



Drug Free Communities Support Program National Evaluation

2010 Status Report

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Executive Summary

To help address substance use among our nation's youth, Congress created the Drug Free Communities Act of 1997 and appropriated funds for the Drug Free Communities (DFC) Support Program. Reauthorized in 2001 and again in 2006, the program is now authorized until 2012. Administered by the White House Office of National Drug Control Policy (ONDCP), in partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA), the DFC program supports community-based coalitions that have formed to address local youth substance use and to create safer and healthier communities. Through this program, local community leaders, youth, parents, government and other partners join together to form coalitions that meet the local prevention needs of youth, their families, and surrounding communities. The ultimate goals for DFC coalitions are to: (1) increase community collaboration to address youth substance use problems and (2) reduce substance use among youth.

Drug Free Communities Support Program

Since the beginning of the DFC Program, ONDCP has awarded more than 1,750 DFC grants to rural, urban, suburban, and tribal communities in all 50 states, the District of Columbia, the Virgin Islands, American Samoa, Puerto Rico, Guam, the Federated States of Micronesia, and Palau. DFC grantees receive awards of up to \$125,000 per year for five years, with a maximum of 10 years, to create and strengthen community-based coalitions. Coalitions connect with the community at a "grassroots" level to help identify and respond to their unique local drug problems—utilizing environmental strategies to change community factors that may contribute to youth substance use. Environmental strategies may include creating policies, such as banning alcohol advertisements near schools, or modifying the environmental landscape, such as cleaning up blighted areas. By working together, coalitions can create population-level changes that reduce the social and health consequences of drug use by limiting access to illegal substances and changing social and cultural norms that accept such risky

behaviors. As a requirement of the DFC grant, coalitions utilize a five-step community planning process, known as the Strategic Prevention Framework (SPF). The five steps of the SPF are: (1) assessment, (2) capacity, (3) planning, (4) implementation, and (5) evaluation. Interwoven within the SPF are the concepts of cultural competence and sustainability.

DFC National Cross-site Evaluation

The DFC Program calls for a National Evaluation of its effectiveness in reaching its two overarching goals. Data for the DFC National Evaluation are collected from grantees through the Coalition Online Management and Evaluation Tool (COMET), administered by KIT Solutions. Beginning in 2005, process data were collected twice per year on each element in the SPF.

DFC grantees also are required to submit data bi-annually on four core outcomes to measure community-level youth substance use. The four core outcomes for the DFC program include:

- Average age of onset,
- Past 30-day use,
- Perception of risk/harm of use, and
- Perception of parental disapproval of use.

Grantees, regardless of what drugs they have identified as the primary problems in their community, must present these data on alcohol, tobacco, and marijuana in three grades (6th-12th).

Every DFC community in this study has unique attributes (i.e., different populations, different risk factors, different prevention infrastructures). This reality of community-level research makes it nearly impossible to establish a comparison group of non-DFC communities to make inferences about what *would have happened* in the absence of DFC. The evaluation design therefore focuses on how to best describe changes that are happening in DFC communities, not on making causal statements about the impact of the grant program.

Key Findings

In this report, evaluation findings are presented on the four core outcome measures—average age of onset, past 30-day use, perception of risk/harm of use, and perception of parental disapproval of use—related to alcohol, tobacco, and marijuana use. Because core measures data are required every two years, the primary statistical analyses were based on changes from the first data report to the most recent data report. This allowed for a consistent basis of comparison of coalition performance across time. Overall, findings showed favorable and statistically significant reductions in substance use among youth. Findings for each outcome measure are highlighted below.

Past 30-day Use

The prevalence of past 30-day use for DFC youth significantly declined across all substances (alcohol, tobacco, marijuana) and school levels (middle and high school) between coalitions' first data report and their most recent data report. Moreover, DFC grantees that reported data in 2009 experienced a significant decline in the prevalence of high school tobacco use from their next most recent report (typically from 2007). In addition to reductions in *prevalence* (i.e., reductions the proportion of all DFC youth that use a given substance), the evaluation team found substantial reductions in *use* (i.e., reductions in the proportion of substance users over time). Middle school alcohol use declined by 12%, middle school tobacco use declined by 28%, and middle school marijuana use declined by 24% from the first to the most recent data reports across DFC communities. Percentage reductions in use at the high school level were less pronounced. High school alcohol use declined by 8%, high school tobacco use declined by 17%, and high school marijuana use declined by 11% between DFC grantees' first data report and their most recent data report.

Perception of Risk/Harm of Use

Significant increases in the perception of risk/harm were reported at both the middle and high school levels for alcohol, tobacco, and marijuana between the coalitions' first and most recent report. Improvements in the perception of risk for alcohol were especially strong. Findings showed that improvements in the perception of risk were more evident for high school students

than middle school students.

Perception of Parental Disapproval of Use

Among DFC youth, perception of parental disapproval increased significantly between the time when the first and most recent outcome data were reported, across all substances for both middle and high school students. Perception of disapproval increased slightly more for middle school students relative to high school students on alcohol, while high school students and middle school students reported the same levels of improvement on perceptions of parental disapproval for tobacco and marijuana.

Average Age of Onset¹

The average age of onset, or age of first use of a substance, did not change at the high school level for alcohol and marijuana. Although statistically significant improvements were made at the middle school level, these changes were small. All positive movements in age of onset were 0.2 years (about 10 weeks) or less.

Comparison of DFC and National Prevalence Rates

Prevalence of 30-day use of alcohol among DFC high school students was significantly lower than a nationally representative sample of high school students taking the biannual Youth Risk Behavior Survey (YRBS) in 2003, 2005, 2007, and 2009. DFC high school students also had significantly lower prevalence of 30-day use of marijuana than national averages in 2003, 2005, and 2007, but not in 2009. These results are consistent with an indication that the DFC program is effective in reducing substance use among youth.

DFC Logic Model

In collaboration with the DFC Logic Model Workgroup and participating grantees, a revised National Evaluation Logic Model has been developed. This model graphically displays important features of coalitions that the National Evaluation team will examine to explain observed improvements in community prevention capacity and reductions in substance use and associated consequences.

¹ It is important to note that age of onset is the least reliable and most difficult to interpret of the core measures, and as such, results from this measure should be interpreted with caution.

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1. History and Background of the Drug Free Communities Support Program

Created through the Drug Free Communities Act of 1997, the Drug Free Communities (DFC) Support Program works to reduce substance use among youth and to create safer and healthier communities. Through this program, youth, parents, schools, law enforcement, business professionals, media, local, state and tribal government, and other community members join forces through community-based coalitions to meet the local prevention needs of youth, their families, and the communities in which they live. The ultimate goals for DFC-funded coalitions are to (1) increase collaboration in the community to address substance use problems and (2) reduce substance use among youth.

This program is funded by Congress through the White House Office of National Drug Control Policy (ONDCP), with support from the Substance Abuse and Mental Health Services Administration (SAMHSA). Since the beginning of the DFC Support Program, ONDCP has awarded more than 1,750 DFC grants to communities across the nation.² DFC grantees have included coalitions in all 50 states, the District of Columbia, the Virgin Islands, American Samoa, Puerto Rico, Guam, the Federated States of Micronesia, and Palau, and represent rural, urban, suburban, and tribal communities. DFC grantees receive awards of up to \$125,000 per year for up to five years per

award, with a maximum of 10 years, to help implement and enhance substance use prevention efforts. Grant funds must be matched dollar-for-dollar by the grantee, thus doubling the Government's investment.

In Fiscal Year 2010, ONDCP awarded 741 DFC grants, which included 549 continuing grantees, 169 new grantees, 16 new mentoring grantees, and 7 continuing mentoring grantees.³ DFC mentoring grantees use their funds to serve as

EXHIBIT 1.1: SECTORS REPRESENTED IN DFC COALITIONS

According to the DFC 2010 RFA (p. 13), at least one representative from each of the following sectors must be represented on the coalition:

- Youth (18 or younger)
- Parents
- Businesses
- Media
- Schools
- Organizations serving youth
- Law enforcement
- Religious or fraternal organizations
- Civic and volunteer groups
- Health care professionals
- State, local, or tribal governmental authorities
- Other community organizations involved in reducing substance use.

² Office of National Drug Control Policy. (2010, August). *Fact Sheet: Drug Free Communities Support Program*. Retrieved on 9/29/10 from http://ondcp.gov/publications/pdf/dfc_fs.pdf.

³ Office of National Drug Control Policy. (2010). *DFC Funding Announcements*. Retrieved on 9/29/10 from <http://ondcp.gov/dfc/index.html>.

mentors to new or developing community coalitions that have never had a DFC grant. Through the DFC Mentoring Program, experienced coalitions share the knowledge and expertise gained as a DFC grantee with non-grantee communities. This mentoring relationship helps emerging coalitions develop internal capacity to strengthen their efforts to reduce local youth substance use and helps these coalitions obtain DFC grants.⁴

Characteristics of DFC Coalitions

DFC coalitions connect with community members at a “grassroots” level to create environmental change that affects a whole community. This requires detailed planning, commitment, and an understanding of the community’s culture and context. DFC grantees utilize the Strategic Prevention Framework (SPF) to develop their annual and long-range strategic plans. The SPF consists of a five-step process for community planning and includes the following steps: (1) assessment, (2) capacity, (3) planning, (4) implementation, and (5) evaluation, with the concepts of cultural competence and sustainability woven throughout. The five steps are detailed below.

- **Assessment:** DFC coalitions understand the needs and unique characteristics of the communities they serve. During the needs assessment phase, coalitions work to identify local substance use issues and the factors that may contribute to these issues using data unique to the community.
- **Capacity:** Once a substance use problem is identified, coalitions engage in capacity building activities (e.g., trainings, technical assistance, member recruitment) within the local community to address and resolve the issue.

- **Planning:** Coalitions are required to develop a comprehensive plan that includes policies and programs for addressing problems identified during the needs assessment process.
- **Implementation:** Coalitions implement the prevention strategies included in the comprehensive strategic plan. These strategies should be supported by rigorous evidence of their effectiveness.
- **Evaluation:** Coalitions monitor their activities and measure the impact on their community to identify areas for growth or improvement. Coalitions also use evidence of their effectiveness to engage the community to address substance use issues.

Sustainability and cultural competence are important elements of the SPF and are incorporated into all aspects of coalitions’ strategic plans. Sustainability planning involves putting processes and procedures in place to support the coalition after funding has ended or leadership has changed. It ensures that the important work of the coalition and its effectiveness in the community will continue. Cultural competence involves recognizing the needs and importance of cultures present in the community, which helps coalitions to interact positively and address problems in a culturally diverse environment.⁵

Key Strategies

Coalitions utilize seven core approaches to reach the members of their community and effect population-level change:

1. **Provide Information:** Examples include presentations, public service announcements, brochures, and billboards/media campaigns.

⁴ Office of National Drug Control Policy. (2010). *Mentor grant program*. Retrieved on 9/29/10 from http://ondcp.gov/dfc/mentor_grant_progr.html.

⁵ Community Anti-Drug Coalitions of America (2009). *Handbook for Community Anti-drug Coalitions*. Retrieved 2/16/10 from <http://www.cadca.org/>.

2. **Enhance Skills:** Examples include parenting workshops, youth conferences, technical assistance, and model programs in schools.
3. **Provide Support:** Examples include substance-free activities, mentoring programs, and support groups.
4. **Enhance Access/Reduce Barriers⁶:** Examples include providing transportation to treatment and cultural/language translation of materials/services.
5. **Change Consequences:** Examples include increasing fines for underage drinking violations, increasing taxes, and increasing the likelihood of citations being given for a specific crime (i.e., providing alcohol to an underage youth).
6. **Changing Physical Design:** Examples include cleaning up of blighted neighborhoods and regulating alcohol outlet density.
7. **Modify/Change Policies:** Examples include law enforcement policy and local noise ordinances.⁷

The strategies numbered 4–7 are considered “environmental strategies” that would be expected to have the broadest impact on the community. These strategies help coalitions mobilize the community to reduce substance use rates and change in how substance use is perceived.

⁶ Reducing barriers/enhancing access can also be flipped and used as reducing access/enhancing barriers. An example of this would be alcohol compliance checks conducted by law enforcement in order to determine the retail availability of alcohol to youth under 21.

⁷ See Note 5, and from the University of Kansas Work Group on Health Promotion and Community Development—a World Health Organization Collaborating Centre.

2. Evaluation Overview

This section provides a top-line overview of the DFC National Evaluation, the framework that underlies the evaluation design, and details on how our findings (detailed in Section 3) were obtained.

Every DFC community in this study has unique attributes (i.e., different populations, different risk factors, different prevention infrastructures). This reality of community-level research makes it nearly impossible to establish a comparison group of non-DFC communities to make inferences about what *would have happened* in the absence of DFC. The evaluation design therefore focuses on how to best describe changes that are happening in DFC communities, not on making causal statements about the impact of the grant program.

Methods

In this report, a number of results from the National Evaluation are presented. Each type of result, and the methods used to obtain them, is described below.

Data for the DFC National Evaluation are collected through the Coalition Online Management and Evaluation Tool (COMET), administered by KIT Solutions. Data are collected twice each year. Quarter 1 and 2 data, covering the period from October through March, are reported by mid-May. Data from Quarters 3 and 4, covering the period from April through September, are reported by mid-November. Altogether, data on coalition activities have been reported since October 2004 and outcome data have been reported since the late 1990s. For this report, we concentrate on outcome data reported since 2002 when grantee data reporting consistency was strengthened.

Coalition Activities

Results on each element in the SPF (assessment, capacity, planning, implementation, and

evaluation) are presented to describe the range of activities conducted by DFC coalitions. This information is descriptive and is intended to provide context for subsequent results.

Core Measures

The main focus of this report is on results from the four core measures (i.e., 30-day use, perception of risk, perception of parental disapproval, and average age of onset) for alcohol, tobacco, and marijuana. Two related analyses are conducted:

1. *Analysis 1:* First, we calculated the average change across time in each coalition, from the first outcome report for a coalition to the most recent outcome report for that coalition. By standardizing the analysis so that it is based only on change within individual coalitions, we are better able to measure trajectories of change on core measures across time. This provides the most accurate assessment of whether DFC-funded communities are improving on the four core measures. To identify and investigate the most recent trends on the core measures, a similar analysis was conducted that compared grantees' core measures data from 2009 with their previous report, which was typically from 2007.
2. *Analysis 2:* Where possible, results for DFC high school students are compared to national-level data from the Youth Risk Behavior Survey (YRBS) and the Monitoring the Future study. These comparisons provide basic evidence to determine what may have happened in the absence of DFC if those communities conformed to the national trend.

Together, these two analyses provide robust insight into changes taking place in DFC communities following grant awards.

3. Results

Coalition Activities

DFC coalitions follow the SPF, which is built upon a series of guiding principles that provide clear steps in decision making that can strengthen prevention planning and effectiveness at the Federal, state/tribal, and community levels. In the following sections, we report on process data that are available at each step in the SPF. While these data only provide a small glimpse into each coalition’s activities, they nonetheless provide context for subsequent findings.

involves the identification of problems and needs within the community. DFC coalitions engaged in a number of assessment activities, including data collection and analysis, as well as coalition design, surveying, and gathering information from town halls and the community at-large (Table 3.1). There were also a large number of activities categorized as “other” in report periods 4.0 through 5.5, limiting inferences about how assessment activities have changed over time. As the evaluation moves forward, assessment activities will be described in greater detail to indicate how DFC coalitions are identifying challenges and solutions to those challenges.

Assessment

The first step in the SPF is Assessment, which

TABLE 3.1: ASSESSMENT ACTIVITIES

Report Period	Report Dates	Number of Coalitions Reporting Data	Response Rate*	Average Number of Assessment Activities per Coalition Reported by Period				
				All Assessment Activities per Coalition	Data Assessment Activities per Coalition	Design Activities per Coalition	Planning Activities per Coalition	Other Activities per Coalition
1.0	10/04 to 3/05	350	49%	2.3	0.7	0.0	0.7	0.2
2.0	10/05 to 3/06	685	96%	4.1	2.6	0.2	0.6	0.2
2.5	4/06 to 9/06	716	99%	5.9	3.6	0.3	1.0	0.3
3.0	10/06 to 3/07	780	100%	7.3	4.4	0.4	1.3	0.3
3.5	4/07 to 9/07	647	89%	6.1	2.5	0.2	0.9	1.9
4.0	10/07 to 3/08	704	92%	6.6	1.4	0.2	0.6	4.2
4.5	4/08 to 9/08	696	95%	7.4	1.0	0.1	0.5	5.6
5.0	10/08 to 3/09	727	85%	6.7	0.7	0.1	0.3	5.5
5.5	4/09 to 9/09	707	91%	7.2	0.6	0.1	0.3	6.4

* Some coalitions experienced lapses in funding and were not taken out of the denominator in these calculations; therefore, response rates are likely higher than indicated in this table.

Data Assessment Activities: e.g., assessing parent attitudes, youth risk behavior and substance use, needs assessments, community resources surveys

Design Activities: e.g., coalition satisfaction, community needs assessments, media use, capacity building, infrastructure planning surveys

Planning Activities: e.g., town hall meetings, youth advisory councils, community planning meetings, SWOT analysis, sustainability planning, readiness assessment surveys, policy planning activities, and coalition building activities

Other Activities: e.g., needs assessment planning, along with a mixture of data assessment, design and planning activities listed above

Capacity Building

Table 3.2 presents aggregate data on Capacity, the second element of the SPF. Capacity building activities involve the mobilization of key stakeholders from a variety of sectors in the community. This step also includes the coordination of organizational and fiscal resources to conduct coalition activities. DFC grantees engaged in progressively more capacity building activities over the reporting period (2004-2009), except for a small decline in mid-2007 and late 2008/early 2009.

Table 3.3 presents the average coalition membership and the proportion of active

membership in the 12 required sectors. Schools, youth serving organizations, and other organizations comprise the sectors that contribute the most members to DFC coalitions. The sector with the lowest proportion of active members is the business community, which suggests that retaining members from this sector may require additional effort. Youth-serving organizations, which contribute numerous members who remain active, appear to be a core contributor to DFC coalitions. At the individual level, more than 90% of parents and youths involved in the coalition are active, which suggests that they are also core contributors to coalition work.

TABLE 3.2: CAPACITY BUILDING ACTIVITIES

Report Period	Report Dates	Number of Coalitions Reporting Data	Response Rate*	Average Number of Capacity Building Activities per Coalition
1.0	10/04 to 3/05	487	68%	8.2
2.0	10/05 to 3/06	696	97%	8.1
2.5	4/06 to 9/06	729	100%	14.3
3.0	10/06 to 3/07	784	100%	18.7
3.5	4/07 to 9/07	672	93%	18.6
4.0	10/07 to 3/08	732	96%	20.8
4.5	4/08 to 9/08	714	98%	24.3
5.0	10/08 to 3/09	752	88%	22.8
5.5	4/09 to 9/09	733	94%	25.3

* Some coalitions experienced lapses in funding and were not taken out of the denominator in these calculations; therefore, response rates are likely higher than indicated in this table.

Capacity building activities: e.g., addressing community needs, youth summits, task force planning, coalition collaboration activities, media planning, soliciting involvement for coalition activities.

TABLE 3.3: COALITION MEMBERSHIP (REPORT PERIOD 5.5 -- APRIL-SEPTEMBER 2009)

Sector	Average Number Members Per Coalition	Average Number Active Members Per Coalition	Average % Active Members
Business Community	25.1	6.8	27.2%
Civic and Volunteer Groups	19.9	9.6	48.4%
Healthcare Professionals	18.8	8.5	45.6%
Law Enforcement Agencies	20.3	9.8	48.2%
Religious or Fraternal Organizations	15.7	6.5	41.5%
Schools	51.0	24.3	47.7%
State, Local, or Tribal Agencies	17.1	10.9	63.4%
Youth-Serving Organizations	37.4	24.0	64.0%
Media	4.8	3.4	70.3%
Other Organizations	38.3	21.6	56.4%
Parents	8.1	7.6	93.7%
Youth	13.1	12.3	94.0%

TABLE 3.4: PLANNING ACTIVITIES

Report Period	Report Dates	Number of Coalitions Reporting Data	Response Rate*	Average Number of Activities per Coalition Reported by Period			
				Planning Activities Reported	Planning Challenges Reported	Targeted Risk Factors	Targeted Protective Factors
1.0	10/04 to 3/05	595	83%	4.7	3.9	0.0	0.0
2.0	10/05 to 3/06	694	97%	40.9	3.6	5.2	5.4
2.5	4/06 to 9/06	723	100%	44.0	2.6	5.4	5.6
3.0	10/06 to 3/07	782	100%	47.8	2.5	5.5	5.7
3.5	4/07 to 9/07	647	89%	37.4	3.3	5.3	5.5
4.0	10/07 to 3/08	714	93%	42.6	2.8	5.4	5.5
4.5	4/08 to 9/08	696	95%	44.0	3.6	5.4	5.6
5.0	10/08 to 3/09	742	87%	47.6	3.5	5.3	5.4
5.5	4/09 to 9/09	726	93%	48.7	3.5	5.4	5.4

* Some coalitions experienced lapses in funding and were not taken out of the denominator in these calculations; therefore, response rates are likely higher than indicated in this table.

Planning activities: e.g., infrastructure planning, town hall meetings, community planning meetings, SWOT analysis, sustainability planning, readiness assessment surveys, planning coalition building activities, needs assessment planning

Planning challenges: e.g., data not being available for data collection, low participation in coalition-planned activities, staffing changes, employee turnover, financial or program resources not available

Planning

Planning is a central component of the SPF process. In Table 3.4, the total number of planning activities is presented, which appears to drop in Report Period 3.5 (April-September 2007), and

rise again steadily through Report Period 5.5 (April-September 2009).

At all time points except for Report Period 5.5, DFC coalitions reported that they targeted slightly more protective factors than risk factors. Overall,

however, DFC coalitions are targeting a relatively even mix of risk and protective factors.

Implementation

The Implementation stage of the SPF describes the core activities conducted as part of coalitions' efforts and also includes tracking any implementation challenges. As mentioned in Section 1, coalitions engage in seven basic strategies to effect community change, and Table 3.5 presents detail on DFC coalitions' use of those strategies. As shown in Table 3.5, DFC coalitions reported a substantial amount of activity on three strategies in particular: (1) providing information, (2) enhancing skills, and (3) providing support. However, the number of activities undertaken may not be a good indicator of how much effort and resources were expended by coalition staff. Environmental strategies (enhancing access/reducing barriers, changing consequences, changing physical design, and modifying/changing

policies) are generally more labor intensive to implement, and logically follow initial efforts to share information, build skills, and enhance support. In the next phase of the evaluation, the level of effort that coalitions are expending on environmental strategies will be characterized more thoroughly.

It is difficult to assess the change in strategies across time because the Enhance Access/Reduce Barriers and Physical Design categories were not available in the COMET System during the first four reporting periods. Moreover, coalitions are not trained to categorize activities into these seven core strategies, and technical assistance will be provided in the next five years to ensure the quality of these data. Strong process data will be critical for the next phase of the National Evaluation, as we will focus on explaining how and why coalitions succeed in diverse community situations.

TABLE 3.5: IMPLEMENTATION ACTIVITIES

Report Period	Report Dates	Number of Coalitions Reporting Data	Response Rate*	Average Number of Activities per Coalition Reported by Period						
				Info	Skills	Support	Access	Consequences	Design	Policy
1.0	10/04 to 3/05	595	83%	14.7	10.6	7.5	0.0	4.7	0.0	3.8
2.0	10/05 to 3/06	694	97%	8.6	3.9	2.5	0.0	0.8	0.0	0.6
2.5	4/06 to 9/06	723	100%	12.6	5.6	3.9	0.0	1.1	0.0	0.8
3.0	10/06 to 3/07	782	100%	15.9	6.9	4.8	0.0	1.4	0.0	1.0
3.5	4/07 to 9/07	647	89%	10.9	4.4	2.9	0.1	1.1	0.1	0.9
4.0	10/07 to 3/08	714	93%	12.0	4.8	2.3	0.2	1.3	0.1	1.1
4.5	4/08 to 9/08	696	95%	13.5	5.6	2.4	0.3	1.6	0.1	1.3
5.0	10/08 to 3/09	742	87%	8.5	6.0	2.3	0.5	1.9	0.2	0.7
5.5	4/09 to 9/09	726	93%	8.3	6.6	2.3	0.6	2.2	0.3	0.7

* Some coalitions experienced lapses in funding and were not taken out of the denominator in these calculations; therefore, response rates are likely higher than indicated in this table.

Info = Provide information

Skills = Enhance skills

Support = Provide support

Access = Enhance access/reduce barriers

Consequences = Change consequences

Design = Change physical design

Policy = Modify/change policies

Evaluation

Table 3.6 presents both the number and types of evaluation activities conducted by DFC coalitions. Evaluation activities include identifying information needs, collecting data, presenting findings, and making evidence-based recommendations. Data collection has been the most consistent evaluation activity in coalitions, presentation and recommendations have been less frequent, and other evaluation activities have fluctuated across reporting periods. A significant drop in general evaluation activities was reported

after September 2008. It is unclear at this time what caused this drop (i.e., whether there was a true drop in evaluation activities or whether data collection guidance changed over this period). Overall, the data presented in Table 3.6 have two major implications. First, coalition use of evaluation data, as reflected in presentations and recommendations, may be a particular area of need for increased capacity and support. Second, evaluation activities should (and will) be more clearly defined in the next phase of the National Evaluation.

TABLE 3.6: EVALUATION ACTIVITIES

Report Period	Report Dates	Number of Coalitions Reporting Data	Response Rate*	Average Number of Activities per Coalition Reported by Period			
				Evaluation Activities	Data Collection Activities	Presentation Activities	Recommendations Made
1.0	10/04 to 3/05	376	53%	2.9	0.0	1.0	1.0
2.0	10/05 to 3/06	634	88%	5.0	2.4	0.7	0.4
2.5	4/06 to 9/06	696	96%	6.6	3.0	1.0	0.5
3.0	10/06 to 3/07	759	97%	8.3	3.8	1.2	0.6
3.5	4/07 to 9/07	647	89%	6.9	3.2	0.9	0.6
4.0	10/07 to 3/08	682	89%	7.4	3.5	1.0	0.6
4.5	4/08 to 9/08	681	93%	8.0	3.7	1.2	0.7
5.0	10/08 to 3/09	710	83%	2.2	3.9	1.1	0.7
5.5	4/09 to 9/09	680	87%	1.8	3.1	1.0	0.5

* Some coalitions experienced lapses in funding and were not taken out of the denominator in these calculations; therefore, response rates are likely higher than indicated in this table.

Data collection activities: e.g., arrest and police involvement data, youth risk and behavior surveys, measuring youth participation in coalition activities, gathering data on compliance checks, parent attitudes and behaviors surveys, community involvement surveys

Presentation activities: e.g., annual reports, community presentation of coalition activities

Recommendations made: A variety of program-specific recommendations were included in recommendation activity data (e.g., recommendations for archival data collection)

Core Measures Results (Analysis 1)

Past 30-Day Use Rates for Alcohol, Tobacco, and Marijuana Use in DFC Communities

To obtain information about the substance use of youth residing in DFC communities, the National Evaluation collects evidence from coalitions on four core measures. Every two years, DFC grantees are required to report information on the prevalence of past 30-day use, age of onset, perception of risk/harm, and perception of parental disapproval. Relative to the other three core measures, past 30-day use was arguably the most important of the core measures for documenting change in DFC-funded communities.

In order to accurately assess trends across time, it is necessary to measure change within communities, and aggregate those changes across communities. To do this, we compare a coalition's most recent report of 30-day use to its first report. This analysis overcomes the limitation of different coalitions reporting data in each year. Table 3.7 reports the average change in the prevalence of 30-day use across time within each coalition, by school level. Across all substances, DFC coalitions reported statistically significant declines in the prevalence of 30-day use from the first observation to the most recent observation. These findings held across both the middle school and high school level.

Among coalitions that reported the prevalence of 30-day use in 2009, only high school tobacco use (-1.8%) changed substantially from the next most

Interpreting Results

Because DFC coalitions are required to report core measures data every two years—and different coalitions have different reporting cycles—each year's outcome data includes a different set of coalitions. It is, therefore, difficult to accurately measure year-to-year changes on the core measures. To overcome "apples to oranges" comparisons between consecutive years, the evaluation team conducted two separate analyses concerning change over time in the core measures.

Analysis 1. To create a measure of change within individual coalitions, we identified each coalition's first outcome report and compared that figure to their most recent report. For example, if Coalition A began operations in 2004 and reported data in 2004, 2006, and 2008, we would compare outcomes from 2004 to 2008. If Coalition B first reported data in 2005, and then reported data in 2007, and 2009, we would compare their 2005 data to their 2009 data. By measuring change on the core measures among the same set of coalitions across time, we are able to more accurately describe community-level changes taking place in DFC communities. Changes reported from the first to most recent data report are considered to be the strongest basis of evidence for assessing core measures outcomes. A similar analysis comparing 2009 core measures data to the previous report (typically from 2007) is also presented.

Analysis 2. DFC results were compared to a nationally representative sample of high school students taking the Youth Risk Behavior Survey (YRBS) in 2003, 2005, 2007, and 2009. Because different coalitions report data each year, DFC results were based on a subset of coalitions that reported core measures data in a given year.

recent report (which in most cases was 2007). All other changes reported were not statistically significant.

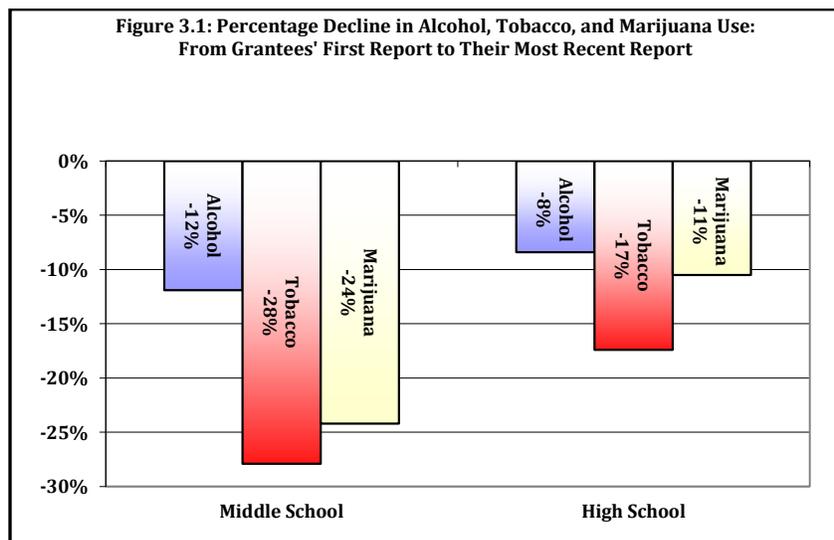
TABLE 3.7. AVERAGE CHANGE IN PAST 30 DAY USE FROM FIRST OUTCOME REPORT TO MOST RECENT REPORT, BY SCHOOL LEVEL

Outcome	Substance	Subgroup	# Coalitions in Analysis (At Least 2 Time Points)	% Change: First Observation to Last	% Change: 2009 Data vs. Previous Observation
30-Day Use	Alcohol	Middle School	693	-1.7%**	-0.2%
		High School	732	-3.1%**	-1.0%
30-Day Use	Tobacco	Middle School	693	-2.3%**	-1.1%
		High School	727	-3.6%**	-1.8%**
30-Day Use	Marijuana	Middle School	684	-1.4%**	-0.2%
		High School	727	-1.8%**	+1.0%

** p<.01

Findings for 30-day use for alcohol, tobacco and marijuana can be viewed in two ways: the percentage point reduction and then, the proportional reduction. One needs to consider that the seemingly modest reductions in prevalence of substance use reported in Table 3.7 translate into much larger percentages of proportional reductions of use. For example, although the prevalence of middle school marijuana use declined by a modest 1.4 percentage points, that represents an approximate 24% reduction in the proportion of middle school youth reporting marijuana use (Figure 3.1). In other words, given that the prevalence of middle

school marijuana use was 5.8% at baseline, a 1.4 percentage point reduction indicates that there were almost a quarter fewer users of marijuana in the most recent data report. As shown in Figure 3.1, middle school alcohol use declined by 12%, while middle school tobacco use declined by 28% from the first to the most recent data reports across DFC communities. Percentage reductions in use at the high school level were less pronounced. High school alcohol use declined by 8%, high school tobacco use declined by 17%, and high school marijuana use declined by 11% between DFC grantees' first data report and their most recent data report.



Discrepancies in findings between middle school and high school results provide a good rationale for why we should investigate both change in prevalence (Table 3.7) and change in use (Figure 3.1). Although high school students in DFC grantee communities had slightly higher reductions in prevalence, middle school students reported higher percentage reductions in use. Because middle schools had lower prevalence of alcohol,

tobacco, and marijuana use, even small changes in prevalence can translate to substantial percentage reductions in substance use. From a practical perspective, both sets of findings are valuable because they describe the dynamics of change among the general population (prevalence) and change among youth who are already using alcohol, tobacco, or marijuana (use).

TABLE 3.8. AVERAGE CHANGE IN PERCEPTION OF RISK FROM FIRST OUTCOME REPORT TO MOST RECENT REPORT, BY SCHOOL LEVEL

Outcome	Substance	Subgroup	# Coalitions in Analysis (At Least 2 Time Points)	% Change: First Observation to Last	% Change: 2009 Data vs. Previous Observation
Perception of Risk	Alcohol	Middle School	658	+7.1%**	0.0%
		High School	689	+10.7%**	-0.7%
Perception of Risk	Tobacco	Middle School	653	+3.8%**	-0.1%
		High School	680	+7.3%**	+1.2%
Perception of Risk	Marijuana	Middle School	657	+2.3%**	-2.3%*
		High School	691	+4.6%**	-4.8%**

* p<.05; ** p<.01

Perception of Risk

While past 30-day use is the primary outcome in this evaluation, the other core measures (i.e., perception of risk, perception of parental disapproval, and average age of onset) provide additional evidence on the effectiveness of the DFC program in changing community context (e.g., norms) that have been shown to be related to substance use prevalence rates.

Table 3.8 contains findings on how perception of risk changes within coalitions across time (i.e., from the first observation to the most recent observation). This comparison requires at least two time points of valid data for a coalition to be included, and is restricted to the years between 2002 and 2009. As shown in the table, statistically significant increases in perception of risk were reported at both the middle school level and high school level for alcohol, tobacco, and marijuana.

Across all three substances (alcohol, tobacco, and marijuana), improvements in perception of risk were more pronounced at the high school level than at the middle school level. Improvements in perception of risk were especially strong for alcohol among both middle school and high school students.

The decrease in perception of risk for marijuana among coalitions reporting data in 2009 indicates a need for further understanding of the underlying reasons for this trend. Although these findings may be a result of variations in the sample of reporting coalitions as noted above, the magnitude of the change in relation to other substances and indicators (e.g., parental disapproval, see below) suggest that a change in youth perceptions concerning marijuana may be occurring.

TABLE 3.9. AVERAGE CHANGE IN PERCEPTION OF PARENTAL DISAPPROVAL FROM FIRST OUTCOME REPORT TO MOST RECENT REPORT, BY SCHOOL LEVEL

Outcome	Substance	Subgroup	# Coalitions in Analysis (At Least 2 Time Points)	% Change: First Observation to Last	% Change: 2009 Data vs. Previous Observation
Perception of Parental Disapproval	Alcohol	Middle School	621	+4.1%**	+1.0%
		High School	658	+2.8%**	-0.7%
Perception of Parental Disapproval	Tobacco	Middle School	605	+5.1%**	+1.4%
		High School	638	+5.4%**	+1.3%
Perception of Parental Disapproval	Marijuana	Middle School	617	+4.6%**	+0.5%
		High School	649	+4.6%**	+0.5%

** p<.01

Perception of Parental Disapproval

Table 3.9 shows the changes in the proportion of DFC middle and high school students, respectively, who report that their parents feel that regular student use of alcohol, tobacco, or marijuana is wrong or very wrong.

Table 3.9 indicates very consistent but modest improvements in perception of parental disapproval across each substance and school level. For all three substances (alcohol, tobacco, and marijuana) in both middle and high school, perception of parental disapproval increased significantly between the time when the first and most recent outcome data were reported. Improvements in perception of disapproval were slightly more pronounced for middle school students, as compared to high school students, on alcohol. High school students reported similar improvement on perceptions of parental disapproval for tobacco. Increases in the perception of parental disapproval for marijuana were the same for both middle school and high

school students.

Average Age of Onset

Average age of onset has unique problems of interpretation among the core measures. First, it is confounded by the age of respondents at the time of measurement (e.g., the higher average age of onset for high school compared to middle school reflects the age of later initiators). The utility of the indicator for assessing coalition outcomes is reduced by the lag between first use and implementation of the coalition’s activities (i.e., coalitions cannot affect use that occurred prior to the program being implemented). Furthermore, reliability is affected by asking youth to recall an event that may have happened years before. The major issue with respect to age of onset is that it is an excellent indicator of the degree of risk for substance use and consequences in a population, but of limited use as an indicator of the immediate outcomes of a community coalition. Accordingly, findings reported here should be interpreted more as need indicators than as indicators of coalition outcomes.

TABLE 3.10. AVERAGE CHANGE IN AGE OF ONSET FROM FIRST OUTCOME REPORT TO MOST RECENT REPORT, BY SCHOOL LEVEL

Outcome	Substance	Subgroup	# Coalitions in Analysis (At Least 2 Time Points)	Change: First Observation to Last	Change: 2009 Data vs. Previous Observation
Average Age of Onset	Alcohol	Middle School	623	+0.1 years*	+0.2*
		High School	651	0.0 years	+0.1
Average Age of Onset	Tobacco	Middle School	601	+0.1 years*	+0.2**
		High School	642	+0.2 years**	+0.1
Average Age of Onset	Marijuana	Middle School	576	+0.1 years**	+0.3**
		High School	641	0.0 years	+0.1**

* p<.05; ** p<.01

As shown in Table 3.10, the average change in age of onset across time was almost zero for alcohol and marijuana across both middle school and high school. Increases in average age of onset were statistically significant, but modest, for tobacco use among middle school students (+0.1 years) and high school students (+0.2 years). DFC coalitions also reported statistically significant increases in age of onset for middle school alcohol use (+0.1 years) and middle school marijuana use (+0.1 years). Among coalitions that submitted data in 2009, increases in age of onset were statistically significant for middle school alcohol, tobacco, and marijuana use, and for high school marijuana use.

Comparison of DFC 30-Day Use to National Prevalence Figures (Analysis 2)

To examine whether youth substance use is decreasing faster in DFC communities than would be expected given national estimates of use, we contrasted the average national YRBS⁸ reported rates of youth substance use to those reported by

⁸ The Youth Risk Behavior Surveillance System provides data that are 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.

high school students in DFC communities. YRBS data are reported biannually and show a relatively stable nationwide rate ranging from about 41-45% of high school students reporting alcohol use in 2003, 2005, 2007, and 2009. For all years between 2002 and 2009 for which DFC and YRBS comparison data were available, alcohol use was lower in DFC communities than in the YRBS national sample. Differences between DFC prevalence rates and YRBS prevalence rates were statistically significant at all four time points. Although this is clearly a positive finding, it should not be over-interpreted because the number of years is small, and the composition of annual DFC samples varies.

Figure 3.3 presents the results for tobacco use. Estimates of past 30-day tobacco use were not significantly different among DFC youth than among the nationally representative sample of youth that responded to the YRBS

As shown in Figure 3.4, rates of past 30-day use of marijuana rates were, for the most part, consistently lower among DFC coalitions than YRBS estimates. Differences in prevalence between DFC and national YRBS results were statistically significant for all years except 2009.

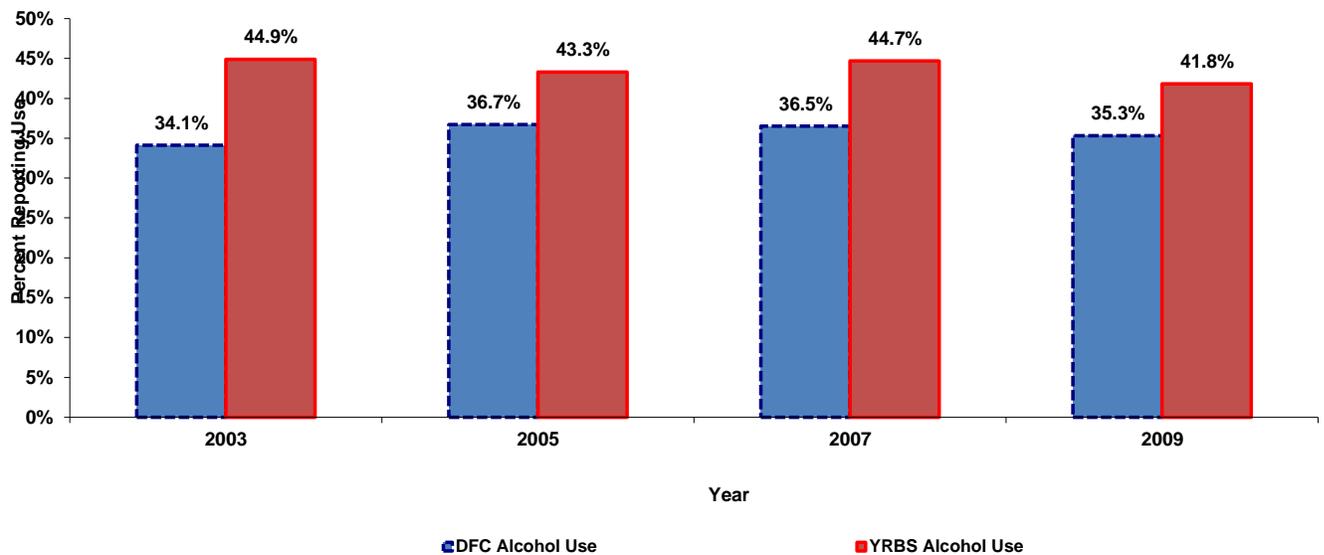
Given that YRBS figures are based on both DFC and non-DFC communities, it stands to reason that the lower prevalence rates in DFC communities

would be even more pronounced if we could isolate data from non-DFC communities. The differences in prevalence between DFC and YRBS data presented in Figures 3.2 through 3.4 are therefore likely to represent conservative estimates.

Given that DFC communities cover more than one-quarter of the population of the United States,

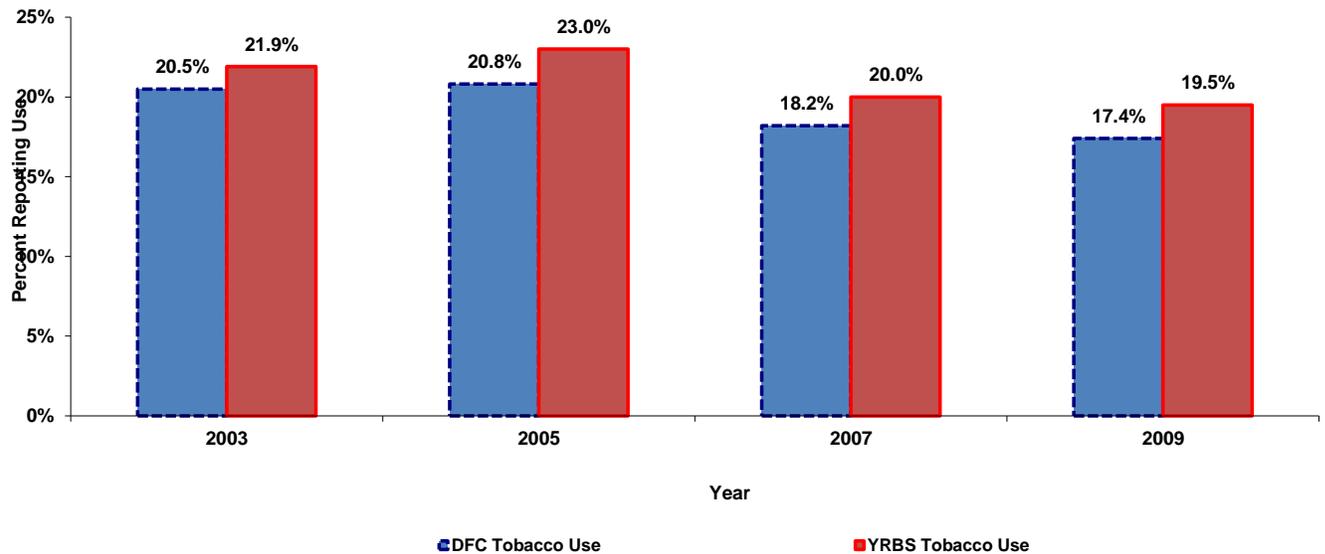
these findings suggest a lower rate of substance use in DFC-funded communities that may be attributable to coalition activities in those communities. More research is needed to substantiate that coalitions actually are responsible for this difference. Nonetheless, initial indications that coalitions may be contributors to these positive comparisons are encouraging.

FIGURE 3.2. COMPARISON OF PAST-30-DAY USE OF ALCOHOL BETWEEN DFC AND NATIONAL (YRBS) REPORTS* (ANALYSIS 2)



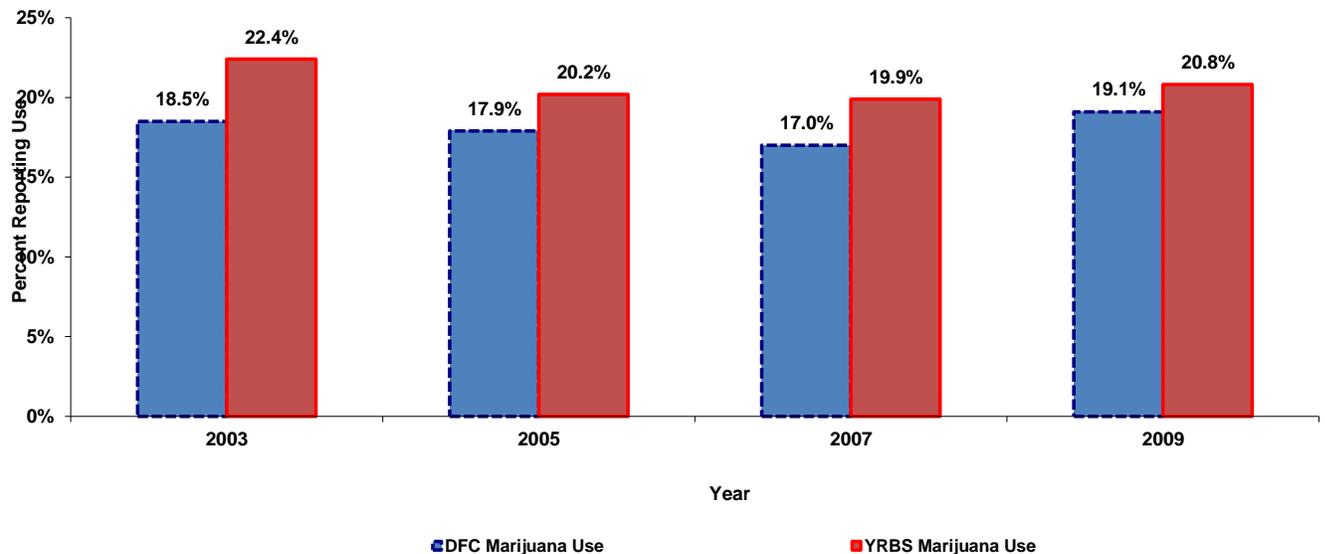
* Differences in prevalence rates between DFC and YRBS samples are statistically significant at the $p < .05$ level for 2003, 2005, 2007, and 2009.

FIGURE 3.3. COMPARISON OF PAST-30-DAY USE OF TOBACCO BETWEEN DFC AND NATIONAL (YRBS) REPORTS* (ANALYSIS 2)



* Differences in prevalence rates between DFC and YRBS samples are not statistically significant in 2003, 2005, 2007, and 2009.

FIGURE 3.4. COMPARISON OF PAST-30-DAY USE OF MARIJUANA BETWEEN DFC AND NATIONAL (YRBS) REPORTS* (ANALYSIS 2)



* Differences in prevalence rates between DFC and YRBS samples are statistically significant at the $p < .05$ level for 2003, 2005, and 2007, but not in 2009.

Consistency of Findings

Table 3.11 presents data on the consistency of findings on the core measures. Although the core

measures are collected from a large number of different surveys, the DFC evaluation team

reviews all DFC grantee surveys and works with grantees to ensure that all data are entered into the COMET system using standardized definitions. The percentage of coalitions that had positive findings, neutral findings, and negative findings between the first data report and the most recent data report is presented. Across all measures for all substances, the majority of coalitions have positive outcomes. The most consistently positive findings were on 30-day use, with roughly two-thirds of coalitions posting positive results and roughly one-third of coalitions posting negative

results. Findings on the other core measures were more evenly split between positive and negative findings. There was relative consistency in findings between middle school and high school samples; however, coalitions did experience slightly more positive findings on perception of parental disapproval at the middle school level across the three substances. High school results were more positive on average age of onset across the three substances relative to middle school results.

TABLE 3.11. PERCENTAGE OF COALITIONS WITH POSITIVE, NEUTRAL, AND NEGATIVE OUTCOMES ON THE CORE MEASURES, FIRST TO MOST RECENT DATA REPORT

Outcome	Substance	Subgroup	# Coalitions in Analysis (At Least 2 Time Points)	Percentage of Coalitions with Positive Outcomes	Percentage of Coalitions with Neutral Outcomes	Percentage of Coalitions with Negative Outcomes
30-Day Use	Alcohol	Middle School	693	63.2%	0.4%	36.4%
		High School	732	66.9%	0.3%	32.8%
30-Day Use	Tobacco	Middle School	693	68.4%	1.3%	30.3%
		High School	727	68.1%	0.3%	31.6%
30-Day Use	Marijuana	Middle School	684	63.2%	2.1%	34.8%
		High School	727	61.5%	0.4%	38.1%
Perception of Risk	Alcohol	Middle School	658	57.3%	0.5%	42.3%
		High School	689	62.8%	0.0%	37.2%
Perception of Risk	Tobacco	Middle School	653	55.7%	0.6%	43.6%
		High School	680	59.1%	0.3%	40.6%
Perception of Risk	Marijuana	Middle School	657	52.8%	0.5%	46.7%
		High School	691	51.2%	0.3%	48.5%
Perception of Parental Disapproval	Alcohol	Middle School	621	57.7%	1.1%	41.2%
		High School	658	55.8%	0.6%	43.6%
Perception of Parental Disapproval	Tobacco	Middle School	605	66.3%	1.2%	32.6%
		High School	638	63.3%	0.6%	36.1%
Perception of Parental Disapproval	Marijuana	Middle School	617	60.9%	2.1%	37.0%
		High School	649	55.2%	0.3%	44.5%
Average Age of Onset	Alcohol	Middle School	623	49.6%	4.0%	46.4%
		High School	651	56.1%	2.3%	41.6%
Average Age of Onset	Tobacco	Middle School	601	55.7%	2.7%	41.6%
		High School	642	63.2%	1.9%	34.9%
Average Age of Onset	Marijuana	Middle School	576	50.4%	4.0%	45.7%
		High School	641	55.1%	1.9%	43.1%

Limitations of the Analysis

The National DFC Evaluation has several key limitations which limit the rigor of inferences about specific results. Key limitations include:

- ***Rigorous comparison groups were not feasible:*** Because community-level prevalence figures were not available on a widespread basis, we were not able to match equivalent DFC and comparison communities prior to the implementation of DFC grants. Therefore, we cannot use standard experimental design to estimate what 30-day use (and other core measures) would have been in a community in the absence of a DFC grant.
- ***Core measures data were collected by individual grantees:*** Although guidance is provided to DFC grantees on which items from specific surveys should be used for reporting the core measures, explicit validation of the accuracy of reported data was not undertaken.
- ***Core measures data were drawn from a large number of sources:*** 179 separate surveys have been screened and approved by the DFC Evaluation Team. Even though guides for acceptable measures were implemented, there may be some inconsistency in the definitions of the four core measures across instruments (i.e., comparability of outcomes between grantees are imperfect).
- ***Survey administration and sampling methods may vary widely between grantees:*** DFC grantees were not required to specify the methods used to collect the four core measures. Although guidance on survey administration and sampling was made available to grantees, it is unclear at this time how well that guidance was followed.
- ***Core measures data were not required every year:*** DFC grantees were required to submit core measures data once every two years on three target substances at three grade levels. Because different coalitions reported data each year, some of the variance in aggregated core measures from year to year will be attributable to differences between reporting coalitions.
- ***Interpretation of the average age of onset measure is difficult:*** As explained above, reporting age of onset is difficult because youth oftentimes have to recall an event that took place years earlier. Moreover, for much of the sample, youth started using drugs before the DFC program was implemented, so their age of onset is not an outcome of the coalition activities we are evaluating.
- ***Grantees have not been trained on the classification of implementation activities:*** Capturing consistent process data was complicated because grantees were not trained on how to classify specific activities. A single needs assessment, for example, could be construed to be an implementation activity that should be reported in all five stages of the SPF.
- ***The types of challenges – and their magnitude – were not categorized:*** DFC grantees were not required to categorize their challenges, nor were they required to provide specific information about the cost of addressing each challenge. By aggregating data on challenges (and other process measures), the fact that not all challenges are created equal is masked.
- ***Many key factors hypothesized to drive a coalition's success do not lend themselves to easy measurement:*** While it would be interesting to measure the quality of coalition leadership, the quality of collaboration

activities, or the credibility that a coalition has in the community, these concepts cannot be easily measured.

In the next phase of the DFC Evaluation, we plan to address many of the identified limitations with stronger guidance on sampling, the development of a core survey that will standardize data collection to a greater extent, the development of

scales that measure the quality of collaborative efforts, and a reduction in reporting burden, which we hope will ultimately improve the quality of the data being provided. These improvements will allow us to more effectively utilize the existing strengths of the National Evaluation design and data base to improve the quality and utility of evaluation contributions to knowledge and evidence-based practice.

4. The New DFC Logic Model

National Evaluation Logic Model

At its first meeting, the DFC National Evaluation Technical Advisory Group (TAG) identified the need for revision of the “legacy” logic model prepared by the previous evaluator. A Logic Model Workgroup was established and charged with producing a revised model that provides a concise depiction of coalition characteristics and outcomes that will be measured and tested in the National Evaluation. The TAG directed the Workgroup to develop a model that communicates well with grantees, and provides a context for understanding evaluation procedures and purposes.

The Workgroup held its first meeting by telephone conference on July 14, 2010. In the following two months, the committee conducted the following activities: (a) developed a draft model; (b) reviewed literature and other documents; (c) mapped model elements against proposed National Evaluation data; (d) obtained feedback from grantees through focus groups at the CADCA Mid-year Training in Phoenix (AZ); (e) developed and revised several iterations of the model; and (f) produced the logic model shown in Figure 4.1.

The National Evaluation Logic Model has six major features that define the broad coalition intent, capacity, and rationale that will be described and analyzed in the National Evaluation.

Theory of Change

The DFC National Evaluation Logic Model begins with a broad theory of change that focuses the evaluation on clarifying those capacities that define well functioning coalitions. This theory of change is intended to provide a shared vision of the over-arching questions the National Evaluation will address, and the kinds of lessons it will produce.

Community Context & History

The ability to understand and build on particular community needs and capacities is fundamental to the effectiveness of community coalitions. The National Evaluation will assess the influence of context in identifying problems and objectives, building capacity, selecting and implementing interventions, and achieving success.

Coalition Structure & Processes

Existing research and practice highlights the importance of coalition structures and processes for building and maintaining organizational capacity. The National Evaluation will describe and test variation in DFC coalition structures and processes, and how these influence capacity to achieve outcomes. The logic model specifies three categories of structure and process for inclusion in evaluation description and analysis:

- **Member Capacity.** Coalition members include both organizations and individuals. Selecting and supporting individual and organizational competencies are central issues in building capacity. The National Evaluation will identify how coalitions support and maintain specific competencies, and which competencies contribute most to capacity in the experience of DFC coalitions.
- **Coalition Structure.** Coalitions differ in organizational structures such as degree of emphasis on sectoral agency or grassroots membership, leadership and committee structures, and formalization. The logic model guides identification of major structural differences or typologies in DFC coalitions, and assessment of their

differential contributions to capacity and effectiveness.

- **Coalition Processes.** Existing research and practice has placed significant attention on the importance of procedures for developing coalition capacity (e.g. implementation of SAMHSA’s Strategic Prevention Framework). Identifying how coalitions differ in these processes, and how that affects capacity, effectiveness, and sustainability is important to understanding how to strengthen coalition functioning.

Coalition Strategies & Activities

One of the strengths of coalitions is that they can focus on mobilizing multiple community sectors for comprehensive strategies aimed at community-wide change. The logic model identifies the role of the National Evaluation in describing and assessing different types and mixes of strategy and activity across coalitions. As depicted in the model, this evaluation task will include at least the following categories of strategies and activities.

- **Information & Support.** Coalition efforts to educate the community, build awareness, and strengthen support are a foundation for action. Identifying how coalitions do this, and the degree to which different approaches are successful, is an important evaluation activity.
- **Policies / Environmental Change.** Environmental change strategies include policies designed to reduce access; increased enforcement of laws; neighborhood and parental mobilizing to change social norms and practices concerning substance use; and support of policies that promote opportunities and

access for positive youth activity and support. Understanding the different emphases coalitions adopt, and the ways in which they impact community conditions and outcomes, is important to understanding coalition success.

- **Programs & Services.** Coalitions also may promote and support programs and services that help community members strengthen families through improved parenting; that provide increased opportunity and access to protective experiences for youth; and that strengthen community capacity to meet the needs of youth at high risk for substance use and related consequences.

Community & Population-Level Outcomes

The ultimate goals of DFC coalitions are to reduce population-level rates of substance use in the community, particularly among youth; to reduce related consequences; and to improve community health and well-being. The National Evaluation Logic Model represents the intended outcomes of coalitions in two major clusters.

- **Community Environment.** Coalition strategies often focus on changing local community conditions that needs assessment and community knowledge identify as root causes of community substance use and related consequences. These community conditions may include population awareness, norms and attitudes; system capacity and policies; or the presence of sustainable opportunities and accomplishments that protect against substance use and other negative behaviors.
- **Behavioral Consequences.** Coalition strategies are also intended to change population-level indicators of behavior,

and substance use and abuse prevalence in particular. Coalition strategies are also expected to produce improvements in educational involvement and attainment, health and wellbeing, improvements in social consequences related to substance use, and reductions in criminal activity associated with substance use.

The National Evaluation will assess the degree to which communities experience change in these outcomes through the DFC core measures and other indicators gathered by coalitions and the National Evaluation team.

Line Logic

The National Evaluation Logic Model includes arrows representing the anticipated sequence of influence in the model. If changes occur in an indicator before the arrow, the model signifies that this will influence change in the model component after the arrow. For the National

Evaluation Logic Model, the arrows represent expected relations to be tested and understood.

An Evolving Model

The National Evaluation Logic Model is intended to summarize the coalition characteristics that will be measured and assessed by the National Evaluation team. The model depicts characteristics of coalitions that will be described as they occur, not prescriptive recommendations for assessing coalition performance. The model uses past research and coalition experience to provide focus on those coalition characteristics that we believe are important to well functioning and successful coalitions. The data gathered will tell us how actual community coalitions implement these characteristics, what works for them, and under what conditions. In this sense the model is an evolving tool – building on the past to improve learning from the present and create evidence-based lessons for coalitions in the future.

FIGURE 4.1: DRUG FREE COMMUNITIES NATIONAL EVALUATION LOGIC MODEL

