

A Prevention 101 Series Publication

Strategic Planning for Prevention Professionals on Campus



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Strategic Planning for Prevention Professionals on Campus

by Linda Langford, Sc.D., and William DeJong, Ph.D.

The nation's institutions of higher education continue to face serious problems with respect to student alcohol and other drug abuse and violence (AODV). For campus administrators, deciding how to respond effectively means understanding and taking into account both the complexity of these social problems and the individuality of each campus community. There can be no simple answer: Complicated problems require a comprehensive and integrated response, and crafting such a response requires a systematic planning and evaluation process.

To support campus leaders addressing AODV problems among their students, this publication describes a strategic planning process for designing, implementing, and refining AODV programs and policies. The planning process described herein is grounded in a prevention approach called *environmental management*, which focuses on addressing various factors in the environment that contribute to AODV-related problems.¹ This is not a detailed manual, but a basic introduction to the elements and purposes of sound intervention planning, consistent with the U.S. Department of Education's principles of effectiveness for prevention programs (see above).

Key Steps in Strategic Planning

Effective strategic planning involves the following steps:

1. Conduct a problem analysis:
 - Gather data on the nature and scope of the problem, both nationally and locally.

Principles of Effectiveness for Prevention Programs

The U.S. Department of Education's Office of Safe and Drug-Free Schools promotes principles of effectiveness for prevention programs, as codified in the *No Child Left Behind Act of 2001*. A subset of the principles of effectiveness that are most applicable to institutions of higher education can be summed up as follows:

- Design programs based on a thorough needs assessment of objective data.
 - Establish a set of measurable goals and objectives linked to identified needs.
 - Implement prevention activities that research or evaluation have shown to be effective in preventing high-risk drinking or violent behavior.
 - Use evaluation results to refine, improve, and strengthen the program and refine goals and objectives as appropriate.
2. Establish long-term goals and objectives—that is, the *changes* in people or the environment that are needed to reduce the magnitude of the problem.
 3. Consult research, historical program experience, and theory to identify potential strategies that will address the campus's problems and achieve its long-term goals and objectives.
 4. Create a strategic plan:
 - Assess the intervention options and decide on a set of strategies.
 - Translate the selected strategies into specific activities, such as new policies, media campaigns, and student services programs.
 - Create a logic model, a model that describes the intervention components and explains how they are expected to lead to achievement of the desired goals and objectives.
 - Create a work plan.
 5. Execute an iterative evaluation plan:
 - Monitor implementation of the work plan.
 - Evaluate programs and policies.
 - Use the findings to guide improvements, and then continue to evaluate.

While this process is presented as a linear progression, in practice a planning group will often rework earlier steps as more information is gathered and assessed.

Strategic Planning Group

Strategic planning is most effective when conducted as a collaborative effort, with key stakeholders contributing information and working together, not only on program design but also implementation and evaluation. An effective means of ensuring broad-based participation is a campus and community coalition.² Members might represent such groups as neighborhood residents, the business community, public health agencies, health care providers, faith-based institutions, rape crisis centers, law enforcement, and

substance abuse treatment agencies. In many cases, it will be better to start with a small planning group or a campus-based task force and then expand membership to other departments and community members when the group's work could benefit from broader involvement.

The campus-based program administrator who leads the planning process will want to think strategically when considering potential collaborators, taking several factors into account: (1) the planning group's focus (alcohol, other drugs, violence, or other issues), (2) the institution's departmental structure and lines of authority, (3) key constituencies affected by the AODV problem and their institutional priorities, (4) individual skill sets and work styles, and (5) how the planning group's work has progressed to date. When recruiting new members, the planning group leader should try to appeal to each person's self-interest, showing how his or her participation can help in achieving his or her own goals and objectives.

Ideally, planning and evaluation will be tightly integrated, with the evaluation designed as the prevention program is being developed, not after it is up and running. Organizing the evaluation simultaneously leads to a more critical consideration of the program's goals, objectives, activities, and resources, while also reinforcing the idea that evaluation, as part of an iterative process, is a valuable management tool. Assigning a program evaluator early on to work with the planning group will facilitate this connection. Guidance is available on how to find an affordable program evaluator.⁴

Step 1: Conduct a Problem Analysis

To begin, the planning group will want to identify, prioritize, and describe the campus's and its surrounding community's AODV problems to be addressed. While this step is often referred to as "needs assessment," the term *problem analysis* is more accurate. The rationale is simple: Without thorough knowledge of the problem, planners are less likely

to choose appropriate solutions.

The planning group should first work to develop a shared understanding of the nature, extent, and underlying causes of AODV-related problems on campus and in

the nearby community. There are multiple information sources to consult, including student surveys, key informant interviews, focus groups, field observations, arrest and incident data, and other campus and community archival data.

Vital points of information include (1) the frequencies, times, and locations of crimes and high-risk behaviors and their negative consequences; (2) individual level factors that are correlated with these behaviors, including knowledge, beliefs, attitudes, perceived norms, group affiliations, and associated behaviors; and (3) contributing environmental factors, such as alcohol and weapons availability, low-cost or free alcohol, alcohol promotions directed to students, misperceived norms about high-risk and protective behaviors, and inadequate or poorly enforced laws and campus AODV policies.⁵

The *College Alcohol Risk Assessment Guide* provides several tools and resources for identifying and analyzing environmental factors that contribute to student alcohol-related problems.⁶ The guide's recommended procedures can be adapted to analyze problems related to other types of substance use. Tools also are available to assist community members in performing a "safety audit" to identify settings where crime and violence are more likely to occur.⁷

The planning group also will want to assemble information on existing AODV initiatives and resources that could be mobilized as part of a newly coordinated prevention program. This step will help identify potential allies who are not already part of the coalition, avoid duplication of efforts, and ensure that the developed program is both comprehensive and well integrated.

It is important to think broadly here, not only about agencies, programs, and policies that have a direct and obvious connection to AODV problems but also other administrative, scholastic, and extracurricular initiatives that contribute to a safe and healthy academic environment and foster personal resilience.

Finally, the planning group will want to prepare and distribute a report of their findings, including: (1) the most prevalent and harmful types of AODV

There is no simple, one-size-fits-all solution for alcohol and other drug abuse, violence, and other high-risk behaviors in higher education settings. These behaviors are complex and multi-determined, and therefore no single program or policy will solve them. Given the diverse settings, structures, cultures, and students found at different campuses, academic officials will have to design a program that is targeted to their particular circumstances and needs.

behavior; (2) characteristics of the students and settings involved; (3) a list of individual and environmental factors that contribute to those problems; (4) an inventory of existing efforts, resources, and personnel to address the problem; and (5) major gaps in programs and policies. A well-written problem analysis will provide a compelling case for making AODV prevention a priority, articulating the need for action while making clear that substantial progress is achievable.

At this point, with a fuller understanding of the problem, the planning group can consider whether to invite new members who would provide additional perspectives, experience, and skills to the group.

Step 2: Establish Long-term Goals and Objectives

Working from the problem analysis, the planning group will decide on long-range goals, which will encompass the primary changes in student behavior or other outcomes that the comprehensive prevention effort will be designed to accomplish. Specifying goals at this stage of the process will help ensure that the selected program components are focused on priority outcomes, rather than a collection of disconnected or even conflicting aims.

The goal statement often will be a subject of debate. Regarding alcohol use, the legal minimum drinking age is 21, and colleges must proactively promote a nonuse message for students under the age of 21. Should the primary focus then be on high-risk drinking, including underage consumption? Should the focus be to reduce alcohol consumption generally or to protect student drinkers from harm? Should the prevention effort concentrate on student drinking on campus, or should it also cover off-campus behavior? Each option has advantages and disadvantages.

Regarding violence, should the primary focus be reductions in physical violence and campus crime, or should the focus be expanded to include harassment and verbal aggression? Again, there are pros and cons to each option. An expansive definition might facilitate early intervention efforts and help educate the campus community about a wider range of harmful behaviors. On the other hand, such a definition might raise concerns about alarming the public with “inflated” statistics or over-defining the term to the point that its meaning is unclear.⁸

How college officials answer these questions will depend on several factors: (1) the nature of student AODV problems locally; (2) the traditions, philosophy, and academic mission of the institution; (3) the type and level of prevention resources available; (4) the views of senior administrators, funders, or other key stakeholders and their readiness to act; (5) characteristics of the surrounding community; and (6) the cultural and political context in which the college or university operates.⁹

In the name of compromise, planning groups often articulate broadly stated goals; such goals, however, are open to multiple interpretations. A typical long-term goal might be “to reduce student alcohol problems.” Does that mean reducing underage drinking, the harms caused by heavy drinking, or something else? Evaluators brought in to assess an established program often learn that key stakeholders hold varying and even conflicting opinions about what the initiative is designed to achieve, creating confusion and a less effective intervention.

Program planners can avoid this difficulty by articulating specific measurable goals whose achievement can readily be observed and measured. Using such terms as *increase*, *decrease*, and *reduce* can help ensure that the goals articulate needed *changes* and are therefore measurable. Precision also is essential. Thus, a goal to reduce student drinking would

be too inexact. If the problem analysis supported it, a far better goal would be to reduce the percentage of students who report having five or more drinks during their most recent drinking occasion, or to decrease the number of separate occasions per month on which students drink.

After reviewing the literature in step 3, the planning group will further define the changes they want to see by outlining specific and measurable objectives linked to each goal. These objectives will address the individual and environmental factors contributing to the problem that were delineated in the problem analysis. For example, in a community with large numbers of off-campus parties, an objective might be to reduce the number of complaints made by neighborhood residents. Like goals, objectives should be measurable. For example, one way to measure neighbor complaints is to track the calls that come into a special hotline telephone number set up for that purpose.

Step 3: Consult Research, Program Experience, and Theory to Identify Potential Strategies

The next step is to examine prior research, program experience, and theory to identify possible strategies for achieving each long-term goal. The key here is to stay focused, rather than to adopt programs that seem promising but do not address the named priority areas.

For work in alcohol abuse prevention, the best resource to consult is *A Call to Action: Changing the Culture of Drinking at U.S. Colleges*, a review issued by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) in 2002.¹⁰ Updated reviews focused on individual and environmental strategies are also available.¹¹ Several literature reviews summarize recent research on sexual violence prevention programs.¹² Comparable reviews are not

A Call to Action: Changing the Culture of Drinking at U.S. Colleges

A Review of the Alcohol Prevention Literature

A task force convened by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) organized programs and policies to prevent college student alcohol abuse into four tiers according to the quality of research evidence available at the time.

Tier 1: Evidence of Effectiveness Among College Students

These approaches are supported by two or more studies with college populations:

- Combining cognitive-behavioral skills training with norms clarification and motivational enhancement interventions (e.g., Alcohol Skills Training Program [ASTP]);
- Offering brief motivational enhancement interventions (e.g., Brief Alcohol Screening and Intervention for College Students [BASICS]); and
- Challenging alcohol expectancies, using a combination of information and experiential learning.

Tier 2: Evidence of Success With General Populations

These approaches have not yet been tested with college students but have been successfully used with general populations:

- Increasing enforcement of the minimum legal drinking age (age 21);
- Implementing and enforcing other laws to reduce alcohol-impaired driving;
- Restricting alcohol retail outlet density;
- Increasing prices and excise taxes on alcoholic beverages; and
- Implementing responsible beverage service (RBS) policies in social and commercial settings.

Tier 3: Evidence of Promise

These additional program and policy ideas make sense intuitively or seem theoretically sound, but so far lack strong empirical support from well-designed evaluations:

- Adopting campus-based policies and practices designed to reduce high-risk alcohol use;
- Increasing enforcement at campus-based events that promote excessive drinking;
- Consistently enforcing disciplinary actions associated with policy violations;
- Increasing publicity about enforcement of underage drinking laws on campus;
- Conducting marketing campaigns to correct student misperceptions about alcohol use;
- Informing new students and their parents about alcohol policies and penalties before arrival and during orientation periods;
- Enhancing awareness of personal liability;
- Regulating happy hours and sales; and
- Providing safe ride programs.

Tier 4: Evidence of Ineffectiveness

These approaches have consistently been found to be ineffective *when used in isolation* and not as part of a comprehensive prevention effort:

- Implementing informational, knowledge-based, or values clarifications interventions about alcohol and the problems related to its excessive use; and
- Providing blood alcohol concentration (BAC) feedback to students who are drinking.

Source: Task Force of the National Advisory Council on Alcohol Abuse and Alcoholism, National Institute on Alcohol Abuse and Alcoholism. *A Call to Action: Changing the Culture of Drinking at U.S. Colleges* (Washington, D.C.: National Institutes of Health, 2002).

available for college-specific interventions that target other drug use or other areas of violence.

The next place to turn is the published evaluation research. In general, the college-specific literature is relatively sparse, so it will be essential to consult studies on community-based programs with similar goals. Many of the studied approaches may be transferable to campus settings. For example, research demonstrates the value of responsible beverage service (RBS) programs, an alcohol control measure that can readily be adopted at campus pubs or adapted for parties sponsored by student social groups.¹³

Other important resources are descriptions of model prevention programs compiled by federal government agencies, such as the Substance Abuse and Mental Health Services Administration (SAMHSA)¹⁴ and the Department of Education.¹⁵

It is also useful to network with administrators from other campuses. Other prevention practitioners can be an invaluable source of information to help generate ideas and avoid stumbling blocks. An intervention that has not been evaluated should be adopted with caution. In the best case, there will be unpublished evaluation data that support the approach.

The quality of both published and unpublished research must be carefully considered. Higher quality evaluation studies use comparison groups or otherwise take into account nonprogram factors that are likely to affect results. If surveys are used, the sample should be representative of the student population, and there should be a high response rate. Also, confidence in the findings can be greater when there is evidence of sustained change over time and successful replications at other sites.

Absent evaluated strategies, the planning group can consider program ideas that are grounded in behavior change

theory or other theoretical frameworks.¹⁶ According to social cognitive theory, for example, people learn new behaviors by observing models and then perform those behaviors in anticipation of desired rewards. Skill building is emphasized as a key aspect of the behavior change process.¹⁷ Based on this theory, a rape prevention program could be designed to depict responsible and nonviolent men as positive role models, reinforce the benefits of taking action to help create a safe environment, and build skills for intervening in behaviors related to sexual violence, among other objectives.¹⁸

In other cases, planners can develop new intervention ideas through logical analysis. For example, if community crime data revealed a problem with students fighting outside local bars at closing time, then campus and town officials could consider several approaches, including mandatory RBS programs to reduce alcohol consumption, staggered closing times, and increased police presence on nights with heavy bar traffic. If on-campus disturbances were found to involve nonstudents, then the strategies would be very different—namely, changes in guest policies, better monitoring of campus visitors, and similar approaches.¹⁹

This review of program and policy options can be facilitated by using a typology matrix. Table 1 shows examples of matrices for alcohol and other drug interventions and for violence interventions. A typology matrix is a useful tool for categorizing existing efforts, identifying missing program elements, and guiding new strategic planning.²⁰

A social ecological framework used in public health work defines one dimension of the typology by classifying programs and policies into one of the following five levels: individual, group, institution, community, and societal influences, with a special focus on state and federal public policy.

The typology's second dimension, "Areas of Strategic Intervention," is tailored to fit the high-risk behavior problem of concern. For alcohol abuse prevention there are four alternative areas of strategic intervention to consider:

1. Changing people's knowledge, attitudes, skills, self-efficacy, and behavioral intentions regarding reduced alcohol use;
2. Eliminating or modifying environmental factors that contribute to the problem (i.e., environmental management);
3. Protecting students from the short-term consequences of alcohol consumption (health protection strategies); and
4. Intervening with and treating students who are addicted to alcohol or otherwise show evidence of problem drinking.

Each area of strategic intervention involves a menu of program, policy, and service options, many of which can operate at different levels of the social ecological model. Consider the environmental management objective of reducing alcohol availability through RBS programs. This effort could be organized primarily at the community level, with training and enforcement activities focused on local alcohol retailers. At the institutional level, a campus pub also could implement an RBS program. At the group level, campus officials might require that party hosts apply RBS principles to prevent alcohol service to underage students. At the individual level, a campus media campaign could publicize these new programs and policies, plus any stepped-up enforcement actions. Menus of intervention options are presented in other publications available at the Higher Education Center's Web site (see Resources).²¹ The structure and utility of the violence typology is similar, but includes slightly different rows reflecting the areas of strategic intervention for that problem.

TABLE 1. Typology matrix of program and policy options for alcohol and other drug abuse and violence interventions

Alcohol and Other Drugs	Program and Policy Levels (Social Ecological Framework)				
	Individual	Group	Institution	Community	State and Federal*
Areas of Strategic Intervention					
Prevention					
Knowledge, Attitudes, Skills, Self-efficacy, Behavioral Intentions					
Environmental Contributors to Alcohol and Other Drug Abuse 1. Substance-free Options 2. Normative Environment 3. Alcohol and Other Drug Availability 4. Marketing and Promotion 5. Policy Development and Enforcement					
Health Protection					
Intervention and Treatment					

Step 4: Create a Strategic Plan

Next, the planning group will assess the vast array of intervention options and decide how best to focus its efforts. The selections made will be greatly influenced by the group's priorities, as reflected in its goals and objectives; research evidence and the experience of other prevention practitioners; the group's creativity and problem-solving skills; the availability of supportive infrastructure and systems; available funding; and campus and local politics.

There are other factors to consider:

1. Successful prevention requires a comprehensive approach that has environmental change as its foundation.²² Health educators and counselors who run traditional education and treatment programs will work with individual

students to change their high-risk behavior, but such change is far more difficult when the campus and community environment continues to facilitate or even encourage that behavior.

2. Evaluation research shows that interventions are more effective when prevention efforts are implemented at multiple levels of the social ecological model and reinforce one another.²³ As noted above, representing these two dimensions in a matrix promotes the idea that many areas of strategic intervention can be pursued at several levels.
3. The planning group can enhance its efforts by implementing complementary efforts in other categories of the matrix. For example, strictly applied disciplinary sanctions could reinforce campus prevention efforts by sending a strong message about the institution's intolerance of alcohol and other drug abuse and violence.

4. The planning group will want to think of a sequence of activities that naturally build from one to the next. For example, moving forward with a policy agenda might first require a media campaign to highlight the problem and demonstrate widespread student support for policy change. Once the policy is implemented, campus administrators, staff, and police must be poised to enforce it, and the media campaign could then publicize those enforcement efforts.
5. When beginning its work, the planning group may decide to tackle an issue that is relatively straightforward and mutable in order to achieve an early win and thereby build momentum for more complex or controversial efforts. Trying to address a major problem head-on without first establishing a record of success can breed discouragement.

TABLE 1. Typology matrix of program and policy options for alcohol and other drug abuse and violence interventions (*continued*)

Violence	Program and Policy Levels (Social Ecological Framework)				
	Individual	Group	Institution	Community	State and Federal*
Areas of Strategic Intervention					
Prevention					
Knowledge, Attitudes, Skills, Self-efficacy, Behavioral Intentions 1. Risk of Perpetration 2. Vulnerability to Victimization					
Peer and Bystander Norms and Behaviors 1. Perceived 2. Actual					
Environmental Contributors to Violence 1. Policies and Laws 2. Monitoring and Enforcement 3. Physical Environment 4. Social Inequalities/Oppression 5. Cultural Influences 6. Weapon Availability Environmental Contributors to Alcohol and Other Drug Abuse (see above)					
Early Intervention					
Student Distress, Early Signs of Aggressive or Problem Behavior					
Response and Treatment					
Effective Response to Survivors					
Effective Response to Offenders					

*This level corresponds to the policy and societal influences of the social ecological framework.

Note: This typology matrix is provided as an aid to help alcohol and other drug abuse prevention and violence prevention practitioners and their community partners in looking at program and policy options. It is a useful tool for categorizing existing efforts, identifying missing program elements, and guiding new strategic planning.

When devising their plan, some institutions have found it helpful to identify a concept or theme to organize or unify the initiative. The chosen theme can be task-focused (e.g., to identify and serve

Simply replicating what other schools are doing is not a substitute for sound planning.

—Robert F. Saltz and William DeJong
*Reducing Alcohol Problems on Campus:
A Guide to Planning and Evaluation*

students in distress, to develop a cross-departmental response to hazing), or it can be broader, bringing together numerous separate initiatives into a general campaign to promote safety, civility, or the institution's academic mission. Having a well-chosen theme can facilitate the group's efforts in several ways, reducing fragmentation, helping different agencies and departments see connections in their work, and giving prevention programs greater visibility.

As noted under step 2, a key part of creating a strategic plan is outlining specific change objectives. Only then should the planning group list the actual programs, policies, and services that will be implemented. Perhaps the most common mistake in designing prevention programs is to start with an idea for an activity (e.g., a workshop or media campaign) without first identifying what individual or environmental changes are needed. Most prevention objectives can be achieved through an array of activities, and the literature can often provide useful guidance about which activities are most effective for achieving certain change objectives.

To clarify further the planned intervention, the next step is to develop a *logic model*, a diagram that makes explicit the chain of events that is expected to lead from the intervention activities to the achievement of short-term, intermediate, and long-term outcomes. Figure 1 shows a logic model for a social norms marketing campaign, designed to

reduce sexual violence by correcting students' misperceptions about sexual behaviors and beliefs.²⁴ For each inter-

vention phase, the bottom half of the figure shows program activities and the top row shows

expected outcomes. Because a comprehensive program will include multiple programs, policies, and services, the planning group should create a separate chain of events for each activity and then compile the diagrams into one larger model. When the logic model is complete, it represents the group's commonsense understanding of how the program activities will lead to the desired outcomes.

A good time to construct a logic model is after a tentative selection of program activities but prior to their execution. Planning a prevention effort is a complex undertaking; experienced professionals often find that the first draft of a logic model reveals flaws in the program plan's logical flow. Working with a logic model allows corrections to be made on paper well before resources are spent and the program is in the field.

The process of generating the logic model creates a shared understanding among the planning group members of the program's activities, objectives, and goals, which helps project staff to work together more effectively and to communicate the program more easily to senior administrators and other stakeholders.

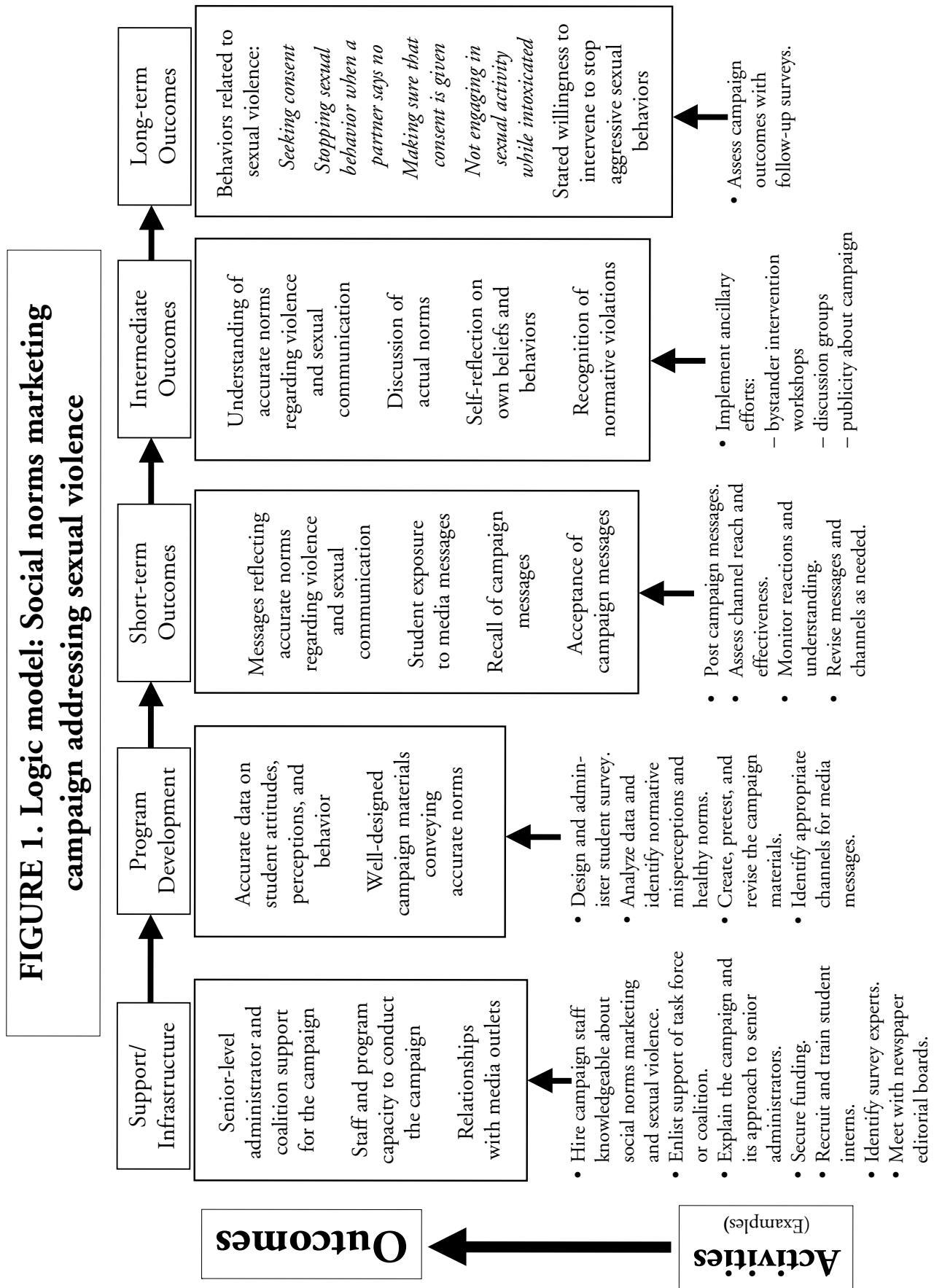
Equally significant, the logic model serves as the basis for the evaluation plan. Working with a faculty member or outside evaluator, the planning group can decide when and how to measure each step specified in the logic model.

Once the intervention strategies are selected, the planning group will develop a work plan. This means settling on a set of specific activities, each with a precisely worded task objective. For example, if a chosen strategy is to increase enforcement of a campus alcohol ban, then the work plan should itemize exactly what enforcement actions will be implemented, when, and at what levels. The work plan also should itemize a list of needed resources, including staff; lines of decision-making authority; and a timeline for development and implementation.

Work at this step may lead to a reconsideration of the objectives. For example, it may be that only a small number of intervention components can be implemented to achieve a certain objective, due to considerations of available staff and financial resources, political obstacles, or other barriers. In such cases, it might make sense to abandon that objective altogether and concentrate instead on others that can be achieved more readily.

That noted, the planning group will want to be careful that these potential barriers do not short-circuit the planning process or push the group to discard their ideas prematurely. Worrying too soon about these barriers can stifle creativity. Two reminders may help the planning group avoid this pitfall. First, senior administrators will be more likely to invest in prevention activities after they see a comprehensive, integrated, and tightly written plan. If it turns out that the college has insufficient resources to execute such a plan, the planning group, having enjoyed the freedom to think more expansively, will

College presidents should establish alcohol and other drug abuse and violence prevention as a priority and provide the necessary resources for planning, implementation, and evaluation.



then be in a better position to devise a worthwhile, but less expensive alternative. Second, resource development can be part of the strategic plan. Indeed, the best time to think about how to get a program institutionalized is at the beginning of the planning process, before the program begins.

Finally, as part of its planning, the planning group will want to devise a communications strategy for sharing the plan with the community. Presentations of the plan will be more effective if they: (1) have a statement of purpose that cites the institution's educational mission; (2) review the scope of the problems and their full effect on the campus community; (3) make clear that a failure to act might have serious legal repercussions; and (4) explain the rationale for the plan, which will be grounded in a review of the research literature, program experience, and theory.

Step 5: Evaluate and Use the Results for Improvement

Evaluation is critical. Campus officials will want to ensure that their policies, programs, and other prevention efforts are being implemented as planned and are working well to reduce alcohol, other drug, and violence problems.

There are three basic types of evaluation: (1) process evaluation ("What are we doing?"); (2) outcome evaluation ("What is each activity accomplishing?"); and (3) impact or summative evaluation ("What effect are we producing across all activities?"). Several publications about program evaluation methods can be obtained through the Higher Education Center's Web site (see Resources).

As noted previously, it is best to plan the prevention program and its evaluation simultaneously. Ideally, the planning group will work with evaluators at every step of the process. Doing so can ensure that (1) the evaluation design is clearly tied to the program's goals,

objectives, and activities; (2) short-term, intermediate, and long-term outcomes are clearly specified; (3) necessary evaluation resources are in place; and (4) the staff accept evaluation as an important management tool that will enable them to make mid-course adjustments to the program.

The usefulness of the evaluation depends in large part on whether it follows the logic model, with data collection plans in place for each step in the outlined chain of events. Gathering detailed information about interim steps can help establish that a program activity contributed directly to achieving a program's long-range goals. In contrast, assessing only long-term outcomes would make it impossible to diagnose why a program failed, making it more difficult to craft meaningful improvements.

Evaluation is an important management tool leading to an iterative process by which the planning group develops prevention programs, assesses progress, evaluates, and revises its program based on the evaluation feedback. If an approach appears to be successful, then the planning group can consider whether to broaden its scope or invest additional resources. If a particular approach appears to have failed, then the planning group can diagnose what went wrong, make the necessary adjustments, or abandon that approach. Strategic planning, then, is an ongoing process, not a onetime event.

Final Note

Following the strategic planning steps outlined here can help a planning group stay focused and on task as it tackles the complex job of developing a comprehensive and integrated plan for AODV prevention. Readers can find additional guidance on intervention planning by consulting the materials listed in the Resources section.



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Resources

Office of Safe and Drug-Free Schools (OSDFS)

U.S. Department of Education

<http://www.ed.gov/osdfs>; 202-245-7896

OSDFS supports efforts to create safe schools, respond to crises, prevent alcohol and other drug abuse, ensure the health and well-being of students, and teach students good character and citizenship. The agency provides financial assistance for drug abuse and violence prevention programs and activities that promote the health and well-being of students in elementary and secondary schools and institutions of higher education.

The U.S. Department of Education's Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention

<http://www.higheredcenter.org>; 1-800-676-1730;

TDD Relay-friendly, Dial 711

The Higher Education Center considers strategic planning and evaluation to be an important component of a comprehensive prevention approach. The Higher Education Center has several publications and other materials to help campus administrators develop and evaluate prevention programs. These materials can be accessed for free from its Web site. The Higher Education Center also provides training and technical assistance services related to strategic planning.

The Network Addressing Collegiate Alcohol and Other Drug Issues

<http://www.thenetwork.ws>; see Web site for telephone contacts by region

The Network Addressing Collegiate Alcohol and Other Drug Issues (Network) is a national consortium of colleges and universities formed to promote healthy campus environments by addressing issues related to alcohol and other drugs. Developed in 1987 by the U.S. Department of Education, the Network comprises member institutions that voluntarily agree to work toward a set of standards aimed at reducing AOD problems at colleges and universities. It has approximately 1,600 members nationwide.

Publications

Experiences in Effective Prevention: The U.S. Department of Education's Alcohol and Other Drug Prevention Models on College Campuses Grants

by W. DeJong

This publication summarizes elements of effective campus-based alcohol and other drug abuse prevention, based on the experiences of 22 grantee institutions funded from 1999 to 2004 by the U.S. Department of Education's Alcohol and Other Drug Prevention Models on College Campuses grant program (86 pp., 2007).

College Alcohol Risk Assessment Guide: Environmental Approaches to Prevention

by B. E. Ryan; T. Colthurst; and L. Segars

This guide outlines methods for identifying and analyzing factors of the campus and community environment that contribute to alcohol-related problems. The appendices provide several tools and resources for conducting this analysis (104 pp., 1997).

Safe Lanes on Campus: A Guide for Preventing Impaired Driving and Underage Drinking

by R. Zimmerman and W. DeJong

This guide helps senior administrators, faculty, staff, students, community leaders, enforcement agencies, and campus and community coalitions in choosing prevention strategies appropriate to their campus and their community to address driving under the influence of alcohol by students of all ages and alcohol use by students under the legal drinking age (60 pp., 2003).

Preventing Violence and Promoting Safety in Higher Education Settings: Overview of a Comprehensive Approach

by L. Langford

This publication reviews the scope of campus violence problems, describes the wide array of factors that cause and contribute to violence, outlines a comprehensive approach to reducing violence and promoting safety on campus, and lists specific recommendations that administrators, faculty, staff, students, and community members can follow to review and improve their policies and strengthen their programs and services (11 pp., 2004).

How to Select a Program Evaluator

by L. Langford and W. DeJong

This document describes the skills, expertise, and experience for which to look when seeking an evaluator; questions to ask when assessing an evaluator's past work; and guidance on how to network to find the right person and forge an effective working relationship (3 pp., 2001).

Evaluating Environmental Management Approaches to Alcohol and Other Drug Abuse Prevention

by W. DeJong and L. M. Langford

This document outlines the basic steps for evaluating a program for alcohol and other drug abuse prevention that features environmental change efforts, including describing the intervention, identifying process measures, identifying outcome measures, selecting a research design, and utilizing the results (6 pp., 2006).

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- Linda Major, University of Nebraska-Lincoln

TITLES IN THE *PREVENTION 101 SERIES*

The Approach and Framework

1. *Environmental Management: A Comprehensive Strategy for Reducing Alcohol and Other Drug Use on College Campuses*
2. *Environmental Management: An Approach to Alcohol and Other Drug Prevention*
3. *Experiences in Effective Prevention: The U.S. Department of Education's Alcohol and Other Drug Prevention Models on College Campuses Grants*
4. *Preventing Violence and Promoting Safety in Higher Education Settings: Overview of a Comprehensive Approach*

The Building Blocks

1. *Getting Started on Campus: Tips for New Prevention Coordinators*
2. *Strategic Planning for Prevention Professionals on Campus*
3. *Problem Analysis: The First Step in Prevention Planning* [In review.]
4. *Setting Goals and Choosing Evidence-based Strategies* [In review.]
5. *College Alcohol Risk Assessment Guide: Environmental Approaches to Prevention* (CARA)
6. *Methods for Assessing Student Use of Alcohol and Other Drugs* [In review.]
7. *Evaluating Environmental Management Approaches to Alcohol and Other Drug Abuse Prevention*
8. *Alcohol and Other Drug Policies for Colleges and Universities: A Guide for Administrators* [In review.]



Our Mission

The mission of the U.S. Department of Education's Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention is to assist institutions of higher education in developing, implementing, and evaluating alcohol, other drug, and violence prevention policies and programs that will foster students' academic and social development and promote campus and community safety.

How We Can Help

The U.S. Department of Education's Higher Education Center offers an integrated array of services to help people at colleges and universities adopt effective prevention strategies:

- Resources, referrals, and consultations
- Training and professional development activities
- Publication and dissemination of prevention materials
- Assessment, evaluation, and analysis activities
- Web site featuring online resources, news, and information
- Support for the Network Addressing Collegiate Alcohol and Other Drug Issues

Get in Touch

Additional information can be obtained by contacting:

**The Higher Education Center for
Alcohol and Other Drug Abuse and Violence Prevention**

Education Development Center, Inc.

55 Chapel Street

Newton, MA 02458-1060

Web site: <http://www.higheredcenter.org>

Phone: 1-800-676-1730; TDD Relay-friendly, Dial 711

E-mail: HigherEdCtr@edc.org



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