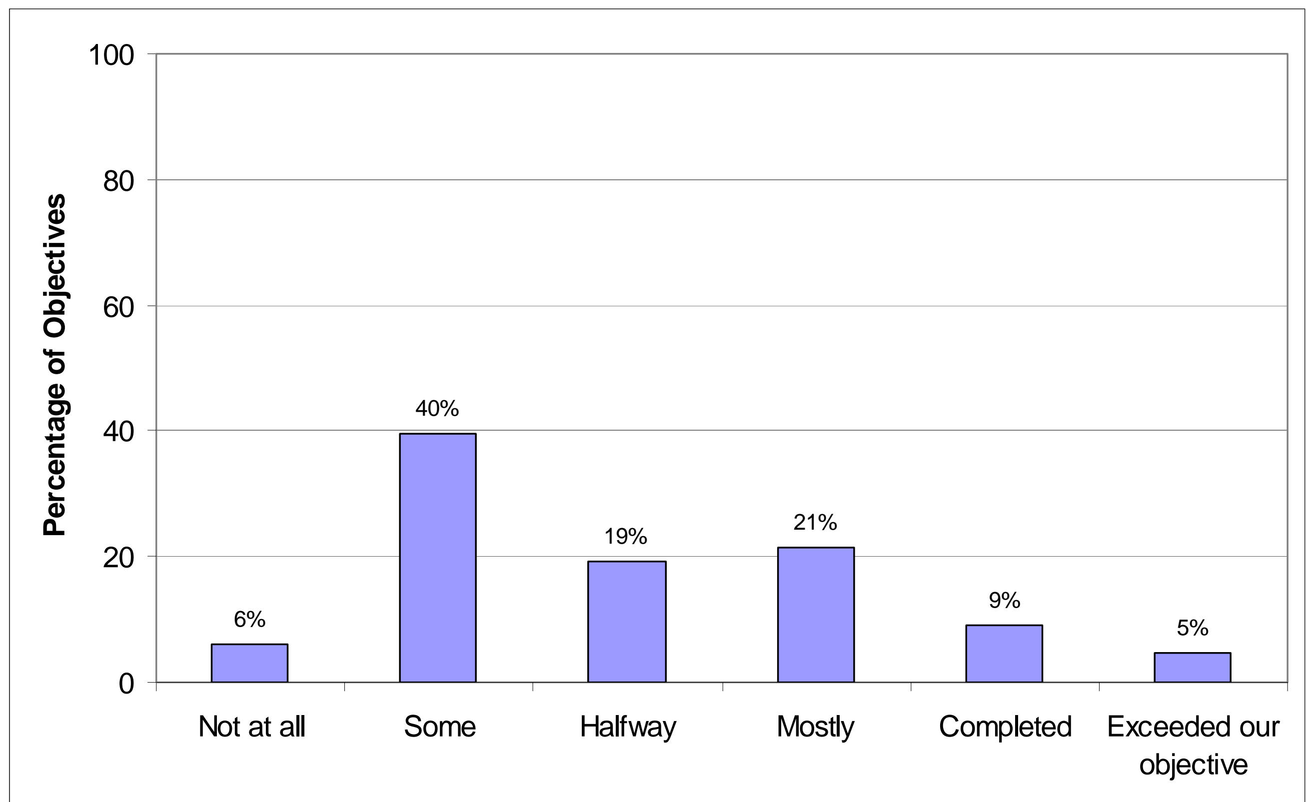


1.3.4 Achievement of Objectives

To successfully address substance abuse, DFC coalitions must also successfully achieve their shared objectives. Coalitions must first engage in collaborative activities in order to achieve the objectives shared among members. Findings show that across all coalitions (see Figure 1-14):

- 35% of active objectives have been *exceeded*, *completed*, or *mostly completed*, and
- 5% of active objectives have *exceeded* their original intent.

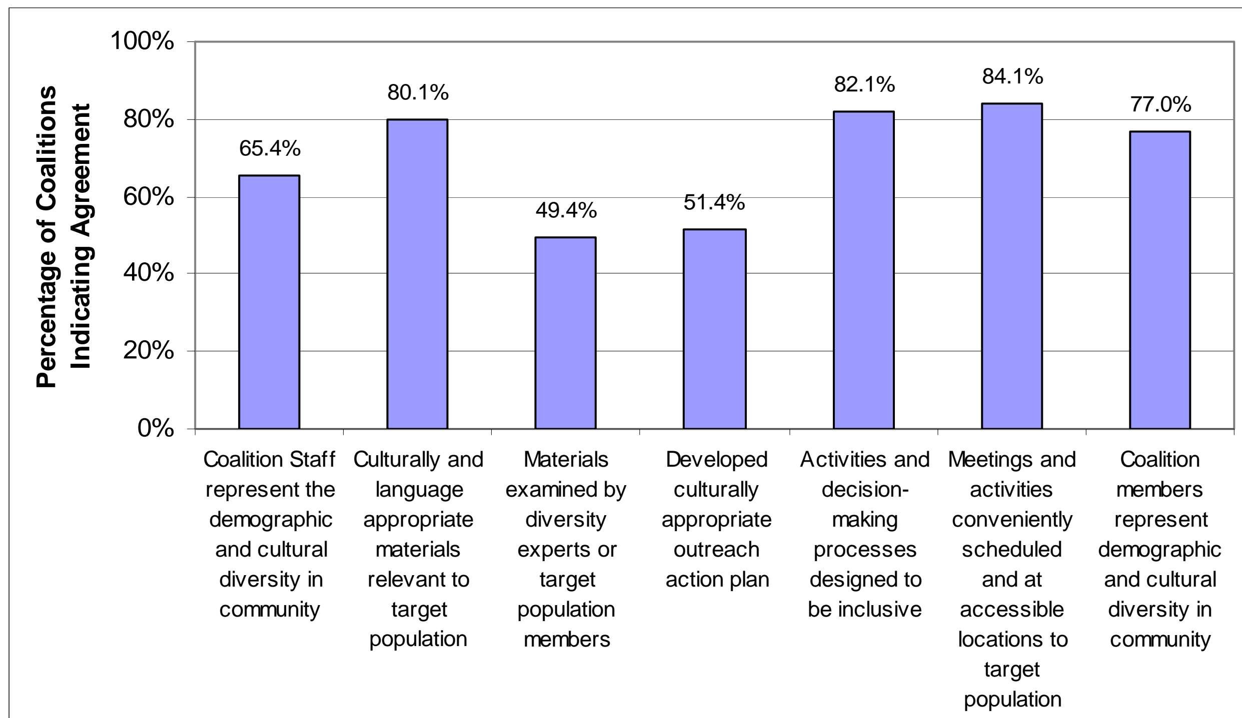
Figure 1-14. DFC Coalitions are Making Progress on Reaching Objectives: Status of Achievement of Objectives



1.3.5 Ability to Work with Diverse Communities

Substance abuse affects a wide range of community members from diverse cultural backgrounds. As shown in Figure 1-15, many DFC coalitions reported that they have the ability to work with diverse communities, which may strengthen their ability to engage in collaboration and, consequently, to effect meaningful change in their community.

Figure 1-15. DFC Coalitions are Developing their Ability to Work with Diverse Groups in their Target Communities: Ability of DFC Coalitions to Work with Diverse Communities



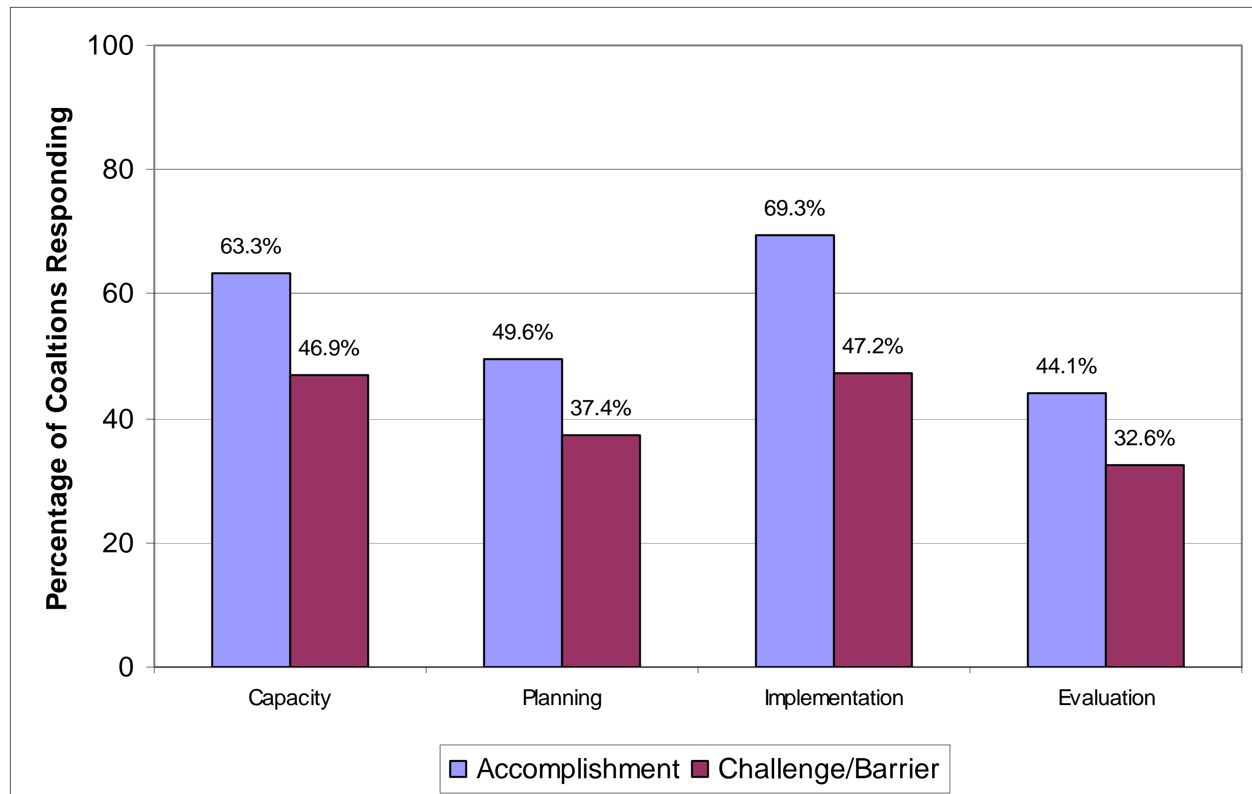
1.3.6 Accomplishments and Challenges/Barriers

The evaluation asked DFC coalitions to report their accomplishments and barriers. As shown in Figure 1-16, challenges/barriers encountered by DFC coalitions were related to:

- Implementation (e.g., lack of participation in coalition activities);
- Capacity (e.g., board member turnover);
- Planning (e.g., getting the appropriate representatives to the table); and
- Evaluation (e.g., difficulty getting consent from youth).

In addition, 76% of DFC coalitions reported receiving training and/or technical assistance at least one time, suggesting that coalitions are using resources available to them to help increase their capacity.

Figure 1-16. Capacity and Implementation Are DFC Coalitions' Biggest Accomplishments and Challenges: Accomplishments and Challenges/Barriers Encountered by DFC Coalitions



1.3.7 Overall Findings: DFC Coalitions' Use of Collaboration to Reduce Substance Abuse

Preliminary evaluation findings suggest that DFC coalitions are meeting the second goal of the DFC program– to support community anti-drug coalitions by establishing, strengthening, and fostering collaboration among public and private nonprofit agencies, as well as federal, state, local, and tribal governments to prevent and reduce substance abuse. DFC coalitions have also demonstrated their capacity to collaborate through their:

- Structural characteristics and resources to build capacity of community institutions and therefore effect change in their community;
- Achievement of objectives which requires collaboration;
- Ability to work with diverse communities; and
- Ability to achieve their objectives despite the challenges and barriers associated with effecting community change.

2.0 Evaluating the Effectiveness of Community Prevention Coalitions

Evaluations of Community Prevention Coalitions, such as the DFC coalitions, are faced with a number of issues created by the diversity of coalitions, the dynamic nature of their work, and the multiple influences that impact their effectiveness. These factors are not easy to capture using traditional evaluation methods and can create challenges for evaluation design and implementation.

One key factor is that, unlike traditional evaluations, the subjects of interest—Community Prevention Coalitions—are not uniform in their characteristics. For example, coalitions differ in their stage of development, level of capacity, organizational structure, strategies they utilize, and the community context and needs. Depending on their stage of development and level of capacity, the strength of coalitions' impact on substance abuse in their target areas will vary.

In addition, their approach to achieving intended changes in their communities varies. Therefore, unlike traditional research methods that are based on the comparison of identically implemented interventions in each site, national evaluations of Community Prevention Coalitions must capture the impact of these differences and identify the most effective ways to determine how these differences may impact coalitions' ability to effect change in the community.

Given these general considerations for evaluation of Community Prevention Coalitions, it is important to understand and apply these considerations within the specific context for the DFC program. The application of these principles is briefly discussed below.

Substance abuse is affected by a range of inter-related factors including:

- Environmental and community factors (e.g., laws and policies, and poverty); and
- Family factors (e.g., family bonding, and parental monitoring and supervision).

Because of the complex etiology of substance abuse in a community, coalitions must impact these contributing factors in order to reduce substance abuse. As a result, coalitions attempt to change their community by asserting multiple influences through a multi-faceted approach customized to their community's problems, resources, history, and overall capacity. Evaluations of Community Prevention Coalitions, such as the DFC coalitions, cannot assume that all coalitions are doing the same thing in the same way; therefore, a methodology that is able to capture these dynamic efforts is necessary.

Part of coalitions' multi-faceted approach to community change is to build the capacity of community institutions. Capacity building is the primary mechanism coalitions use to foster change by increasing the scope and scale of their impact. To impact the array of factors associated with substance abuse, prevention efforts must implement multiple systemic strategies that target multiple racial, ethnic, language groups, and vulnerable and hard-to reach families. In order to implement multiple systemic strategies, coalitions must first build capacity within systems, organizations, and institutions that have the potential to impact large numbers of community residents. Without scope and scale, coalitions cannot engage in the cumulative comprehensive efforts needed to create community change. Therefore, evaluations cannot just examine the traditional outcomes, but must also explore how capacity building contributes to community change.

3.0 Evaluation Framework and Design

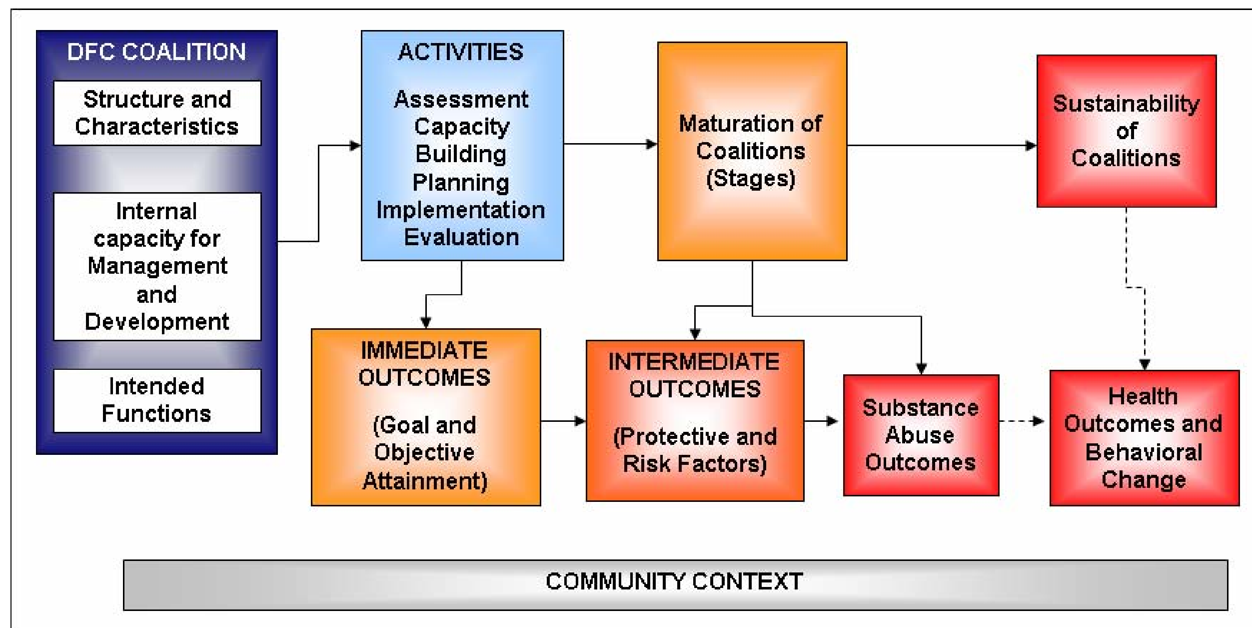
Because of the unique nature of a coalition's efforts, traditional scientific ways to determine if an intervention was likely to have caused the changes in a community are not appropriate. Typically, a comparison (matched by basic characteristics) or control (randomly assigned) community is identified, and then compared to the intervention site. However, this approach should not be used as the *primary* evaluation strategy for determining the impact of this federal initiative because it assumes that all coalitions have the same ability to impact communities and are implementing the same strategies in the same way under the same circumstances. DFC coalitions are in 49 states, target different sized populations (e.g., neighborhood, school district, county, and multiple school districts), focus on a broad range of outcomes, and are impacted by diverse and dynamic contextual factors.

This section describes the overall evaluation design and how the evaluation design addresses the challenges of measuring the effectiveness of Community Prevention Coalitions (described in Section 3). In addition, this section provides information on the current status of the evaluation and introduces the data and analyses conducted to inform this report.

3.1 Overall Design

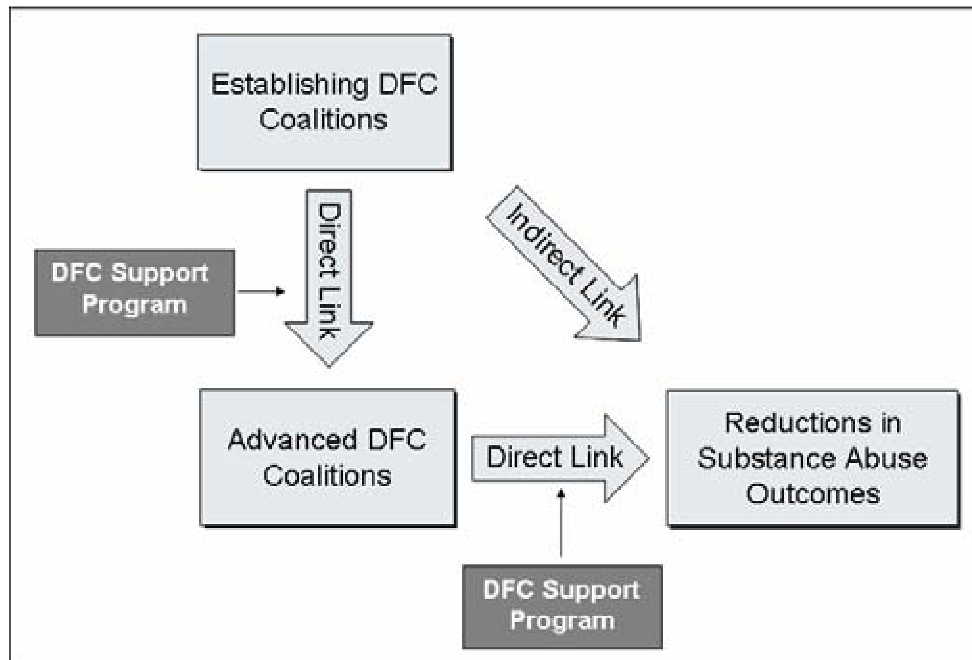
The DFC Program Evaluation is guided by the DFC Evaluation Framework (Figure 3-1). This Evaluation Framework is a visual depiction of how DFC coalitions will achieve their long-term goal of reducing substance abuse at the community, state, and national levels. As depicted in the framework, coalitions are expected to engage in assessment, capacity building, planning, implementation, and evaluation activities to help build their internal capacity to help them achieve their goals and objectives (immediate outcomes). As the coalition develops its capacity or matures, it begins to reduce risk factors and enhance protective factors in the community that influence substance abuse, as well as impact substance abuse outcomes for youth (intermediate outcomes; substance abuse outcomes). Over time, a coalition that continues to mature will have institutionalized itself and its functions as an ongoing part of community operations. Coalitions that achieve this level of sustainability will continue impacting substance abuse outcomes and demonstrate positive health and behavioral change outcomes in their community.

Figure 3-1. Evaluation Framework



Using the evaluation framework as a foundation, the evaluation was designed to focus on assessing both direct and indirect impacts of the DFC program in assisting coalitions to reduce substance abuse in their communities (Figure 3-2). First, the strategies and other relevant characteristics of DFC coalitions would be assessed to determine whether these factors have a direct impact on substance abuse outcome measures of interest, such as the proportion of youth who report using tobacco in the last 30 days. Second, the indirect impact of the DFC program on enhancing the coalitions' ability to influence change in the community would be assessed by evaluating the degree to which coalitions participating in the DFC program mature into advanced coalitions (i.e., build capacity). If coalitions that participate in the DFC program can be found to advance into mature coalitions, and if the link between mature coalitions and substance abuse outcomes can be established, then it is hypothesized that the DFC program would be effective in reducing substance abuse outcomes. With confirmation of those findings, it would be logical and scientifically appropriate to conclude that the DFC program is effective in reducing substance abuse outcomes. The DFC program would directly impact substance abuse through the efforts of mature coalitions and indirectly impact substance abuse by providing resources and other assistance to help establishing and less mature coalitions become advanced coalitions that can fully implement the strategies needed to effect community change.

Figure 3-2. Overview of the Evaluation Design



Central, and unique to this evaluation is the recognition that coalitions develop or mature over time. To capture this development, the DFC Program Evaluation reviewed the scientific literature and consulted with experts and coalition leaders, to develop a typology to classify coalitions into one of four "stages of development." These four stages, presented in order of development, were defined as: (1) Establishing (2) Functioning (3) Maturing and (4) Sustaining. Successful movement through the stages of development is determined by the extent that a coalition has developed the capacity or competency to perform requisite functions, listed below, for each stage.

- **Intermediary-community capacity building.** Explicitly working to build the capacity of other organizations and institutions through training programs for skills development, consulting via telephone or on-site, developing information and referral services, implementing mechanisms for creating linkages among coalitions, establishing methods of recognizing group achievement, and creating and distributing publications and other public education materials.
- **Environmental strategies.** Mobilizing inter-organizational collaboration for prevention policy, enforcement, and media advocacy.
- **Program and service development and integration.** Designing, implementing, and integrating programs and services in a community designed for specific populations (e.g., refusal skills for junior high students; parenting for single parents of elementary school children) and intended to change perceptions, attitudes or skills.
- **Coalition development and maintenance.** Developing rules and procedures for working together, building collaboration skills (e.g., recruiting appropriate member organizations, establishing regular contact between coalition and community sectors), enhancing leadership and participation skills (e.g., creating consensus, facilitating discussions, addressing conflicts), and possessing specialized knowledge (e.g., developing cultural competency, establishing evaluation procedures).

Table 3-1 describes each stage of development and the level of competency that is expected of DFC coalitions at each stage of development.

Table 3-1. Prevention Coalitions' Stages of Development

Stage of Development	Description of Stage of Development	Level of Competency to Perform Functions
Establishing	Initial formation with small leadership core working on mobilization and direction	Primarily learner
Functioning	Follows the completion of initial activities; focus on structure and more long range programming	Achieving proficiency; still learning and developing mastery
Maturing	Stabilized roles, structures, and functions; confronted with conflicts to transform and "growing pains"	Achieved mastery; learning new areas; proficient in others
Sustaining	Established organization and operations; focus on higher level changes and institutionalizing efforts	Mastery in primary functions; capacities in the community are sustainable and institutionalized

The classification of each DFC coalition into a specific stage of development according to the typology is an important product of the evaluation because it will help to identify outcomes expected at each developmental stage, providing stage-specific criteria for measuring developmental progress. Similarly, the typology will facilitate the evaluation of capacity and processes at each developmental stage. The DFC Program Evaluation will complete the classification of DFC coalitions into a specific stage of the typology during FY2007.

3.2 How the Evaluation Design Addresses the Challenges of Evaluating Community Prevention Coalitions

The issues that challenge the evaluation of Community Prevention Coalitions in general and the DFC program specifically (discussed in Sections 2 and 3) are:

- Differences between DFC coalitions;
- Use of a multi-faceted approach customized to the community;
- Capacity building of community institutions as the primary mechanism for community change; and
- Inappropriateness of using a comparison or control groups or communities.

In order to account for differences in capacity between the DFC coalitions in the evaluation of the program, several strategies will be used. Once completed, the developmental framework typology will be used to determine a coalition's overall stage of development and will allow for an examination of how the DFC program enables DFC coalitions to advance their capacity over time. In addition, the evaluation will use fully implemented, mature DFC coalitions, as determined by the typology, to ascertain the impact of the DFC program on substance abuse outcomes. The evaluation will also examine geographic and contextual factors that may impact DFC coalitions. For example, the evaluators will conduct regional analyses to account for differences between DFC coalitions based on geography. Additionally, the DFC Program Evaluation will perform analyses to understand how contextual factors affect the strategies that DFC coalitions select.

To address the fact that DFC coalitions use a multi-faceted approach customized to the community, the evaluation will account for differences in the types of substances targeted by DFC

coalitions by examining how different combinations of strategies and levels of the coalitions' effort lead to their desired outcomes. DFC coalitions must respond to local drug problems using the resources available in their community and often build on previous community efforts. In addition, they target a variety of populations and substances, requiring them to implement a number of different strategies. For example, DFC coalitions that target alcohol use among high school students may support an alcohol-free event after prom, while DFC coalitions that target marijuana use among middle school students may support an anti-drug poster contest. These efforts should help to overcome the challenge of evaluating multi-faceted approaches by DFC coalitions tailored to their respective community.

Capacity building of community institutions as the primary mechanism for community change is yet another challenge to the evaluation of the program. Measuring the success of the DFC coalitions' capacity building role will be difficult because no data will be collected from other organizations in the community; however, capacity building of community institutions is the primary mechanism for community change. Therefore, the evaluation will examine the training and technical assistance provided to community members as well as the partnerships developed between the DFC coalition and other community-based organizations to assess the extent to which community capacity has been increased. The evaluation will also capture DFC coalitions' level of competency in performing intermediary functions, and the coalition resources available for capacity building (e.g., information on evidence-based environmental strategies, ability to produce education materials). These indicators of capacity building will help the evaluation to capture this outcome.

To address the difficulties associated with using comparison or control groups or communities the evaluation will use a subtraction method that compares state and national trends with local trends and will examine patterns across sites (i.e., differences between coalitions in different stages of development) and not just compare DFC with non-DFC communities. This method uses a mathematical equation to derive "non-DFC" estimates based upon published state-level estimates by subtracting the "average" of the core measures from the DFC communities, from the published average for the entire state. Results from these analyses will provide a more comprehensive, and thus more appropriate comparison of DFC immediate, intermediate and long-term outcomes for the evaluation.

3.3 Current Status of the Evaluation

The DFC Program Evaluation is currently in its third year and the quality of the evaluation continues to evolve as data collection methods become more refined. There have been several important accomplishments of note that have served to improve data collection from DFC coalitions and ultimately strengthen the evaluation results. The COMET system, an electronic system used to collect information from DFC coalitions, has become operational and has increased reporting from DFC coalitions. A "Guide for Reporting the Four Core Measures Required of DFC Support Program Grantees[7]" has also been developed to assist DFC coalitions in meeting their Government Performance and Results Act (GPRA) requirements.

In addition to refining data collection methods, the DFC Program Evaluation compiled the GPRA measures for the DFC program. The DFC Program Evaluation also conducted a study to determine

[7] This guide can be found on-line through the COMET system at https://kitprevention.kithost.net/pmms2003/download/Revised%20Guide%204%2019%2004.pdf.

if consistent and reliable school-based data on the four DFC core outcome measures could be collected from more reliable sources at the state and national levels. Finally, the Coalition Classification Tool, which collects information to facilitate classification of DFC coalitions, has been completed by coalitions using the COMET system.

3.4 Summary of Evaluation Data and Analyses

The evaluation currently compiles information from several sources of data, including grantee progress reports, data collected as part of previous evaluation efforts, and information collected to facilitate the classification of DFC coalitions into a stage of development. The time periods of data collection (by year and quarter) as well as the data sources used in the present report are presented in Figure 3-3. Additional information about DFC coalitions, not included in the current report, can be found in Appendix A, and a more detailed description of the data sources and data management methodology can be found in Appendix B.

Figure 3-3. Data Collected for the DFC Program Evaluation

	Data Collection Effort	*2004*	*2005*				*2006*			
		Q4	*Q1*	*Q2*	*Q3*	*Q4*	*Q1*	*Q2*	*Q3*	*Q4*
1	Annual Progress Report									
2	Interim Progress Report									
3	Mentoring Progress Report									
4	Mentoring Progress Report									
5	COMET Semi-Annual Report									
6	COMET Semi-Annual Report									
7	Annual Progress Report									

These data are being used to inform several types of analyses including descriptive analyses, the development of an algorithm (i.e., a formula) to classify DFC coalitions into a stage of development, and more sophisticated statistical analyses, such as a trend analysis comparing substance abuse outcomes of DFC coalitions to the national average. These analyses and the evaluation questions they are intended to inform are discussed below. A more detailed description of the analysis methodology used for the evaluation can be found in Appendix C.

The evaluation is conducting descriptive analyses to explore what is working in DFC coalitions and address three main questions:

- What is the status of the DFC program? (Sections 1 and 3)
- How have the characteristics of DFC coalitions changed over time? (Section 1)
- What are successful DFC coalitions doing differently? (Section 1)

In addition, the evaluation is developing an algorithm to classify DFC coalitions into a stage of development. This classification will allow the evaluation to examine how DFC coalitions mature and the effect that maturation has on DFC coalitions' outcomes. This algorithm has not yet been developed because the evaluation is still collecting the data needed to inform this algorithm. In FY2007 the DFC Program Evaluation will complete the formula.

Self-reported substance abuse outcome data and state-level data, reported by the DFC coalitions from different sources (see Appendix C), were used to predict trends in substance abuse. These trends allowed the evaluation to more consistently examine how DFC coalitions have contributed to substance abuse outcomes. Substance abuse trends were used to answer two questions in this report:

- How have substance abuse outcomes in communities targeted by DFC coalitions been changed? (Section 1)
- How do substance abuse outcomes in communities targeted by DFC coalitions compare to the same outcomes in communities not targeted by DFC coalitions? (Section 1)

The DFC Program Evaluation developed predicted trend lines for the analysis because some DFC coalitions reported data for periods before the evaluation. Unfortunately, while important for assessing trends over time, these data are not necessarily consistent with the current practices of DFC coalitions. Therefore, statistical techniques were used to adjust historical substance abuse outcomes to comparable FY2005 and FY2006 values so that factors associated with current substance abuse could be identified. Through statistical tests the DFC Program Evaluation confirmed that the predicted trends were accurate. A more detailed description of this process is included in Appendix C.

4.0 Evaluation Design Challenges

The evaluation has faced three major design challenges:

- Use of primarily self-reported data from DFC coalitions;
- Inconsistent timeframes of reported outcomes; and
- Information on “comparison” communities not directly available (described in Section 3).

The impact of these challenges on the evaluation and the way in which the evaluation is addressing the first two challenges are described below. Information on the third challenge, (i.e., “comparison” community information not directly available) is discussed in detail in Section 3. The first challenge described is the use of primarily self-reported data.

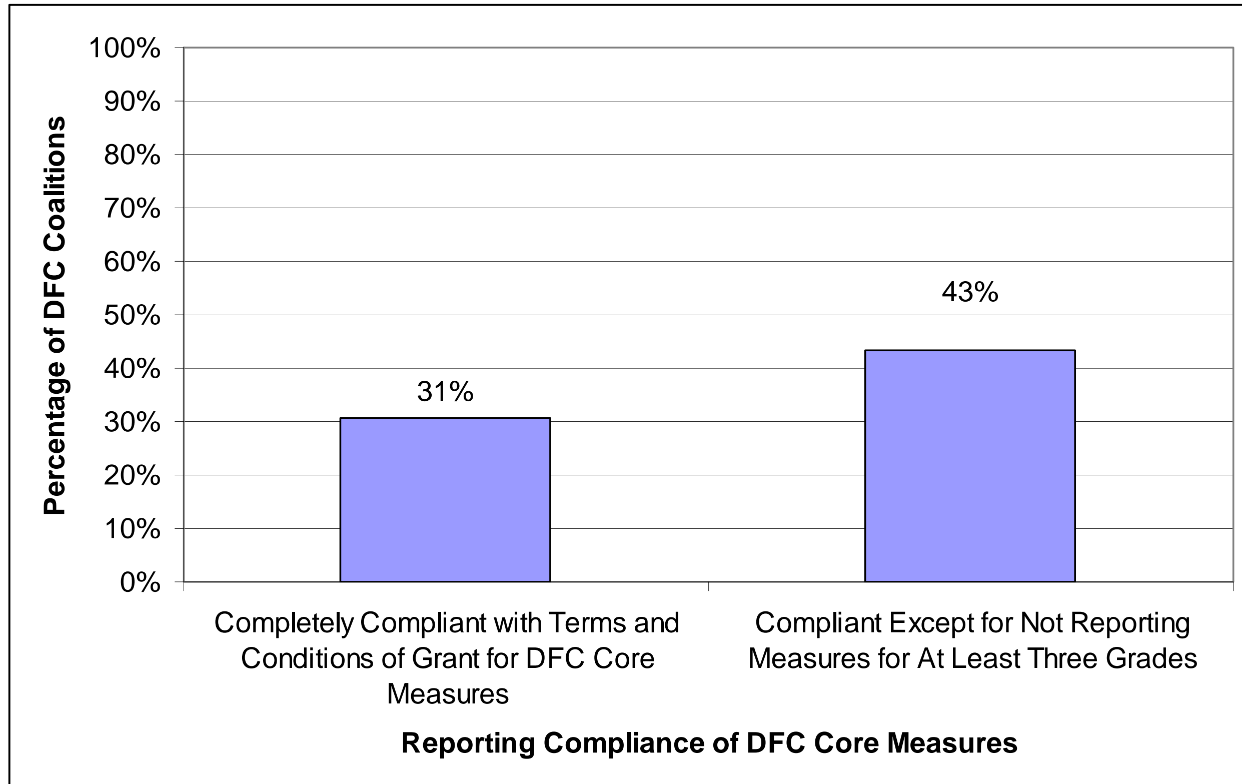
4.1 Use of Self-Reported Data from DFC Coalitions

The evaluation is relying upon information that DFC coalitions self-reported as the core data for analysis at the request of ONDCP. This information included coalition characteristics, information about what strategies the coalition is implementing, and substance abuse outcome figures. As with any self-reported information, the quality and the potential for bias in this data represent limitations. While the DFC Program Evaluation conducted extensive cleaning and data adjustments, there is still some evidence that some DFC coalitions may have reported their substance abuse outcomes incorrectly or inconsistently. Without detailed knowledge of each DFC target community or an outside source of data for validation, the true accuracy and precision of these outcome measures is unknown.

The use of self-reported data for the four core measures is especially challenging for the DFC Program Evaluation because many DFC coalitions are not self-reporting the core measures for their target population. While reporting may be increasing, as shown in Figure 4-2, the actual compliance is currently extremely low. Only 31%[8] of DFC coalitions are compliant with their grant requirements by reporting the required 12 core outcomes (i.e., outcomes for alcohol, tobacco, and marijuana for all four core measures) for three grade levels, as shown in Figure 4-1.

[8] This percentage was calculated using only coalitions that were required to report outcome data during 2005 and 2006.

Figure 4-1. 69% of Coalitions are Not Compliant: Percentage of DFC Coalitions that are Compliant with the Terms and Conditions of their Grant with Respect to Reporting DFC Core Measures



The DFC Program Evaluation conducted an analysis of reasons for non-compliance by DFC coalitions. The primary reasons that DFC coalitions did not report their four core measures were:

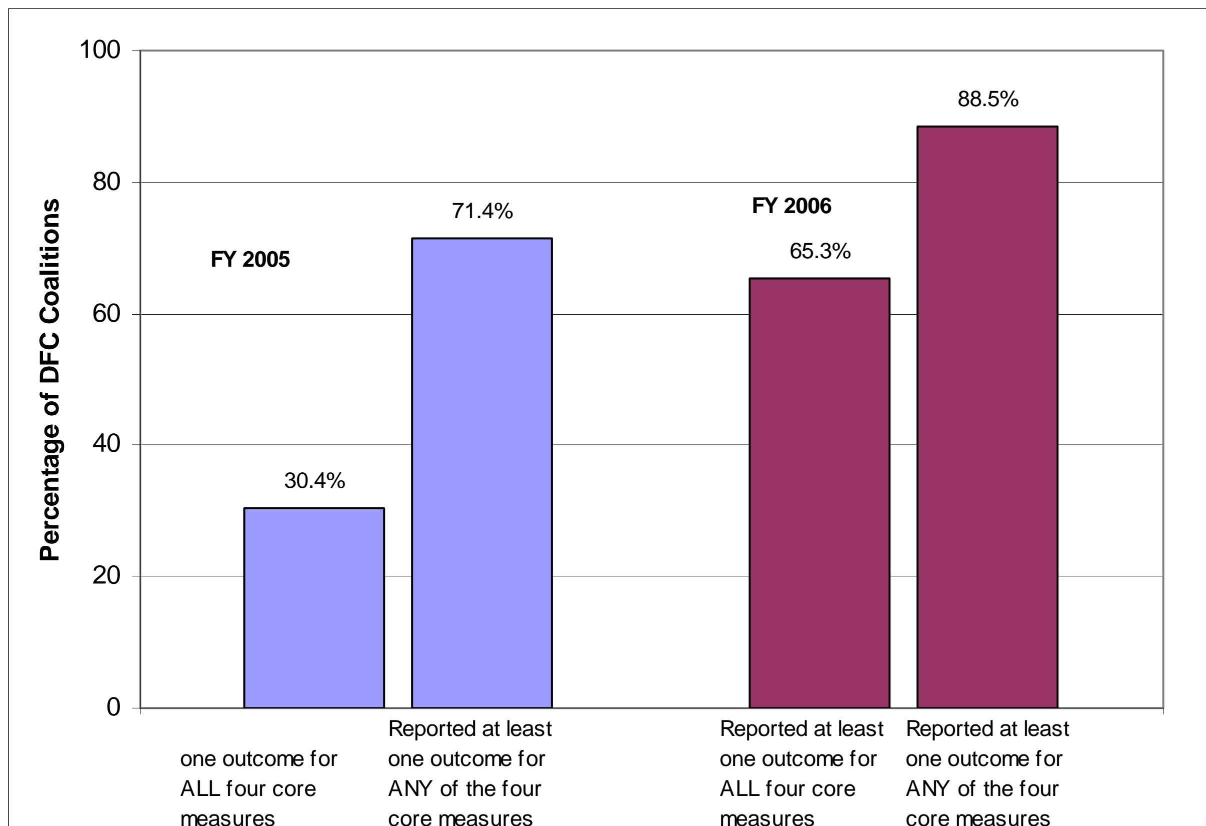
- DFC coalition has a mechanism for data collection, but it is between survey cycles (39%);
- Data is currently not available, but surveys will be modified to collect data in the future (15%);
- Data is not available for outcome measure requested or by category (i.e., age, gender) requested (21%);
- Unable to obtain required data at all (4%);
- Some data collected, but sample size is insufficient (i.e., 20 respondents or fewer) (4%);
- System problems and/or communications problems prevented submission of data (3%);
- DFC coalition is in early stages of development and has not yet begun to collect/analyze data (2%); and
- Other, undetermined (13%).

To address the challenge associated with DFC coalitions not reporting their substance abuse outcomes, the DFC Program Evaluation has tried to increase the amount and reliability of data reported by DFC coalitions by:

- Developing an outcome reporting guidebook to increase the reliability of data reported by DFC coalitions;
- Conducting extensive validation and cleaning of outcome values; and
- Working to implement and refine COMET to improve compliance and reporting.

These efforts have improved DFC coalitions' reporting through the online COMET system, as shown in Figure 4-2. However, as previously mentioned the actual compliance of DFC grantees is very low (31%).

Figure 4-2. Coalition Reporting Outcome Data Improved: Percentage of DFC Coalitions Reporting DFC Core Measures



The DFC Program Evaluation also conducted a feasibility study to determine if external data could be obtained to validate self-reported data. This feasibility study found that the use of state-collected data or data from sources other than from grantees is not feasible at this time because:

1. Adequate data are not available from all states and sub-state areas; and
2. Frequency of data collection across and within states is so varied that only comparisons of trends would be possible.

The most frequently collected data across the United States is the Youth Risk Behavior Survey (YRBS), which is collected in 49 states and the District of Columbia. However, this survey provides information at the state level only and for only two of four core measures (Age of Onset, Past 30-Day Use). As a result of the feasibility study, the DFC Program Evaluation concluded that a national substance abuse surveillance and data system is needed to address the fragmentation, inconsistencies, and barriers to accessing quality data by local communities.

Finally, the DFC Program Evaluation will propose using past 30-day use as the primary outcome indicator because it is the most frequently reported and most reliable indicator used by DFC coalitions. In addition, past 30-day use most accurately reflects an outcome that measures change in substance abuse behavior in DFC coalitions' targeted communities.

4.2 Inconsistent Timeframes for Reported Outcomes

The use of self-reported data was not the only design challenge faced by the evaluation. Inconsistent timeframes for reported outcomes also created a challenge for the evaluation. Many DFC coalitions have reported core measures collected prior to the start of the DFC Program Evaluation, while at the same time have provided current progress reports that summarize their coalition's FY2005 or FY2006 activities/progress. The inconsistent timeframes of reported outcomes has created a challenge for the evaluation because these outcomes do not coincide with the activities that they are reporting in their progress reports. The evaluation cannot examine DFC coalitions' impact on substance abuse outcomes for DFC coalitions that reported core measures collected prior to the start of the evaluation. To address this design challenge the evaluation has used a statistical modeling procedure based on historical trends to estimate outcome measures for each year. By estimating these outcome measures the DFC Program Evaluation is able to compare DFC coalitions' impact during the same time period as their activities.

Based on these challenges and the DFC Program Evaluation's experiences, several recommendations to improve the evaluation were developed. These recommendations are discussed in the next section.

5.0 Recommendations and Impact

The DFC Program Evaluation recommends that ONDCP implement the activities below to improve data collection from DFC coalitions (i.e., make data reported more reliable and complete) and allow the evaluation to more effectively achieve its objectives. As previously mentioned, the objectives of the evaluation are to (1) assess whether the DFC program has made an impact on reducing the substance abuse outcomes at the community, state, and national levels; (2) determine if there are specific factors that can be identified that are related to increases in substance abuse prevention; and (3) assess whether DFC coalitions have increased the capacity and effectiveness of substance abuse coalitions.

- **Continue to enhance COMET's on-line validation and quality improvement**: DFC coalitions should continue to be encouraged to use COMET to report their current progress and DFC core measures, as there have already been noticeable improvements in data quality since the implementation of COMET. COMET should continue to be reviewed and improved to ensure that the system is useful for grantees and collects the appropriate information needed for the evaluation.
- **Begin to "quantify" the level of effort put forth by DFC coalitions for each activity/objective**: Currently, the only way that the evaluation can assess the level of effort put forth by DFC coalitions is to count the number of activities for each objective; however, not all activities are equivalent. The DFC Program Evaluation recommends adding some measure of effort so that the level of effort made by the DFC coalition on each objective can be compared to other objectives.
- **Create a national substance abuse surveillance system that can provide data to local DFC coalitions as well as meet state and other national program needs:** The evaluation recommends, based on its feasibility study, that ONDCP encourage greater consistency and cooperation by state and federal agencies (e.g., Substance Abuse and Mental Health Services Administration [SAMHSA], Centers for Disease Control and Prevention [CDC], Department of Education) in collecting data relevant to substance abuse outcomes similar to the systems already in place for infectious diseases, crime, and fatal accidents. The most effective way to obtain reliable information on substance abuse outcomes in communities is through a national substance abuse indicator surveillance system. This system would greatly improve the evaluation and facilitate the evaluation of all community change efforts focused on substance abuse prevention or intervention.
- **Address some of the issues that cause DFC coalitions to not comply with reporting requirements for core measures**: For example, guidance should be developed to help inform DFC coalitions that have a data collection mechanism, but are between survey cycles during the required reporting period about how to report their outcome data. This was the most commonly reported issue that caused DFC coalitions to not comply with reporting requirements for core measures.
- **Enforce compliance and provide additional training and guidance to DFC coalitions on appropriate reporting of core measures**: Based upon the large number of questions fielded during the implementation of the interim progress reports and COMET, the DFC Program Evaluation believes that many DFC coalitions would significantly benefit from specific training on (1) how to obtain DFC core measures for their community, (2) what reasonable methodologies are appropriate, and (3) how each of the measures are defined. This guidance and training would improve DFC coalitions' capacity and the capacity of the evaluation to obtain the reported data, ensure consistent operational definitions, and reduce the number of unusable data records.

6.0 Next Steps

This section describes the next steps for the evaluation by briefly discussing evaluation activities that will be continuing and new evaluation activities that will be started in FY2007.

The DFC Program Evaluation is currently working on a comparison of DFC and non-DFC communities. The DFC Program Evaluation will conduct the analyses using the subtraction method described in Section 3.2 in FY2007. In addition, the evaluation will complete the algorithm or formula to classify DFC coalitions into stage of development. Finally, the evaluation will continue to track the GPRA Performance Measures for the DFC program.

In the upcoming year, the DFC Program Evaluation will also conduct an analysis of outcomes of advanced DFC coalitions to answer the following questions:

- What factors are most related to this classification?
- How valid is the hypothesized typology? How should it be refined?
- What are key characteristics of coalition development?
- What is the trend in coalition development over time among DFC coalitions?
- How well does the typology predict substance abuse outcomes?

7.0 Conclusions

The DFC program has the potential to have made and continue to make great impact on substance abuse in the United States. Approximately 27 % of all six to 12 graders in the United Sates live in a community served by a DFC grantee. DFC coalitions that have been most successful in reducing substance abuse were more likely to be strategic, more representative of their community, use knowledge for decision making and planning, know how to transform conflict, and take actions that will increase the likelihood of the coalitions' long term sustainability. These are the very characteristics that are being promoted by the DFC program for all coalitions. These findings show great promise for the direction that the DFC program has taken. The analysis of the characteristics of successful coalitions, while preliminary, is the first of its kind to look at what characteristics are associated with actual greater rates of reduction in substance abuse outcomes.

Preliminary evaluation findings also indicate that DFC coalitions are increasing community participation in substance abuse prevention and building the capacities to collaborate and implement effective strategies to reduce substance abuse. Almost all (98%) of DFC coalitions are using at least one environmental strategy to target substance abuse, which increases the likelihood that coalitions will reduce substance abuse in their community. Many DFC coalitions (65%) report that they have successfully enhanced protective factors and reduced risk factors (48%) that influence substance abuse within families and communities. At least eight out of ten DFC coalitions that have provided data report at least a five percent "improvement" in core measures that reflect contributing factors to substance abuse and over a quarter of these DFC coalitions reported at least a five percent reduction in 30-day use of alcohol, marijuana, or tobacco.

The benefit of community prevention coalitions, such as the DFC coalitions, for national drug control policy is their ability to mobilize the resources of a community in order to strategically address the multiple and inter-related environmental causes of substance abuse as well as to collectively strengthen individuals and organizations so that they can be more capable and healthy as a community. This is a complex process that evolves over time in a community in order to create an organized effort that reflects the strengths and other characteristics of their community as well as their access to new knowledge, skills and resources. The strategic goal of a coalition strategy for prevention is to change the community environment that will affect people. The necessity for a DFC coalition to develop over time, to reflect their community, to primarily focus on social environment changes through multifaceted actions can not only be daunting to community leaders, but evaluators as well.

While the use of coalitions to prevent disease and promote health has been popular for many years, the evaluations of such initiatives are extremely challenging. This report discussed the unique challenges facing the evaluation of community prevention coalitions and how they are being addressed in this evaluation. Traditional methods of experimental and quasi-experimental evaluation designs will not work for a rigorous study of DFC coalitions. If the challenges currently facing this evaluation can be successfully addressed, this evaluation will not only be able to show if and how DFC coalitions reduce substance abuse, but will also make a great contribution to the science of prevention.

8.0 References

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9.0 Appendices

Appendix A. Additional Findings
Appendix B. Data Sources and Data Management Methodology
Appendix C. Analysis Methodology