

MONITORING AND EVALUATING COMMUNITY ACTION PROJECTS: A CASE STUDY

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Abstract — Community action projects undertaken by the staff of the Addiction Research Foundation of Ontario aim to involve community members in establishing or improving programs and policies concerning the prevention and treatment of substance abuse. This article describes ways in which such projects are monitored and evaluated. All projects have a built-in evaluation component that yields information on target groups, clients, inputs and the programs and policies established or improved as a result of the project. For some projects this component assesses the impacts of new or improved services or policies on target groups. The impacts of the Foundation's community action projects are also evaluated in projects conducted by Foundation scientists. Some advantages and limitations of these arrangements are considered.

Résumé — Les projets d'action communautaire lancés par le personnel de l'Addiction Research Foundation of Ontario visent la participation des membres de la communauté à l'établissement ou l'amélioration de programmes et de politiques ayant trait à la prévention et au traitement de la ces projets sont surveillés et évalués. Tous les projets comportent un élément d'évaluation intégré qui produit des données sur des groupes-cibles, des clients, des participations et sur les programmes et les politiques établis et améliorés par suite du projet. Pour certains projets, cet élément évalue les incidences des services nouveaux ou améliorés ou des politiques sur les groupes-cibles. Les conséquences des projets d'action communautaire de la fondation sont également évalués dans le cas de projets dirigés par des scientifiques de la fondation. On y examine également certains avantages et restrictions de ces spositions.

THE ADDICTION RESEARCH FOUNDATION of Ontario was established in 1949 by an act of the Ontario legislature and has received

provincial funding since that time. The foundation's mandate includes substance abuse research, treatment, public education, and community development. Outside of Ontario, the foundation is best known for its research programs (Cappell, 1987), but within that province its community development work is highly valued.

The foundation's community development functions are concentrated in the Community Services Division, one of six main divisions, which employs 127 people located in 28 offices across the province. Functions performed under the general heading of community development include responding to community concerns about substance abuse, establishing and consulting with local action committees, and encouraging the establishment of health promotion and treatment programs consistent with the Foundation's "best advice." This best advice is developed through research and careful attention to the relevant international literature.

Currently, priority is given to:

1. establishing treatment-service need assessments that use models and procedures recommended by the Ontario Ministry of Health and foundation scientists (Rush, 1990),
2. establishing assessment/referral services and outpatient and day programs that use recommended assessment instruments and clinical procedures (Ogborne & Rush, 1990),
3. improving established treatment services by promoting the use of recommended assessment instruments and clinical procedures (e.g., Skinner & Horn, 1984),
4. establishing and improving health promotion and employee-assistance programs in worksites (Smith, 1978),
5. establishing councils of local employers to promote health promotion and employee-assistance programs in worksites throughout the province (Smith, 1978),
6. conducting drug and alcohol awareness weeks using local resources and materials developed by foundation staff,
7. implementing a "model school policy" among boards of education,
8. implementing programs for the prevention of drinking and driving or drinking and boating, and

9. developing and implementing policies concerning the use of alcohol in parks, arenas, and other facilities operated by municipalities (Thomson et al., 1985).

Staff of the Community Services Division are expected to work closely with local client groups and organizations to develop formal proposals for implementing these programs in particular communities. Thus, these are, in the broadest sense, proposals for community action projects (Room, 1989). Members of the target community are involved in problem identification, in establishing program objectives, and in program implementation. However, foundation staff are expected to try to ensure that the foundation's best advice is followed, and the extent to which this is the case is addressed as part of the evaluation.

THE PROJECT EVALUATION MODEL

The evaluation of the foundation's community action projects draws upon a modified version of a model developed for evaluation of programs sponsored by the federal government (Treasury Board of Canada, 1981). The modified model draws attention to the following aspects of community action projects.

Local client group or organization

In the case of a need-assessment project the client would be the local district health council; for an employee-assistance program, an employer; and for a drug awareness week, a committee of local professionals and interested lay people.

Target group characteristics

The target group comprises those who are expected to alter their behavior as a result of the project. Examples are the clients of new services, workers in companies that develop an employee assistance program, or members of the general public during a drug awareness week.

Inputs

Inputs are the resources used to develop and implement the project. In the foundation's system these are measured in terms of person-years and personnel and operating costs.

Outputs

Outputs are the major activities performed to implement the project. In the foundation's system outputs are numbers of consultation hours, trainee days, and promotional events.

Outcomes

Outcomes are what the project accomplishes. Most projects conducted within the Community Services Division have implementation objectives. Therefore the outcomes of these projects involve such things as the characteristics of new services established, the kinds of changes introduced into existing services, and the types of new policies established.

Impacts

Impacts are changes that result from the project. The concern here would be with such things as changes in community attitudes, drinking habits, changes in referral patterns and other features of the addition treatment system, changes in client outcomes, and changes in rates of alcohol-related absenteeism.

THE MONITORING AND EVALUATION PROCESS

A computerized system has recently been developed to keep track of all projects and to record information generated by built-in evaluation components. These built-in evaluations are the responsibility of project managers and, in general, are intended to monitor the main steps in the process of implementation and to document the major outcomes. Built-in evaluations that focus on impacts are the exception. However, impact studies may be conducted if the project involves the use of previously untested materials or is otherwise innovative. This is especially the case for prevention projects. One recent example was a project designed to teach alcohol-abuse intervention skills to bar workers, in which the impact of this project on bar workers' behavior was evaluated using an experimental design (Gliksman et al., 1988). In another case a quasi-experimental design was used to determine the effects of new policies for regulating alcohol in recreational facilities (Thomson et al., 1985).

As well, scientists usually assist project managers in the design and analysis of impact studies and in the development of systems to monitor

the implementation of innovative programs. This is especially likely in the area of treatment, where programs tend to be quite complex.

The cumulative effects of the foundation's community action projects are monitored through special evaluation research projects. For example Ogborne and Rush (1990) used survey data to assess the impacts of specialized assessment/referral services on the Ontario addiction treatment system. Most of these services were established as a result of community action projects initiated by staff of the foundation, and the built-in evaluations showed that outcomes (types of services established) were generally consistent with expectations. However, these built-in evaluations did not consider the impact of assessment/referral services on other parts of the addiction treatment system. This issue requires a different level of evaluation, and resources beyond those directly available to managers of community action projects.

Ongoing projects include a triannual survey of all addiction treatment services (Rush and Ekdahl, 1989), a survey of employers concerning employee-assistance programs (MacDonald & Dooley, 1989), and a survey of school boards concerning alcohol and drug education curricula. Studies of trends in patterns of alcohol and drug consumption and indicators of substance abuse are also relevant to assessing the impact of the foundation's community action projects (Gliksman, Engs, & Smythe, 1989; Mann, Smart, & Anglin, 1988; Smart & Adalf, 1986, 1987; Smart and Mann, 1987).

ADVANTAGES AND LIMITATIONS

The requirement that all community action projects be documented in a standard form and have built-in evaluation components has increased accountability and helped to clarify the objectives of community action. For example, analysis of data collected during the first six months of the system's operation showed that some projects were not directly linked to high-priority issues nor did they have precise objectives. These problems have since been corrected. Objectives for projects intended to improve existing treatment services also suggested a lack of consensus regarding quality assurance, leading to the establishment of a working group to address this issue. As well, it became apparent that some projects were not progressing according to schedule and that others had no criteria for termination. The foundation has since recognized the need to develop a clearer policy concerning disengagement from unproductive situations.

Originally, some staff expressed concerns that the monitoring system presupposed a structure to community work that is not always appropriate. The main concern was that the system would be insensitive to the opportunistic and flexible nature of effective community action. However, experience has shown that this is not a significant issue. The system recognizes different phases in the community action process and the data collection form provides space for accounts of unexpected developments.

Computerization makes project information more accessible at all levels of the organization and provides senior managers with a rich source of information for the development of organizational goals and strategies. The computerized information system permits managers to respond quickly to the many questions about the division's community action projects that come from the media, from politicians, and from the foundation's own board. These include simple requests concerning work done in particular communities or with particular groups, and more complex questions concerning, say, the overall balance of effort. The system proved especially useful during a recent management review. Managers were able to provide the review team with a detailed account of the division's work, and the review team was able to use this to determine the extent to which the distribution of staff resources was consonant with community needs and characteristics.

Many other analyses are possible, including those that compare regions and centers and track changes over time. Also, as more projects are completed the cost of achieving particular outcomes can be calculated, and this will contribute to decisions concerning the future allocation of community development resources.

The present arrangements have the advantage of creating an environment that is favorable to evaluation and that provides opportunities for formal research. Researchers are available to provide advice on the evaluations of all community action projects and, in so doing, they become aware of opportunities for formal research studies. Because these studies are usually done in close collaboration with community groups, there is a good chance that the results will have an impact on decision-making. One recent example is a study of drug use among admissions to detoxication centers. This study arose out of concerns expressed by a group of directors of detoxication centers. The results have had a direct impact on the development of new policies for detoxication center management and staff training. In addition, a research proposal to

evaluate the use of relapse prevention procedures within a community-based residential treatment program has recently been developed as a joint endeavor involving a scientist and a community consultant.

One significant limitation of the project-monitoring system is that it does little to illuminate the community action process, its successes and failures. At most, built-in evaluations indicate the main implementation steps and whether or not the expected outcomes were achieved, and record the manager's comments on significant features of the implementation process. Moreover, the impacts of programs established or improved through community action are not usually part of these built-in evaluations. More details are usually included in reports prepared for project reviews conducted by local managers, or in the final project reports. However, detailed accounts of the community action process are not required from the built-in evaluations mandated by senior management. There are two main reasons for this.

First, the large number of community action projects active at any one time (over 300) makes it impossible for senior evaluation staff and managers to attend to the minutiae of each one. At one time, detailed reports were required, but the result was overwhelming mounds of paper giving details of limited interest beyond the community concerned.

Second, it is probably fair to say that community development is regarded as a kind of clinical art. The required skills are many and varied and the process is difficult to define. When undertaken by appropriately trained people, community action is seen as an intrinsic good, not as a process itself in need of evaluation. Of course, this is also the case for many types of complex activity, and the alternative is to develop evaluation models that do justice to the complexities of the community action process (an approach similar to that recommended by Graham & Birchmore-Timney, 1989, for case management). However, this would require considerable effort and would divert resources from other areas.

The utility of an information system is, of course, also limited by any errors in staff reports. These could be the result of deliberate misreporting or simple misunderstandings. To minimize these errors, center managers are required to review all submissions for completeness and accuracy and to ensure that the information contained in these submissions is consistent with other information on staff performance.

In conclusion, the present arrangements for monitoring and evaluating community action projects appear to have several advantages and few significant limitations. Over time, alternative arrangements may emerge, but it is expected that the process will be evolutionary and not one characterized by radical change.

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