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EVALUATION: IT'S ONLY LOGICAL

 "EVALUATION IS OFTEN VIEWED as an activity that is expensive, time consuming, and beyond the resources of prevention specialists," Segars says in a workshop handbook he has written. "Rather than attempting to collect information which answers basic questions for programs, prevention specialists are often afraid to collect any information if they cannot do the perfect study. Given limited resources, this means that most programs do nothing rather than settle for achievable goals."

The title of the handbook, *Grassroots Program Evaluation Without a Budget*, is as straightforward as Segars' basic philosophy toward evaluation of prevention programs: "Keep it simple and keep bringing it back to common sense," he said in a recent interview. "Evaluation is not rocket science."

"My observation is that prevention people often start with great expectations and much enthusiasm, but somewhere along the line, that changes. People are afraid to make mistakes, they're afraid they don't know enough or that they'll make fools of themselves if they try to explain what they're doing."

According to Segars, part of the problem is that prevention providers do not always understand what a funding agency wants in terms of evaluation. Coupling that with their belief that they are not up to the evaluation task may result

in a string of reports that have little relevance to program operations.

"By leaving evaluation to the 'experts,' evaluation is often more responsive to the needs of researchers than programs. Issues of relevance often become secondary to complex research designs and the development of sophisticated measurement tools," he says.

A basic question, however, always needs to be addressed: Is the alcohol or other drug-prevention program working?

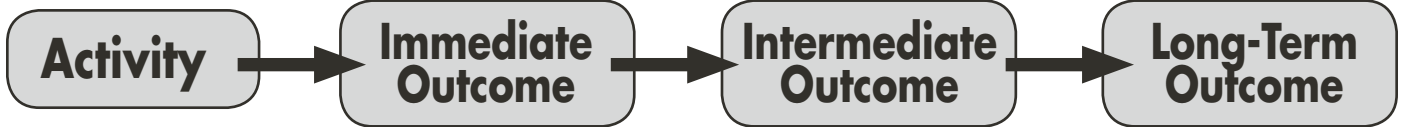
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Segars, who holds a doctoral degree in social work from the University of Pittsburgh, thinks program providers need to strip away the fancy terminology and jargon so often associated with the evaluation process and, instead, focus on logic. Evaluation then becomes an exercise in collecting information that describes the effort expended to implement the prevention program and changes in characteristics resulting from those efforts. It does not have to be overly time consuming or expensive, he says.

"While this simplified view will not result in the development of scientifically rigorous findings appropriate for journal publications, such procedures can result in information that is immediately useful in describing prevention efforts and their results," he says.

As described by Segars, a logic model graphically represents the sequence of plausible inten-

Lance Segars, a longtime researcher with San Diego County and San Diego State University for alcohol and other drug prevention, is in the business of demystifying the evaluation process that often trips up prevention program providers and community groups.



THE LOGIC MODEL

tions about the purpose of a program—from activities through immediate outcomes, to intermediate outcomes, to long-term outcomes.

Segars says that this model helps prevention providers clearly summarize their activities, document plausibility, avoid miscommunication, and define program needs. Because it aids in understanding links between activities and change, evaluation becomes a matter of documenting both activities and results.

Understanding a prevention program's mission, or ultimate goal, is a solid starting point for determining the logic model, Segars says. Even in a program with a detailed mission statement, it is necessary to review, renew, or revise it.

"Programs tend to change in reaction to environmental influences, and these changes may not be reflected in the program's formal plans," he said. It's important for staff and volunteers to understand why their activities are expected to result in change. And, writing program objectives in a logical format that allows documentation to be done more easily.

"Since evaluation involves documenting change as a result of an activity, we need to develop objectives that will tell us about both change and activities," he says, noting that change is specified as either an increase or a decrease.

For example, as laid out in a logic model, program objectives show an increase or decrease in what is supposed to change (the number of alcoholic drinks consumed at a bar) as a result of a specific prevention program activity (for example, training beverage servers to be more responsible).

He says prevention providers should not limit program objectives, but rather expose them to "a brainstorming process in which all of the things that will change as a result of activities are considered."

The next step is to examine the possible time order of the objectives related to an activity because changes in one area often lead to changes in others.

"In most cases," says Segars, "you can develop a logical progression of objectives that are seen as immediate, intermediate, and long-term outcomes of a given activity. When taken together these objectives move the program closer to achieving its mission."

Development of objectives and their time categorization starts the logic model for program evaluations and its next step, which is measurement of outcomes based on comparisons. This usually boils down to asking: "After the activity was implemented, was the anticipated increase or decrease observed?"

Segars again advises simplicity in developing measuring tools and reporting results. "If confronted with the choice between a 40-item scale to measure (for example) the perceived ease of access to alcohol or a single item that asks students to rate from 1 to 10 how easily they can obtain alcohol, use the single item," he says. "Responses may not be as rigorous as

researchers would like but the result is more easily understood by program staff."

Segars points out that when results are understood by staff, they are more easily explained to those funding prevention programs.

"You're not a research specialist,"

In most cases you can develop a logical progression of objectives that are seen as immediate outcomes, intermediate outcomes and long-term outcomes of a given activity.

Segars advises prevention personnel. "However, your documented efforts put you well beyond most programs."

Segars also reminds prevention providers to trust their instincts. They usually have a solid working knowledge of prevention strategies and activities, and they know the key questions to ask to understand programs and implement changes. Defining a simple evaluation process should be part of the program planning process from the very start.

"Program staff should become more confident in their abilities to pose simple questions about program activities and outcomes to find simple measures for these questions, and to present the results," he says.

"The basic premise underlying the logic model is that providing simple, straightforward answers to basic questions is preferable to doing nothing because of the complexities."

TOT LOTS: A SANDBOX SKIRMISH



BATTLEFIELDS COME IN MANY SHAPES AND SIZES. For Palavra Tree, a community prevention group in Southeast San Diego, a recent stage for its continuing war on youth tobacco use was a 24-foot by 36-foot sandlot in the heart of a city playground. Its combatants were dedicated mini-warriors, armed with plastic pails. Their mission was straightforward—start a simple skirmish that would end with a victory at City Hall.

“One of the best parts of this project was that the kids were involved from start to finish,” says Cleo Malone, executive director of Palavra Tree, an alcohol, tobacco, and other drug-prevention collaborative of the County of San Diego Health and Human Services Services Agency.



Malone explains that the “Tot Lot” project began when youngsters playing tee ball and Little League at Southcrest Park complained to a coach that the smoke from parents and other adults watching the ballgames was causing them breathing problems.

These adults were “doing some serious smoking” at the edge of the playing field, Malone says, “and these little kids, all breathing hard from running, were really having a hard time with all the secondhand smoke.”

One of the coaches was Juan Diego Smith, director of Comm-PACT (Community Partners Against Cigarettes and Tobacco) an arm of Palavra Tree. The adults were asked not to smoke, and most complied, Smith said. But then another problem arose. Though smoking near the playing fields was curtailed, cigarette butts were being extinguished and left in the nearby sandlots for toddlers.

“The kids complained again,” Smith says. “We took a look and sure enough, this sandlot had been turned into one big old ashtray.”

Toddler sandboxes in other nearby parks were given a cursory check, and the results were similar to Southcrest. Palavra Tree decided to mobilize kids who use the neighborhood parks to become data collectors. Children ranging in age from 7 to 12 picked up extinguished cigarette butts from the lots and then counted them. “The kids really got into it,” Malone says. “They were learning kids have health rights too, and that they can be empowered to ensure their rights.”

The results from the kids’ data collection were unsettling.

“Just from the surface, we collected 648 butts in one sandlot, 518 in another, and 358 in yet another,” Malone says.



Palavra Tree decided to mobilize kids who use the neighborhood parks to become data collectors.

Kids were then given rakes and told to rake beneath the surface, where hundreds more old butts were collected. "Getting data like this was really an important teaching tool to use with the kids," Malone says. "They learned the importance of gathering their facts."

Palavra Tree then began checking data available from the University of California. Malone learned, for example, that in 1999, 648 children throughout the state had been reported ill and, in some cases, hospitalized after ingesting discarded tobacco products. One-third of that number were reports from San Diego County.

Armed with this data, kids checked other sandlots in parks and playgrounds around San Diego and tabulated the results. The sampling continued to turn up large numbers of butts in sandboxes throughout the city.

Palavra Tree stepped up its efforts with the City Attorney's office and staff in the offices of City Councilman George Stevens, whose district includes Southcrest Park. The upshot was the Tot Lot Law, an ordinance banning smoking or use of any tobacco product within 50 feet of a park sandbox. The City Council passed it unanimously in November 2000, and it was effective immediately. Offenders face a \$50 citation.

"I think many other cities in the state will follow San Diego's lead and prohibit smoking and the use of

tobacco products in tot lot play areas," Stevens says.

From the kids' first complaints to council enactment, Malone says the Tot Lot project took about five months. He credits Palavra Tree organizers and their armies of kids for collecting cigarette butts from parks in all City Council districts as instrumental in the relatively quick process. "We had the foresight to gather data from all areas before going to the council," he said.

Malone sees the Tot Lot project as a solid example of Palavra Tree's goal "to put the 'neighbor' back into 'neighborhood.'"

"Too often, we've allowed ourselves to be defined by sources outside our neighborhood," he says, "and often, that description just comes out as 'hood.'"

Since its founding in 1973, Palavra Tree has stressed the personal involvement of neighborhood members to assume responsibility for the health, safety, and wellness of their communities.

The agency takes its name from the word "palavra," which means "to communicate" in many African languages, and the practice of village elders meeting under the baobab, or monkey bread tree to come up with solutions to problems. Each year, Malone says, the organization trains about 400 residents, primarily in African American and Latino communities, to become effective agents of public health change. Significantly, many of them are youths.

"If you look at the history of blacks and Latinos, it's always the young people that took the forefront," Malone says. "They will step out on faith."

With growing alcohol, tobacco, and other drug problems, Malone says it is often too late to bring change to adults. "They're already addicted and 'brand loyal,'" he says. "If you want significant change, you must get the young people involved."

Little League coach Smith says he is heartened that "more and more, kids are coming up and asking what can they do on these health issues.

"Children seem to always know what is best for them," he adds. "We try to teach them that if you want to know what's best for someone, first you go ask them."

CLEAN CARD

An Electrifying Idea

Workers get a Clean Card indicating that they are drug-free and eligible for work by undergoing an annual drug test.



NATIONALLY, WORKERS IN THE CONSTRUCTION INDUSTRY REPORT HIGH DRUG USE—more than 17 percent, according to some federal surveys. In San Diego, however, one large union and a trade association are taking what many see as positive steps to ensure that workers test negative for drug use.

This drug-free workplace program, known as the Clean Card Club, is part of the collective bargaining agreement between the International Brotherhood of Electrical Workers/Local 569 and the San Diego chapter of the National Electrical Contractors Association. Of the local's 2,100 members, about 1,500 workers are covered by the agreement.

Workers get a Clean Card indicating that they are drug-free and eligible for work by undergoing an annual drug test. Additionally, 20 percent of the union's workforce is subject to random drug testing once a month. Screening is handled by an outside third party, removing the employer from any medical review function.

The test can detect methamphetamine, amphetamines, opiates, marijuana, and phencyclidines. Testing for alcohol is included only if it is a mandated test following an accident involving a worker. Workers who test positive are offered drug treatment through a comprehensive members' assistance program provided by the union. Those who refuse treatment lose their union membership.

Workers who pass the random drug tests receive an attractive bonus from the union: a \$50 check.

Both union and management representatives agree that while the program has not been immune from controversy, its overall effect has been successful.

Ken Stuart, the local NECA chapter's administrative manager for a drug-free workplace, says the contractors' association is at the extreme end of the employee-drug-testing spectrum. Most only require pre-employment drug testing and do not have a process to ensure ongoing compliance.

"Management's thinking was, if we're going to do it, let's do it right," Stuart says. "We acknowledge the existence of the problem (of workers using drugs) and we all want to promote a safe working environment."

In the first year of the Clean Card program, Stuart says, only about 2.5 percent of electricians tested at random showed positive for drug use—significantly lower than those dramatically high percentages reported in some federal studies. "And, I haven't heard of even one post-accident test that's been positive" for drug use, he adds.

Of those who tested positive during the random testing, "maybe only a half dozen" have refused treatment, Stuart says. "All indications are that the program is getting people into treatment who need it."

According to Stuart, in addition to promoting





job safety and workers' health, the Clean Card program offers NECA a marketing advantage over non-union electrical contractors.

"Other employers may profess to have a (drug-free) program, but they can't show the proof behind it," he says. "From that competitive standpoint, the program has been very effective."

Allen Shur, business manager for IBEW/Local 569, had what he candidly admits was the unpopular job of selling his membership on the Clean Card program when it was first presented.

"They beat me to death about it," Shur says.

Members complained that the testing was an invasion of privacy and an infringement of constitutional rights. Most, however, saw the strong health benefits of the program, Shur adds, especially because Local 569 is self-insured.

"The majority of members also understood (the program) is better for us as workers, and in the community it puts us at a higher level," Shur says.

An electrician's work, of course, can be extremely hazardous and, Shur points out, "no one wants to be working next to somebody he's not able to depend upon."

The program began by offering a 60-day amnesty period for testing positive on the drug panel. Most of the positive testing results were from that time, Shur says. He adds that he was surprised many of those results were from members "who had a problem (with drugs) but didn't

really know they had a problem." The treatment options offered to these electricians have been "overwhelmingly successful," Shur says.

The Clean Card program requires constant education of members, according to Shur. The topic is frequently addressed in the local's newsletter and through distribution of posters and fact sheets.

"We're really trying to build a culture that makes drug use unpopular," Shur says. "I believe that unless you can do that, no drug-testing program is going to work."

Three years into the drug-testing program, Shur says most of the local's members "figure they can live with it."

"There is a vocal minority that love it," he says, "and a vocal minority that just hate it. But the great majority view it as a necessary inconvenience."

Clean Card is a "wonderful example" of a drug-free workplace program, says Carl Bergstrom, the business-sector liaison for the County's Substance Abuse Summit this April. The Summit has previously recognized Clean Card as a model program, and Bergstrom says both NECA's Stuart and the union's Shur continue to help in providing information about the program to others in the business community.

Clean Card Club is successful because it fulfills three important criteria, Bergstrom says. It has clearly defined drug-free workplace policies and drug-screening procedures, it provides education and employee assistance, and it has appropriate health care benefits for treatment when drug use is present.

"It's our hope that a program like Clean Card can have an ongoing life in other employment areas," Bergstrom says. He adds he will be contacting a variety of management groups and unions to discuss the program.

He sees the biggest challenge for developing comparable drug-free workplace programs in other areas as coming down to basic economics. The

We're really trying to build a culture that makes drug use unpopular.

NECA/IBEW agreement applies to workers who are generally well paid, Bergstrom says, and is supported by a strong health-benefits package. Other management and union contracts may not have that financial backing.

Small-business owners also have special concerns and financial considerations for designing and implementing drug-free workplace policies. Bergstrom says a good resource for them may be found through a state-funded program called On Track at Work. Information on it may be found at www.ontrackatwork.org. To learn more about developing a drug-free workplace or to nominate a business for a Substance Abuse Summit Drug-free Workplace award for Summit 2002, call Bergstrom at 858/292-4423,



Q&A WITH JAMES BAKER



James Baker is executive director of the Institute for Public Strategies based in San Diego, which provides leadership and strategies supporting changes in public and private policy and community standards and norms. IPS has been instrumental in forming the Border Project, which is working to reduce the problem of underage drinkers crossing the border between San Diego County and Baja California. The project includes Operation Safe Crossing, a collaboration between law-enforcement agencies and public health advocates working in prevention agencies and organizations. In this interview Baker discusses the advantages of collaborative efforts between enforcement and public health as well as concerns about the direction they may take.

Is collaboration between public health and law enforcement a realistic approach to prevention?

A: In terms of realistic expectations, I think it varies from case to case. We have tried to work with law-enforcement agencies in some localities where it's not very fruitful, if not impossible. In other places we've worked with law enforcement on projects that have been very good for the community. You can expect measured successes in some areas.

When it doesn't work too well, what's the reason?

A: For one thing, public health is a very unstructured field in the way it goes about conducting prevention work in a community. The workers are usually given a lot of independence. Police departments, on the other hand, have a lot of structure and bureaucracy in their organizations. They pay more attention to the rules than we do. We're two very different groups of people.

But don't police and public health people have similar goals where alcohol is concerned?

A: People in police departments have told us that they realize most of the crime and problems on the streets they deal with are related to alcohol. But they often say, "yes, we know the problems better than anyone, but are you trying to tell us we can change it?" We hear that a lot from police officers. They just don't see the possibilities of change. Of course, they've taken on the work of enforcing the laws, but we public health advocates have taken on the work of changing things.

As public health advocates do you have to convince law enforcement agencies that it's worth their effort to work with you?

A: Not always, and certainly not with the Border Project in San Diego County. When we first went down to the border in 1996 and began looking at how young people were drinking in Tijuana and coming back across the border, the first people who came up to us enthusiastically and aggressively were the police. We were the first people they'd seen in a generation who were interested in finding a solution to that problem. They'd been there all by themselves. They started calling us, setting up meetings, and sharing data with us. Their enthusiasm overwhelmed us. So this was a case where law enforcement was really seeking a partnership with us. We've worked in other cities, however, where the police department apparently didn't see any benefit in working with us at all.

How did the collaborative effort in the Border Project develop?

A: First, you have to understand that the Border Project has a number of components. One of them is Operation Safe Crossing, and that is where the collaboration of public health and law enforcement really lies. The Border Project itself involves universities, grassroots organizations, and other agencies, including a binational commission, and it is working very hard on policy changes on both sides of the border. One reason people think of the Border Project as a law enforcement and public health collaborative is that it's the "noisiest" part of the project, and there's a reason for that. The alcohol problem at the border needed to raise its voice, so to speak,

so it would be perceived by communities and politicians on both sides of the border.

Our goal was to join forces with law enforcement agencies to provide a very modest amount of increased enforcement in a very visible way. We wanted the situation at the border to be perceived as a reducible or solvable problem. For us, this was a big piece of the benefit of working with police departments. We discovered that law-enforcement agencies have much bigger budgets and more manpower and equipment than public health and prevention agencies. They have resources that can be moved from one place to another. Activities like DUI checkpoints can get the press and TV coverage that is important for the media advocacy work.

Operation Safe Crossing includes more agencies than just the San Diego Police Department. How did this come about?

A: We went to all the other law-enforcement agencies—federal, state, and local—on both sides of the border and involved them in a dialogue about the nature of the problem and how to solve it. Our discussion was focused on long-term policy changes. But if we hadn't had the highly visible problem identification and early enforcement operations, we wouldn't have had the credibility to support our work on long-term goals. The combination of public health advocacy and law enforcement is a stage on which to move an issue higher on the public agenda. We've learned that we have to be careful to inject a policy discussion into it or we get carried away into thinking the goal is enforcement. For prevention, enforcement isn't aimed at blaming somebody or creating scapegoats, especially youth. Not only would that be destructive to youth, but it would not serve a long-term purpose.

What kind of progress are you making toward the long-term goals?

A: There have been positive effects both in the area of policy and on the problem itself. We've seen a reduction of between 25 and 50 percent in late-night border crossings and a reduction in the blood-alcohol level of those who do cross and come back later. There are more youth being turned away without crossing the border, and more false IDs being confiscated. Most of the policy changes have occurred in Tijuana. Very early on we achieved a policy change in advertising—no more of those huge signs advertising free drinks for women only, or all-you-can-drink specials. We taught trainers to do responsible beverage service training in Tijuana bars and it is now required in the state of Baja California. The binational commission is working with the governor and legislature of Baja on a bill that would mandate a 2 a.m. closing time for bars, which now have no required closing time. Our main policy goal is to see Mexico raise its legal drinking age to 21. That may not be realistic in the short term but they're talking about it in Mexico City, the nation's capital.

What kind of organizational structure does the Border Project have?

A: The participation of community organizations is very broad. There are one or two large meetings a year for everyone involved and smaller work groups that meet more frequently. On the enforcement side we've been working with the San Diego County Law Enforcement Task Force, which is working on underage drinking problems with the County's Policy Panel on Youth Access to Alcohol. We have a very high regard for all the law-enforcement people we work with and all of their agen-

cies. They're fabulous people to work with. However, one of the challenges in this process is the fact that many law-enforcement agencies transfer their people from one assignment to another at regular intervals. We get to know individuals in a police department, and then at the end of two years they are transferred to a new assignment. Then you get someone coming in who has no real understanding of the project and has to be introduced to what we're trying to do.

Collaboration between public health and law enforcement seems to be the wave of the future. How much of our prevention effort should be directed toward enforcement?

A: You hear so much about public health and law enforcement working together that it's beginning to sound like a mantra. I think we should be careful about that. It's very easy for prevention agencies to go for the quick fix, to go where the resources and enthusiastic workers are. I've seen some prevention groups put too many chips on enforcement. Actually, the role of enforcement is a strategic issue for each community to decide. It depends on the nature of the problem, who the participants are in a project, and what the goals and ultimate solutions are. Sometimes a problem can be better resolved with policy work. Not that we shouldn't be collaborating with law enforcement. We should just be sure we examine where it fits and how it serves the goals of a project.

Substance Abuse Summit VI

Expanding Partnerships to Prevent Youth Alcohol, Tobacco and Other Drug Use

MARK YOUR CALENDAR FOR SUBSTANCE ABUSE SUMMIT VI

San Diego County Substance Abuse Summit VI is scheduled for Tuesday and Wednesday, April 17 and 18, 2001, at the Town and Country Convention Center. For additional information or to place your name on the Substance Abuse Summit mailing list, call the County of San Diego Alcohol and Drug Services at 619/692-5717, or visit the Website at www.substanceabusesummit.com.