

South Carolina Prevention Evaluation Handbook

Evaluation Webinars

- ▶ **September 11, 2019 1:30 pm**
- ▶ **September 17, 2019 10:00 am**
- ▶ **Recorded**



PIRE South Carolina Team

Michael George, PhD
mgeorge@pire.org
803.479.3628

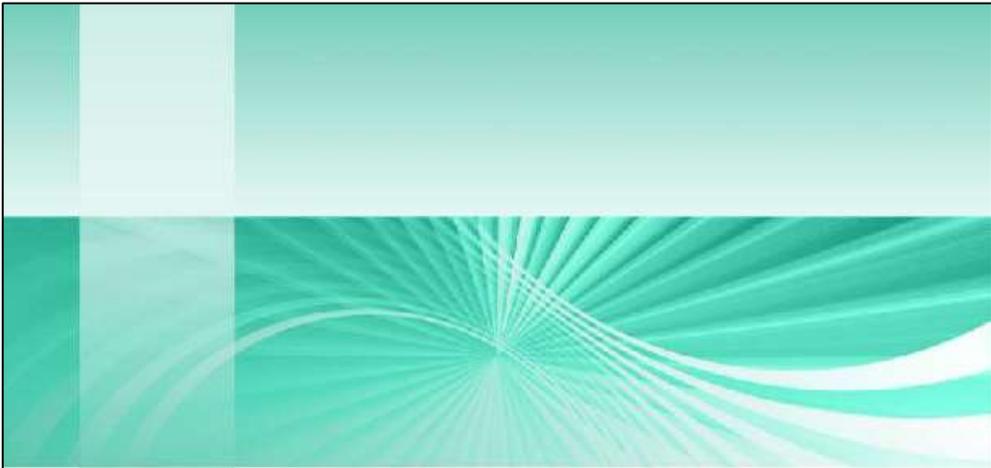
Al Stein-Seroussi, PhD
stein@pire.org
919.265.2616

Mikella Allen
mallen@pire.org
803.896.1167

PIRE staff are available to provide evaluation-related assistance to the county prevention staff. If you need further assistance or clarification on any of the information in this handbook, please feel free to contact the **DAODAS prevention staff at 803-896-1184** or PIRE staff. We would also appreciate your feedback so that we can further develop the handbook in future editions.

Why Update the Handbook

- Previous version of the Handbook is at least 10 years old.
- The revised version is more specific to South Carolina data collection systems and protocols—previous version was more general because fewer systems were in place in South Carolina.



South Carolina Prevention Evaluation Handbook

DRAFT Sixth Edition
2019

South Carolina Department of Alcohol
and Other Drug Abuse Services (DAODAS)

Pacific Institute for Research and Evaluation (PIRE)

Contents of the Handbook

- Overview of Evaluation
- Prevention Strategies and the DAODAS Reporting Systems
 - IMPACT
 - DAODAS Pre-Post Survey
 - Environmental Prevention Strategies (EPS) Reporting System

Contents of the Handbook (continued)

- Understanding the DAODAS Standard Survey
- Other Evaluation Issues
 - Fidelity Checklists
 - Follow up Designs
 - Comparison Groups
- Conducting Community Surveys

OVERVIEW OF EVALUATION: Evaluation Goals and Objectives

Writing actionable and measurable goals and objectives is outlined in *From Planning to Evaluation – Your Guide to Evaluating Your Efforts in IMPACT* which can be found at the SC Prevention/Evaluation Resources website, also known as the [SC Prevention Documents](#) website.

Example:

Goal 1. Reduce substance use among middle and high school students

Objective 1 (Process)

Execute MOUs with three middle schools in our county to deliver Life Skills Training to all 7th grade students.

Objective 2 (Process)

Deliver all eight sessions of Life Skills Training to all 7th grade students in our county, reaching approximately 200 students.

Objective 3 (Outcome)

Reduce alcohol use among program participants, as measured by the DAODAS Survey.

Objective 4 (Outcome)

Reduce marijuana use among program participants, as measured by the DAODAS Survey.

PREVENTION STRATEGIES: Six CSAP Strategies

Information
dissemination

Prevention
education

Positive
alternatives

Environmental
strategies

Community-
based
processes

Identification of
problems and
referral of
services

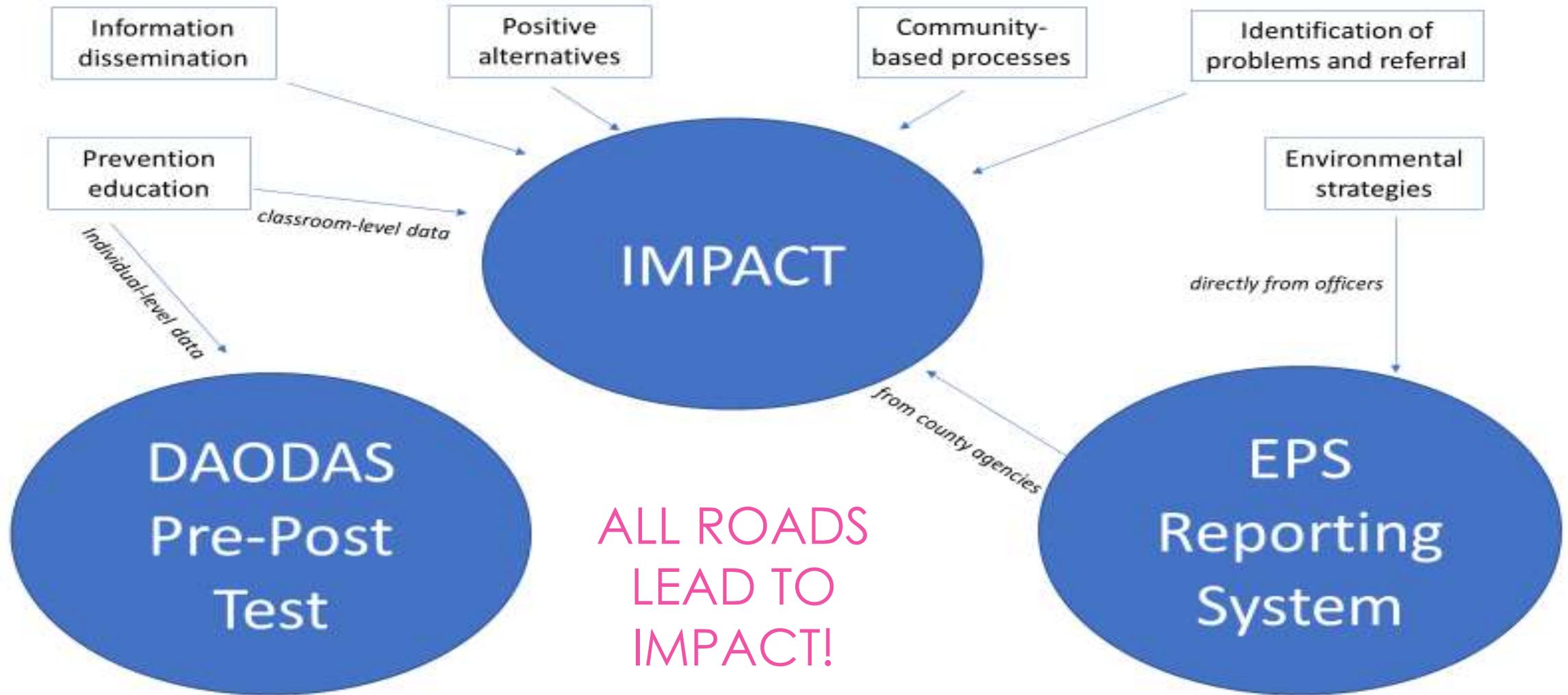
DAODAS Reporting Systems

IMPACT - a tool for reporting prevention outputs, or counts, of prevention activities and people reached, setting project goals and objectives.

DAODAS Pre-Post Survey - primary method for collecting individual-level data from prevention program participants (e.g., students participating in Life Skills).

Environmental Prevention Strategies (EPS) Reporting System - designed for law enforcement officers to enter data about their environmental prevention operations.

When to use IMPACT, the Pre-Post Survey, and EPS Reporting System



Understanding the DAODAS Standard Survey

Administering the Surveys

- A detailed overview of how to prepare, proctor, review, handle, and return the surveys can be found in the “**Scanned Standard Survey Overview**” document in the Evaluation Documents section of the [SC Prevention Documents](#) website.

Understanding the DAODAS Standard Survey

The Standard Survey was updated in 2019 and is available in two versions— middle school and high school. Both surveys consist of the following measures:

- **Perceived risk/harm** of substance use.
- **Disapproval** of substance use.
- **Perceived parental attitudes** toward substance use.
- **Perceived peer attitudes** toward substance use.
- **Decision-making.**
- **Past 30-day substance use.**
- **Past 2-week binge drinking.**
- **Parent communication** about the dangers of substance use.

Differences between the New Survey and the Old Survey

Old	New
One pre and one post for ages 10 - 20	MS pre (grades 6-8), MS post, HS pre (grades 9 – 12), HS post
Scale scores don't necessarily match standards set by other surveys	Scales more closely match CTC Survey and other standardized surveys
Scale scores vary (e.g., 0 – 3, 0 – 10)	All scales are scored 0 - 3
Same substance use items regardless of age	Fewer substance use items for middle school
Does not include some current substances of concern	Includes e-cigarettes, prescription drugs, pain relievers (HS), heroin and fentanyl (HS), cocaine (HS), other illicit drugs (HS)
Substance use items ask about number of days used during past 30 days	Substance use items are YES/NO
Includes age of first use	No age of first use items

Data Coding

Scale	Coding
Perceived Risk of Harm	No Risk to Great Risk (0 – 3)
Disapproval of Substance Use	Not at all Wrong to Very Wrong (0 – 3)
Perceived Parental Attitudes	Not at all Wrong to Very Wrong (0 – 3)
Perceived Peer Attitudes	Not at all Wrong to Very Wrong (0 – 3)
Decision Making	Never to All the Time (0 – 3)
Past 30-Day Substance Use	YES/NO
Past Two-Week Binge Drinking	YES/NO
Parent Communication	YES/NO

Data Reports

- ▶ Up to two evaluation reports per program each year
 - ▶ One at year end
 - ▶ One upon request at any time during the year

Data Reports (cont.)

The following information is typically provided in each report:

- ▶ The number of participants with valid pre- and post-tests;
- ▶ A measure-by-measure breakdown of the average pre-test score, average post-test score, and percent change from pre- to post-test;
- ▶ Whether the change for each measure was statistically significant;
- ▶ A bar chart depicting the percent of pre-test non-substance-users (that is, those who reported not using a given substance during the past 30 days) that remained non-users at post-test;
- ▶ A bar chart depicting the percent of pre-test substance users (that is, those who reported using a given substance on at least one day during the past 30 days) that reduced use (that is, reported using on fewer days), though not necessarily stopped entirely, by post-test;

Data Reports (cont.)

The following information is typically provided in each report:

- ▶ Bar charts depicting the pre- and post-test scores for each measure;
- ▶ Bar charts depicting the results for items on the pre-test only (i.e., age of first use, whether they talked with their parents about ATOD dangers in the past year, and whether they have been exposed to prevention ads in the past year);
- ▶ A summary of overall program findings as observed by PIRE staff;
- ▶ Sub-group data tables broken down by gender, race, ethnicity and implementation group (but only when the number of participants in the subgroup is at least 25);
- ▶ A discussion of differences between sub-groups; and
- ▶ A brief description of some of some methodology issues.

Sample Data Table

Risk Factor Scores, Range (Positive score is favorable)	Your County, This Program N=55			All Counties, This Program N=145			FY18 All Counties, All Programs N=545		
	Pre Average	Post Average	% Change	Pre Average	Post Average	% Change	Pre Average	Post Average	% Change
Perceived Risk, 0-3	2.38	2.43	1.81*	1.96	2.16	10.11**	1.92	2.07	7.61**
Disapproval of Substance Use, 0-3	1.95	1.88	-3.79**	1.86	1.91	3.16**	1.81	1.85	2.18**
Perceived Parental Attitudes, 0-3	2.76	2.76	0.00	1.88	2.01	6.73	1.58	1.62	4.5**
Perceived Peer Attitudes 0-3	1.95	1.88	-3.79**	1.82	1.83	0.90	2.38	2.43	1.81*
Decision-Making Skills, 0-3	2.85	2.85	-0.12	2.82	2.87	1.61**	2.83	2.84	0.28

*Pre- and post-test averages are approaching being statistically significantly different (significant at the p<.10 level, but not p<.05 level)

** Pre- and post-test averages are statistically significantly different (significant at p<.05 level)

Sample Data Table (cont.)

Substance Use, % Users in Past 30 Days (Negative change is favorable)	Pre Average	Post Avera ge	% Change	Pre Average	Post Average	% Change	Pre Average	Post Average	% Change
Other Tobacco	5.06	3.13	-38.14	2.42	1.91	-21.07	3.23	3.52	8.98
Cigarettes	10.13	7.81	-22.90	3.35	1.91	-42.99	4.45	3.36	-24.49
E-Cigarettes or Vapes	17.72	17.19	-2.99	7.27	5.14	-29.30	9.48	7.85	-17.19**
Alcohol	6.36	0.74	-88.36	4.73	2.63	-44.40	4.30	3.13	-27.21*
Marijuana	1.9	0	-100	2.31	1.67	-27.71	1.80	1.31	-27.22
Non-Medical Prescription Drug Use	4.13	6.62	60.29	3.46	4.06	17.34	3.55	3.01	-15.21
Prescription Pain Pills (OxyContin, Vicodin, etc.)	2.18	2.21	1.38	2.31	2.15	-6.93	2.44	2.22	-9.02
Heroin or Fentanyl	2.91	4.17	43.30	2.42	1.91	-21.07	1.80	1.88	4.44
Binge Drinking (past 2 weeks)	0.98	0.98	0.00	6.36	0.74	-88.36	1.73	1.68	-2.89

*Pre- and post-test averages are approaching being statistically significantly different (significant at the $p < .10$ level, but not $p < .05$ level)

** Pre- and post-test averages are statistically significantly different (significant at $p < .05$ level)

Fidelity Checklists v Adaptation

Fidelity is the agreement (concordance) of a replicated program model or strategy with the specifications of the original. The primary argument for fidelity is that the developer generated the positive outcomes required to be an evidence-based program by doing the program a certain way, and if the program is not implemented in that way, the likelihood of replicating those positive results is diminished. Indeed, most evaluative evidence suggests that programs that are not administered with fidelity will achieve weaker effects

Adaptation refers to modifications made to a chosen intervention, which may be intentional or unintentional. The primary argument for adaptation is that every community is different, so the implementers must be trusted to make decisions about how the program can work best with their audience.

Community Surveys

- ▶ Surveys are an excellent way to gather data to assess your community's behaviors, attitudes, and beliefs.
- ▶ They allow you to collect information from a lot of people that is not readily available from other sources.
- ▶ Before you decide to conduct your own survey, however, you should do some research to make sure there are no existing surveys that could provide you with the information you want.
- ▶ Table on the next slide lists a few prominent surveys relevant for substance abuse prevention that are conducted in South Carolina.

Community Surveys

Survey Name	Sponsoring Agency	Target Population	Frequency	Level of Estimates	Website
Behavioral Risk Factor Survey (BRFS)	SC DHEC), in conjunction with the CDC	Adults ages 18 and older	Annual	State Nation	https://www.scdhec.gov/health/sc-public-health-statistics-maps/behavioral-risk-factor-surveys
Communities That Care (CTC)	DAODAS	High School students	Biannual (even years)	County (a subset of counties participates in this survey)	https://www.communitiesthatcare.net/
National Survey on Drug Use and Health (NSDUH)	SAMHSA	Persons ages 12 and older	Annual	State Nation	https://nsduhweb.rti.org/respweb/homepage.cfm
Monitoring the Future (MTF)	National Institute on Drug Abuse (NIDA)	Grades 8, 10, 12	Annual	National	http://www.monitoringthefuture.org/
Youth Risk Behavior Survey (YRBS)	SC DOE, in conjunction with the CDC	High School students	Biannual (odd years)	State Nation	https://ed.sc.gov/districts-schools/school-safety/health-safety-surveys/sc-youth-risk-behaviors-survey-yrbs/

Resources

[Communities That Care](#)

Information on their approach, including their Youth Survey

[Community Tool Box](#)

Information on conducting surveys

[Harvard University Program on Survey Research](#)

Tip Sheet on Question Wording

[Questionnaire Design: Asking Questions with a Purpose from the University of Wisconsin](#)

[Search Institute](#)

Information on their approach, including their Developmental Assets Profile

[Survey Monkey](#)

Surveys 101

PIRE South Carolina Team

Michael George, PhD
mgeorge@pire.org
803.479.3628

Al Stein-Seroussi, PhD
stein@pire.org
919.265.2616

Mikella Allen
mallen@pire.org
803.896.1167

PIRE staff are available to provide evaluation-related assistance to the county prevention staff. If you need further assistance or clarification on any of the information in this handbook, please feel free to contact the **DAODAS prevention staff at 803-896-1184** or PIRE staff. We would also appreciate your feedback so that we can further develop the handbook in future editions.