

Innovative Evaluation Methods Designed to Impact Sustainability and Advocacy among Coalitions with Limited Resources

P. Allison Minugh, Ph.D.

Susan L. Janke, M.S.

Marie Waldeck, C.P.S.S.

Nancy Devaney, B.S., C.P.S.S.

February 9, 2010



Learning Objectives

1. Understand the background for this project.
2. Identify data that is available for little or no cost.
3. Learn to use data to meet your coalitions unique needs.
4. Identify methods for presenting data that achieve results.



History of RISAPA

Founded in 1988

- 35 coalitions - 39 cities/towns
- Funding ranges from \$17,000-\$91,000 per coalition
- No guidelines for coalition functioning

State considered regionalization in 2008

- Coalitions planning for efficiency and effectiveness
- Statewide logic model addressing underage drinking



The Statewide Initiative

Compiled needs assessment data

Consensus to address social & retail access to alcohol

Formed workgroups for self-support



Evaluating Our Efforts

Data

- Evaluation data didn't exist
- Communities lacked infrastructure

Cost

- Statewide evaluations are expensive
- Pooled our financial resources

Solution

- Developed RFP
- Selected lead organization

RISAPA's Evaluation Goals



Reduce underage drinking
by 2% by 2012



Reduce illegal retail sales of
alcohol by 5% by 2012

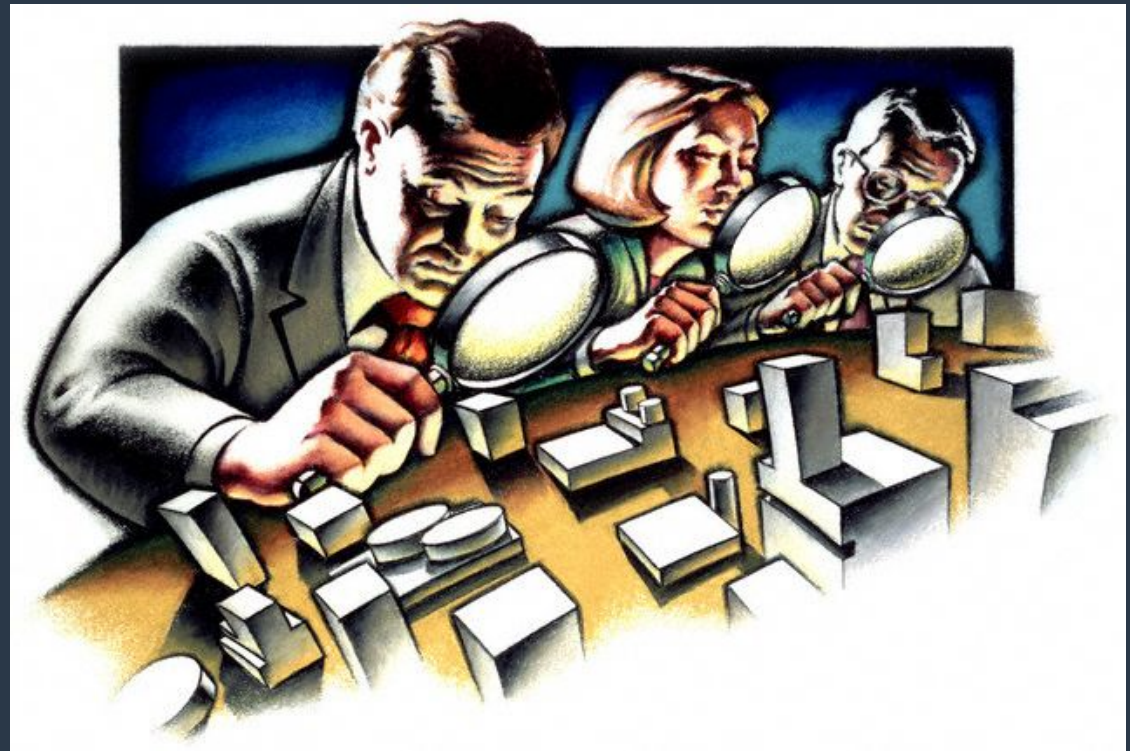


Reduce non-retail access to
alcohol by 5% by 2013



Produce a report for State
legislature, funders, and
communities

The Evaluation



Considering Data Needs



What is Secondary Data?

Data collected for other studies

Data is collected every day

- Government agencies
- Universities
- Non-profits
- Think-tanks
- Public opinion polls
- Students

Locating Sources of Data

- American Statistics Index
- Statistical Reference Index



How do you evaluate data?

- Theoretical/conceptual model used
- Variables and hypotheses posited
- Definitions of variables and measures
- Population, sample design
- Data collection strategy and response rate
- Quality control measures employed
- Data coding, entry, and analysis procedures
- Factors affecting the study (current events)



Why Use Secondary data?

- Less expensive than primary data collection
- Easier to cover wider geographic or temporal range
- Population, sample design
- Larger scale study on a small budget
- Does not exhaust people's good will



Potential Drawbacks

- Only as good as the research that produced them
- Must assume what the author(s) meant
- May be issues with validity and reliability
- Data may already have been modified
- Documentation may be weak
- Electronic format incompatibilities
- Confidentiality considerations
- May be purchase or loan costs



Where Can We Get Data?

Departments
of Health

Departments
of Family
Services

Police
Departments

Departments
of Education

U.S. Census

Centers for
Disease
Control

FBI

SAMHSA



What Data are Available?

DOH

- Tx Admits
- Tx Funding
- Prevention Services
- Prevention Funding
- STD's
- ICD-9 Data

DFS

- Child Abuse/Neglect
- TPR
- Elderly Abuse
- CHINS
- Welfare recipients

Police

- Adult arrests
- Youth arrests
- Alcohol related arrests
- Drug related arrests
- Burglaries
- Robbery
- Larceny
- Vandalism

What Data is Available? - 2

DOE

- Enrollment
- Graduation rate
- Testing scores
- Truancy rates
- Suspension rates
- Substance abuse violations

U.S. Census

- Population by tract
- Projections
- Demographics
- Housing
- Median income
- Poverty
- Health insurance
- Economic indicators

CDC

- National Health Interview Survey
- Health Risk Factors
- Youth ATOD Use
- YRBSS
- BRFSS
- Mortality data

What Data is Available? - 3

FBI

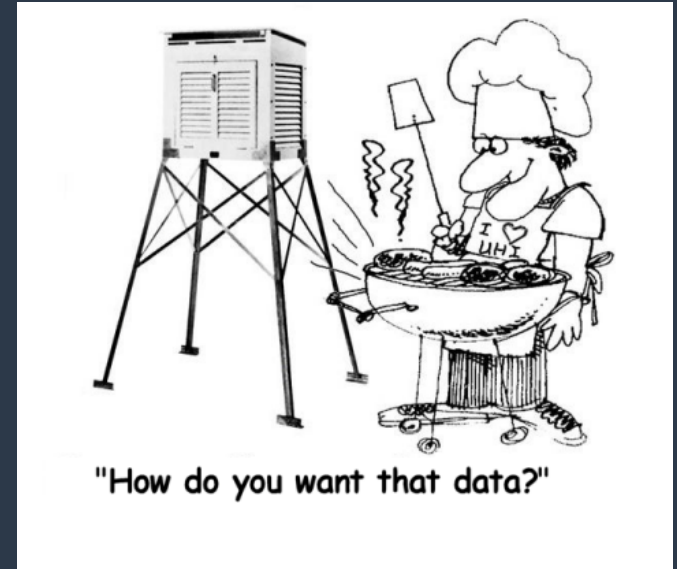
- UCR data

SAMHSA OAS

- TEDS
- NSDUH
- DASIS
- DAWN
- N-SSATS

How is the Data Used?

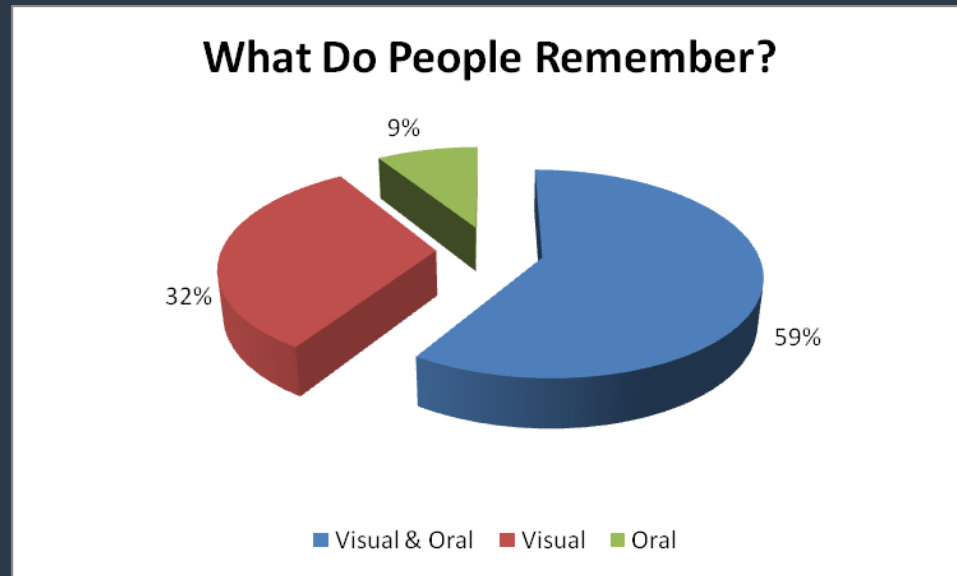
- Surveillance, estimating incidence and prevalence;
- Retrospective studies
- Synthetic estimates
- Evaluation outcomes



How is the Data Presented Effectively?



What Do People Remember?



- The average adult attention span is 20 minutes!

Presentation or Report Content

The Four Golden Questions

Where are we now?

Where are we going?

How did we get there?

What is left for the future?



Helpful Hints

- Summarize before changing topics;
- Use concrete examples when presenting formulas;
- Demonstrate software.



Presentation Tips

Fonts

- Use 18 or greater for large group
- Use 14 or greater for small group
- Use a sans-serif font
- Only use colors for emphasis
- Know your color wheel



Snappy Data Presentation Ideas

The One-Page Brief

The Data Dashboard



The One-Page Brief

SUBSTANCE ABUSE: IMPACT OF UNMET NEED IN KANSAS

Substance Abuse Is Everybody's Problem

Recent Statistics:

- 35,622 arrests for substance use
- 16,645 adult substance abuse hospitalizations
- 3,393 alcohol-related motor vehicle accidents
- 965 alcohol and drug-related deaths
- 408 substance related involuntary commitments
- 9,131 youth in out-of-home placements
- 1,679 HIV/AIDS cases



Most Substance Abusers Do Not Receive The Services They Need

The Kansas Comprehensive Needs Assessment estimated that 63,500 adults and 7,000 adolescents needed treatment and were eligible for SRS/AAPS-funded services. In Fiscal Year 2005 Addiction and Prevention Services served 12,791 people.

Substance Abuse Is Costly

<i>Guest Check</i>		
Server	Table	Number Guests
State Budget	Kansas	225,155
<i>Health</i>		\$88 M
<i>Adult and Juvenile Corrections</i>		\$185 M
<i>Child Welfare</i>		\$56 M
<i>Income Assistance</i>		\$12 M
<i>Education</i>		\$161 M
<i>Mental Health Treatment and Support</i>		\$50 M
<i>Public Safety</i>		\$6 M
<i>State Workforce</i>		\$5 M
<i>Prevention, Treatment, and Research</i>		\$8 M
<i>Other</i>		\$12 M
Total		\$583 M

"No other single issue impacts more areas of government than alcohol and other drug problems and none is more destructive to state budgets."

Luella Fleming, former Director, Ohio Department of Alcohol and Drug Addiction Services, *Blueprint for the States*, 2006.

The cost to the Kansas state budget is over \$583 million per year.

Source: *Shoveling Up: The Impact of Substance Abuse On State Budgets*. The National Center on Addiction and Substance Abuse at Columbia University, 2001.

Treatment Works And It Saves Money

- Treatment reduces drug use, criminal activity, and psychiatric distress by 50% (SAMHSA, 2006).
- Every \$1 invested in substance abuse treatment saves \$7 (Eitner et al., 2006).
- Incarceration is nearly 1.8 times as expensive as residential treatment (Daley et al., 2004).

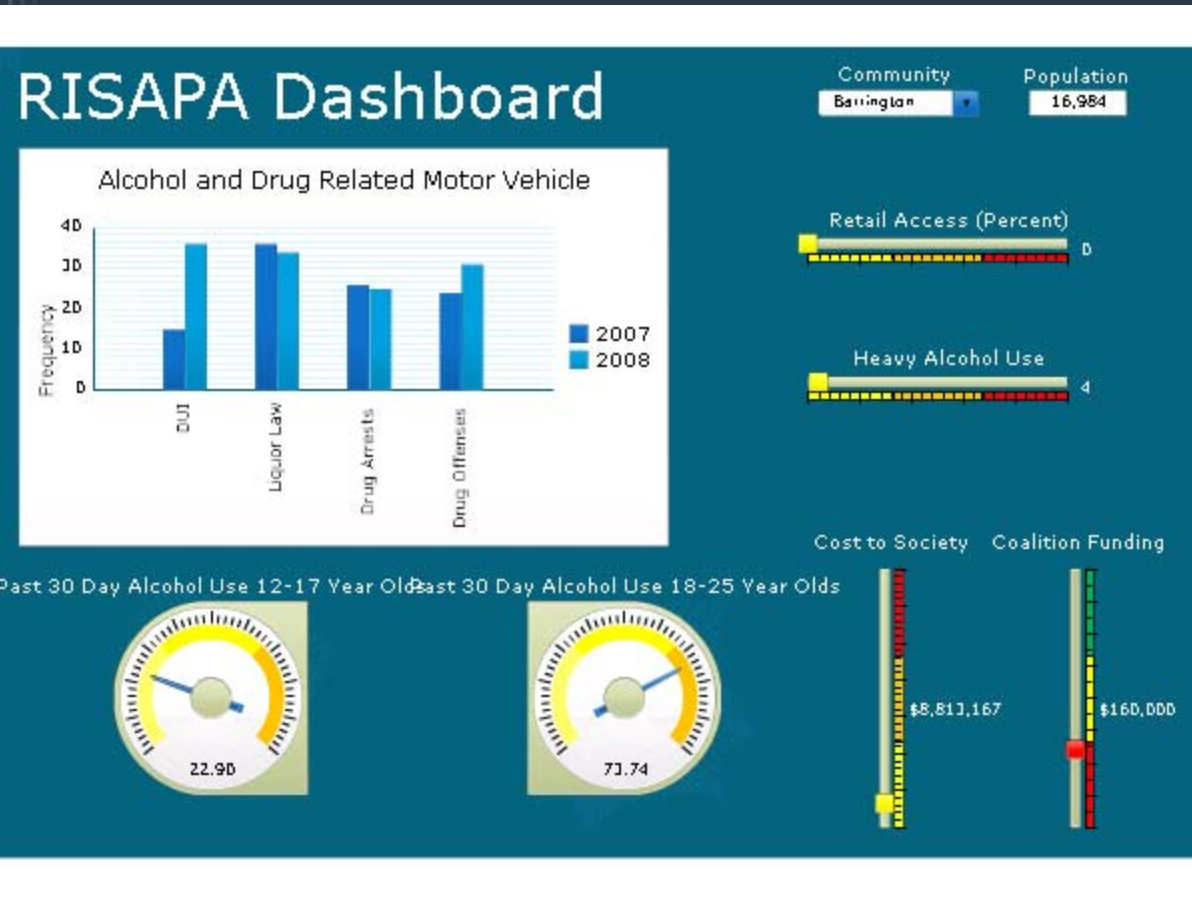
How Can We Reduce The Cost Of Substance Abuse To Society?

- Keep mandating and funding treatment
- Intervene early, treat families, and help those who are not in the treatment system
- Change "kids will be kids" culture to delay onset of drinking and drug use

Prepared by Datacorp

Funded by Social and Rehabilitation Services Addiction and Prevention Services

The Data Dashboard



The RISAPA Evaluation Team



P. Allison Minugh, Ph.D.

Susan L. Janke, M.S.

401-232-DATA (3282)

sjanke@mjdatacorp.com

www.mjdatacorp.com for handouts



Marie Waldeck, C.P.S.S.

Nancy Devaney, B.S., C.P.S.S.

401-490-2200

mwaldeck@ihdri.org