

SELECTING APPROPRIATE OUTCOMES

TIP SHEET

Introduction:

There is no one, easy way to select sound outcomes for prevention programs. The diversity of the funded programs range from selective individual prevention to community-wide environmental prevention, from individual skill building programs to community norm-changing initiatives. There are, however, guidelines that can aid grantees in selecting appropriate outcomes for their prevention activities. Each of the elements below is a critical factor that influences the feasibility and suitability of an outcome to reflect the work of a prevention project.

Major Factors in Selecting Outcomes:

Theory of Change / Logic Model. The first step in selecting outcomes for a prevention project is to return to the Logic Model and stay true to the Theory of Change. Such processes establish the action of a project and how that action (by incremental steps) will evoke positive change in the target population. For example, a prevention program has brought together program staff and stakeholders to establish a Logic Model for their prevention activities. In that meeting they established an adherence to the Risk and Protective Factor model of prevention. When selecting outcomes for their initiatives, care should be taken to return to the Theory of Change, namely by maximizing a child's protective factors such as establishing strong bonds in that child's sphere of influence (Individual, Peer, Family, School, Community) the likelihood of that child abusing alcohol or other drugs decreases. A survey measuring the child's self-reported connection to each of these spheres would be a good way to measure the activity of the prevention program.

Geographic Scale of the Project. Prevention projects vary in the scope of the target population. Many focus their prevention efforts on a relatively small number of high-risk youth, others institute programs targeted at schools or districts, and some attempt to influence entire communities. To effectively detect change, a response measure must be selected appropriate to the scale of the project. For example, district level California Healthy Kids Survey data is unlikely to show the action of an educational prevention program targeting high-risk children at a particular school. Be sure to gather both pre- and post-intervention data at the same geographic scale and the among the same target population. So, for example, a program intends to reduce the youth availability of alcohol through a citywide Decoy Buy operation. To establish the current level of alcohol availability among youth, the program surveys youth throughout the city about their perceptions of alcohol availability and use. Upon the completion of the program, the

program would have to re administer the survey following the same protocol and among the same population (citywide) of youth.

Accountability. When selecting an outcome it is important to establish a causal link between the action of the program and data measure selected for an outcome. Conceptually, this is related both to the process of the logic model and the geographic scale. Essentially one must ask if it is reasonable to believe the program can influence the measure. For example, a program specifically designed to teach youth the health and safety dangers of alcohol abuse is unlikely to have a direct correlation with school attendance and grade point average. This is often complicated by multiple programs which may have similar long-term outcomes that cannot be easily traced to each individual program.

Long-Term versus Intermediate Outcomes. Nearly every AOD prevention program has the long-term goal of reducing AOD use. However, it may be inappropriate to expect change in use in the period of time that a program operates. These Long-Term Outcomes are often referred to as Impacts, or what change we are attempting to accomplish upon our target population. The question to ask here is: what changes are expected and in what time periods? For example, an environmental campaign to restrict youth access to alcohol through a Decoy Buy operation may not immediately impact CHKS self-reported use rates. It would, however, be expected to influence youth perceptions of alcohol availability. Breaking this down further we could establish the sequential steps and expectations of this prevention initiative:

Immediate outputs, or quantifiable activities performed by the program staff, of the project. In this example, the initiative could promise to send 5 underage buyers to 10 off-sale alcohol outlets in one month. Outputs do not measure the change of the project.

Intermediate Outcomes of a project, however, attempt to measure the positive change that those activities will elicit. In this case, by pressuring alcohol outlets to enforce the minimum drinking age, the perception of youth access to alcohol would decrease.

Long-Term Outcome or Impact would be realized through the change incurred by the Intermediate Outcomes. In this case, through decreasing youth belief that alcohol is readily available to them, ultimately, youth use rates would decline.

Cost & Logistics. There are numerous issues involved with working with data. The feasibility of working with some data sources may limit their inclusion into AOD prevention programs. Many agencies do not release current data, only presenting data two or three years old. Other data sources require special permissions or costs that

impact the logistics of their use for prevention. Resources, either internal to the project or contracted, must be set aside for collection, managing, and analyzing the data.

Other Considerations in Selecting Outcomes:

It is important to recognize both the limitations of the program and of the measures describing the program's action. Somewhere between an output and an outcome we lose absolute control. We influence outcomes, to what extent is dependent on definitions and the scope of the project. For example, a program designed to increase students' bonding to their school and thereby raise GPA cannot guarantee a change in GPA. The program could commit to specific outputs under its control, for example, two trainings a week for eight weeks. A program does not, however, have control of students' GPA. Several other factors influence GPA well beyond the control of the prevention program, including parental support, student and teacher competence, etc.

Programs should endeavor to select a manageable number of well-defined outcomes that can show change. Rarely will one single measure be sufficient to illustrate the action of a program. However, selecting too many outcomes can confuse the true effect of the program and increase costs associated with data collection, management and analysis.

In addition to communicating the effect of the prevention program, outcomes are also critical to informing program decision-making. In order to be useful to mid course changes, outcomes must be time-sensitive enough to deliver information to the program.