

Message From the Associate Editors

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In our last Evaluation in Practice article, we focused on various types and methodologies of participatory evaluation. In this issue of *Health Promotion Practice*, we are delighted to offer a real-life, cutting-edge example of a systematic method for actualizing a stakeholder-based approach to program evaluation. Chinman, Imm, and Wandersman have produced a planning method that is indispensable for evaluators, funders, and directors of community prevention programs. *Getting to Outcomes* (GTO) is a user-friendly guide that can help community groups, such as coalitions, navigate the maze of designing, prevention, and treatment programs that work.

GTO is grounded in participatory evaluation theory but is tempered by many years of experience in evaluating community prevention programs for alcohol, tobacco, and other drug (ATOD) abuse. The authors persisted in their belief that GTO be hands-on and easily adapted to local community circumstances. GTO can be used by community groups to evaluate any number of health or social issues.

The key to the success of the proposed methodology is its focus on goals and measurable outcomes. The user is guided through a series of accountability questions

that by their very nature will help community coalitions and other groups develop programs for which they are accountable. In other words, the communities own the results. To increase accessibility, the GTO manual and all of its tools are available on the Web at <http://www.stanford.edu/>. It includes worksheets and instruments community groups can use to achieve the complex tasks of assessment, planning, implementation, and evaluation.

The article that follows provides a clear explanation of the rationale behind the development of GTO as well as an overview of relevant evaluation theory. The strength of the article, however, lies in the inclusion of a case example of how one state is using the GTO process in a statewide prevention initiative. Readers are invited to follow through the 10 accountability questions used by the community coalitions to design and implement effective ATOD abuse prevention programs. A comprehensive table outlines these questions, the manual chapters, and appropriate tools that might be used to help answer the questions. Readers should look for future results about the effectiveness of GTO as a framework for evaluating comprehensive prevention programs.

Using the Getting-to-Outcomes (GTO) Model in a Statewide Prevention Initiative

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Increasingly, federal and state agencies, foundations, and nonprofit agencies demand accountability for prevention programs and related initiatives that they fund. As a result, practitioners are being asked to evaluate their efforts to demonstrate outcomes. Despite these requirements, many practitioners are not skilled in the process of evaluation. Manuals such as *Prevention Plus III* (PPIII; Linney & Wandersman, 1991) and Internet resources such as the Community Tool Box (<http://ctb.ukans.edu>), the Center for Substance Abuse Prevention (CSAP) Decision Support System (<http://www.preventiondss.org/>), and the Aspen Institute Roundtable on Comprehensive Community Initiatives (<http://www.aspenroundtable.org/>) are useful evaluation resources; however, program evaluation remains challenging for local practitioners. High-quality evaluation requires knowledge of research design, measurement, data collection, data analysis, interpretation of multiple sources of data, and presentation of findings, all within the context of limited time and resources. Moreover, additional aspects of programming such as effective planning and quality implementation must also be considered to achieve positive results.

Getting to Outcomes: Methods and Tools for Planning, Evaluation, and Accountability (GTO) was developed as a hands-on guide to help practitioners plan, implement, and evaluate their programs to achieve results. The GTO manual uses worksheets and case examples to guide practitioners in answering 10 accountability questions about needs and resources, goals, evidence-based practices, fit, capacity, plan, implementation, outcome evaluation, continuous quality improvement, and sustainability. Addressing these questions will help programs achieve positive outcomes because the accountability questions include the elements of successful programming. GTO is thought to be most effective when implemented as a system in which all the stakeholders (e.g., funders, program operators, evaluators) follow the GTO model together. This article briefly describes the GTO model and the accountability questions and provides an example of a statewide initiative that is using the GTO model in a comprehensive grant-making system.

In this article, we present a brief description of the manual *Getting To Outcomes: Methods and Tools for Planning, Evaluation, and Accountability* (GTO; available at http://www.stanford.edu/~davidf/empowerment_evaluation.html) (Wandersman, Imm, Chinman, & Kaftarian, 1999; Wandersman, Imm, Chinman, & Kaftarian, 2000). GTO is designed to help practitioners formulate high-quality planning, implementation, and evaluation strategies for programs and policies. In addition, we present an example of how the leadership of a statewide substance abuse prevention initiative is using GTO as a system to introduce some standardization into the planning, implementation, and evaluation efforts by funders, evaluators, and program coordinators. GTO was developed by the National Center for the Advancement of Prevention and funded by the CSAP. As such, it was initially developed with substance abuse prevention programs in mind. However, the GTO manual provides a user-friendly model of results-based accountability that can be useful for those working in many fields (e.g., treatment, prevention, education) and for various audiences, including practitioners, program directors, and evaluators.

In the GTO system, accountability is defined as the systematic inclusion of all the critical elements of program planning, implementation, and evaluation to achieve results. The innovative characteristic of the GTO approach is that it helps users to link all the necessary program elements together into a logical and carefully planned coherent whole, thereby increasing the likelihood of achieving desired outcomes and demonstrating accountability to key stakeholders (e.g., funders).

THEORETICAL BACKGROUND OF GTO

The GTO model makes use of several theories of evaluation, planning, and accountability, including traditional evaluation, empowerment evaluation, results-based accountability, and continuous quality improvement (CQI).

Traditional evaluation. The GTO approach begins with the scientific tenets and methodological requirements of traditional program evaluation, which emphasize a neutral and objective assessment by external evaluators of programs implemented by practitioners (Rossi, Freeman, & Lipsey, 1999). Although these methods form a foundation for GTO, evaluation reports frequently show few positive outcomes (e.g., CSAP, 1997b; Lynam et al., 1999). In addition, these assessments are

usually presented after the conclusion of the program and thus do not allow practitioners to improve the program while they still have the opportunity (i.e., funding) to do so. Therefore, GTO attempts to make use of evaluation results as soon as possible during implementation to quickly improve the program while program staff are still able to do so.

Empowerment evaluation. In recent years, additional approaches to evaluation have emerged that create collaborative relationships between evaluators and program practitioners, such as participatory evaluation (e.g., Choudary & Tandon, 1998; Shapiro, 1998). In the 1990s, an approach called *empowerment evaluation* was developed that “uses evaluation concepts, techniques and findings to foster improvement and self-determination” (Fetterman, 1996, p.4). Wandersman (1999) described empowerment evaluation as an approach that helps

achieve program success. By providing program developers with tools for assessing the planning, implementation and results of programs, community stakeholders have the opportunity to improve planning, implement with quality, evaluate outcomes, and develop a CQI system, thereby increasing the probability of achieving results. (p. 96)

With increased ownership of the evaluation process, practitioners may better realize the importance of evaluation, understand evaluation methods, and promote capacity among staff and stakeholders.

Results-based accountability. Results-based accountability (RBA) is another theoretical approach upon which GTO draws. Based in part on the methodology offered by Osborne and Graebler (1992) and on the Government Performance and Results Act (1993), RBA focuses on program results and all that can be learned from them. RBA stresses answering bottom-line questions about program effectiveness. GTO provides RBA information and tools on both process and outcome evaluation, how the two need to be logically linked, and examples of how conducting only a process evaluation can lead to inaccurate conclusions about a program’s effectiveness (e.g., numbers served are not always indicators of positive outcomes).

CQI. CQI is a major component of total quality management. Total quality management is based on principles developed for industry to improve quality, reduce

errors and costs, and increase customer satisfaction (e.g., Deming, 1986; Juran, 1992). GTO provides worksheets to guide practitioners through a CQI process in which the accountability questions are revisited each time a program is implemented, and any changes in the answers are addressed.

OVERVIEW OF THE GTO SYSTEM

GTO is designed to provide practitioners with methods and tools to develop a comprehensive, adaptive, interactive, and systematic approach to accountability. In addition to the theories presented above, GTO's approach is based in part on a review of more than 35 books and/or manuals on planning and evaluation (e.g., Atkinson, Deaton, Travis, & Wessel, 1999; Bond, Boyd, Raphael, & Sizemore, 1997; Hatry, Houten, Plantz, & Taylor, 1996; Loud, 1992; Sloboda & David, 1997). One such manual is PPIII (Linney & Wandersman, 1991). PPIII is a four-step approach to evaluation that uses worksheets to assist practitioners in (a) identifying goals and desired outcomes and conducting (b) process, (c) outcome, and (d) impact evaluation. PPIII also established the utility of having program practitioners consider the logical links between all four steps (i.e., do the goals match the planned activities that are logically linked to the desired outcomes?). Although PPIII helped practitioners improve the programs they had chosen, it did not adequately ensure that practitioners implemented the programs that were the most appropriate for the needs of their communities.

GTO expands on the four steps in PPIII and uses worksheets and prompts to guide readers to answer 10 questions related to all the elements of planning, implementation, and evaluation needed to conduct a high-quality program and achieve results. Table 1 presents the 10 accountability questions about which the GTO manual is written, a brief overview of each chapter, and the tools discussed in each chapter. The next section will provide more details about each accountability question using an example from a statewide prevention initiative.

USING THE GTO MODEL IN A STATEWIDE PREVENTION INITIATIVE

The GTO model is currently being used in a statewide prevention initiative funded by CSAP. In the fall of 2001, the South Carolina Department of Alcohol and Other Drug Abuse Services (SCDAODAS) received a state incentive grant (SIG) from CSAP through the South Carolina Governor's office designed to be a cata-

lyst for significant improvements in substance abuse prevention services at both state and local levels. As part of the SIG, the state has developed a comprehensive statewide plan for implementing effective prevention strategies. This plan is likely to lead to significant changes in the systems and structures of South Carolina agencies and organizations that deliver services for alcohol, tobacco, and other drug (ATOD) abuse prevention.

At the local level, community residents and organizations will form community coalitions that will apply for mini grants to implement evidence-based prevention programs. To promote good program development, implementation, evaluation, and accountability and to increase the likelihood of positive results, the state agency that oversees drug treatment and prevention decided to use the 10 GTO questions as the framework for the local incentive grants. The remaining sections of this article highlight how the GTO model will be incorporated into the state's grant-making system.

OVERVIEW OF THE SIG APPLICATION PROCESS

To receive funding from the South Carolina SIG, potential local mini grantees will complete a two-step application process designed around the 10 accountability questions. By including the accountability questions in the two grant applications, it is anticipated that local agencies will better plan their initiatives, implement with quality, and address critical evaluation issues (e.g., selection of desired outcomes, measurement, and so forth) to promote accountability. In Step 1, mini grantees within a county will form a coalition of community stakeholders interested in ATOD abuse prevention to develop a local prevention plan. The coalition is required to include the local alcohol and drug abuse agency in their planning efforts. The coalition will use the accountability questions to conduct a planning process that includes identifying needs, priority populations, and suitable evidence-based prevention interventions. If funded for implementation (Step 2), the coalition will carry out its plan. SIG funds will be used to fund evidence-based programs in approximately 17 to 21 local coalitions across South Carolina, and each coalition is eligible for \$75,000 to \$125,000 a year for up to 3 years to implement its plan.

Mini grantees interested in applying for funds from the SIG have the opportunity to attend an orientation to the application processes and a 1-day workshop on the GTO model, followed by ongoing technical assistance.

TABLE 1
Ten Accountability Questions, Chapter Summaries, and Tools in GTO

<i>Accountability Questions</i>	<i>Chapter Summary (This chapter of GTO . . .)</i>	<i>GTO Tools</i>
1. What are the underlying needs and conditions that must be addressed?	provides information about the general process for conducting a needs and resource assessment and links to additional resources.	<ul style="list-style-type: none"> • Needs Assessment Checklist • Resource Inventory
2. What are the goals, priority populations, and objectives (i.e., desired outcomes)?	provides worksheets for practitioners to use in clarifying their priority population and to create realistic and measurable goals and desired outcomes (based on <i>Prevention Plus III</i> , Step 1, Linney & Wandersman, 1991)	<ul style="list-style-type: none"> • Goals worksheets • Objectives worksheets • Priority population worksheets
3. Which science- (evidence-) based models and best practice programs can be useful in reaching the goals?	overviews evidence-based programming and what works in prevention across various domains (e.g., individual, family, peer, school, and community) and provides readers links to the growing body of science or evidence-based program literature	<ul style="list-style-type: none"> • Best practice lists from various sources • Best practice feasibility tool
4. What actions need to be taken so the selected program fits the community context?	prompts readers to review the characteristics of existing programs and priority populations to ensure that the proposed program does not duplicate services and allows for collaboration with other area programs and services providers.	
5. What organizational capacities are needed to implement the program?	readers are prompted to assess several aspects of organizational capacity or the resources the organization possesses to direct and sustain a program.	
6. What is the plan for this program?	presents worksheets for practitioners to consider key planning elements such as an implementation timeline, assignments of responsibility, needed and available resources, and locations for activities.	<ul style="list-style-type: none"> • Plan Quality Checklist • Implementation Form, Part 1 • Cultural Competence Checklist
7. How will the quality of program and/or initiative implementation be assessed?	provides several tools to assist practitioners in assessing which activities were implemented, the quality of the implementation, and the strengths and weaknesses of the implementation.	<ul style="list-style-type: none"> • Implementation Form, Parts 2-4 • Meeting Effectiveness Inventory • Meeting Minutes Form • Consumer Satisfaction Surveys • Project Insight Form • Outcome Data Sheet
8. How well did the program work?	introduces the concept of outcome evaluation and presents a basic framework for choosing what to measure; four basic evaluation designs (post only, pre-post, pre-post with comparison, pre-post with control); brief overviews of quantitative methods and qualitative methods; and various other topics relevant to outcome evaluation including sample size, timing of assessments, informed consent, confidentiality and anonymity, data storage, and establishing benchmarks.	
9. How will CQI strategies be incorporated?	prompts practitioners to reassess Accountability Questions 1-8 after completing the program to systematically assess and feed back evaluation information about planning, implementation, and outcomes to improve the program's next implementation.	<ul style="list-style-type: none"> • CQI worksheet
10. If the program is successful, how will it be sustained?	presents several factors that practitioners should consider when attempting to sustain an effective program: (a) "buy in", (b) effectiveness, (c) diversity of funding, (d) staff training, (e) presence of a program champion, and (f) political capital of the program.	

NOTE: GTO = Getting to outcomes; CQI = continuous quality improvement.

This assistance will be needed to assist potential mini grantees to successfully work through the accountability questions of GTO. The following sections highlight issues that according to the accountability questions of the GTO model, will need to be addressed by each applicant.

Accountability Question 1: What are the underlying needs and resources that must be addressed (needs/resources)? Coalitions will be asked to identify what needs are present in the community and what resources are available to address those needs. Answering this question will require an assessment of levels of risk and protection and the available (or lacking) environmental structures and resources and a clear identification of—and rationale for—the problem areas that need to be addressed. The coalitions will be provided with state-level data by the SCDAODAS; however, they will also need to conduct their own needs and/or resource assessment processes to gather additional local information. The GTO manual and the trainings will provide the county coalitions with information about how town meetings, focus groups, and school and community surveys can be useful methods for gathering local information as the coalitions work toward an improved understanding of their communities.

Accountability Question 2: What are the goals, target populations, and objectives—that is, desired outcomes (goals)? Once the needs and resource assessments have been conducted and the problem areas clearly defined, potential mini grantees will be asked to identify what long-term goals they have, what priority population(s) they will serve, and what short-term objectives or desired outcomes they hope to achieve. Evaluation staff will work with the coalitions to ensure that the goals are measurable and realistic and that their short-term objectives logically link to their longer-term goals. The proposed goals of the coalitions must also be consistent with the major goal of the SIG grant (i.e., to reduce statewide ATOD use among youth 12 to 17).

Accountability Question 3: Which evidence-based models and best practice programs can be used to reach the goals (best practice)? This accountability question requires that local coalitions examine the prevention literature to determine what evidence-based programs or strategies are most likely to positively address the needs of the priority population identified in the previous accountability question. Evidence-

based programs are ones that have proven to be effective in rigorous empirical research. Selecting appropriate strategies to target each domain (e.g., individual, school, environmental) is critical as the coalition strives to develop a comprehensive and effective prevention plan. CSAP requires that 85% of programs implemented be evidence based, which is consistent with the need for the state and local coalitions to be accountable and produce results. However, many of the coalitions will not have the resources to fully implement evidence-based programs. As a result, programs or strategies categorized as “promising” or those that have minimal evaluation results are likely to be proposed. This will be a challenge for the state as it struggles to promote evidence-based programs that may require substantial staff, training, and funding. As the coordinating agency, SCDAODAS, will be in a position to organize and promote learning opportunities about evidence-based prevention strategies.

Accountability Question 4: What actions need to be taken so that the selected programs fit the community context (fit)? In GTO, program fit is defined as the degree to which a selected evidence-based—best practice program is compatible with the community context. In this step, coalitions will need to review what programs currently exist for their various priority populations. This will help to ensure that the proposed programs do not duplicate services or impede collaboration with other programs and service providers. Coalitions also must determine the fit of the proposed programs within the cultural context of the priority population.

Accountability Question 5: What organizational capacities are needed to implement the proposed programs in the plan (capacities)? Assessing organizational capacities will help to determine what resources the lead organization will require to direct and sustain the programs in the plan. Although the lead organization is likely to be the local alcohol and drug abuse agency, other agencies may assume this leadership role. Several key variables that should be examined when making this decision are (a) adequate staffing with appropriate credentials and experience, (b) clearly defined staff roles, (c) leaders who understand the programs and can provide leadership, (d) strong staff commitment, and (e) adequate technical resources (e.g., computers, Internet services). In cases in which the proposed organization does not possess adequate

capacities, clear plans should be developed to obtain or access them elsewhere.

Accountability Question 6: What is the plan for this program (plan)? Prevention programs need to be planned well to achieve positive results. Adequate planning can lead to quality implementation, which in turn contributes to improved outcomes. In GTO, prevention practitioners are encouraged to consider key planning elements, such as setting realistic timelines, securing necessary resources and materials, and assigning responsibilities for tasks. The GTO worksheets in this chapter help practitioners understand the logical flow among needs, goals, desired outcomes, and activities. In this chapter, GTO also encourages the coalition to address issues of cultural competence by identifying areas that should be considered prior to implementation. This includes key elements at the planning stage (e.g., Is the proposed program culturally relevant to the priority population?), the implementation stage (e.g., Does the setting encourage inclusiveness?), and the evaluation stage (e.g., Are the evaluation surveys appropriate for various audiences?). Coalition applicants will be expected to use these worksheets to create a detailed and realistic prevention plan that is also culturally relevant to the priority population.

Accountability Question 7: How will the quality of implementation be assessed (process evaluation)? In this question, coalitions will identify how the quality of the implementation will be assessed using information obtained from a process evaluation. They can customize the tools and worksheets in GTO to track specific activities conducted and the strengths and weaknesses of the implementation. This information can produce useful feedback for ongoing program refinement and improvement. The GTO manual provides several measures for documenting the planning and implementation processes, such as the Meeting Effectiveness Inventory, Project Insight Form, and Satisfaction Surveys (Goodman, Wandersman, Chinman, Imm, & Morrissey, 1996).

Accountability Question 8: How well did the program work (outcome evaluation)? In this question, coalitions will be asked to develop a general evaluation plan that will assess the goals and objectives identified in Accountability Question 2. A key concept that will be assessed in the coalition evaluation plan is the degree to which linkage exists among all of the various elements

of the outcome evaluation such as evaluation design, data collection methods, and statistical techniques. This idea is specifically discussed in GTO, and an outcome data worksheet is provided to help summarize data and show how the results relate to the desired outcomes.

Coalitions will receive the packet of core measures that have been compiled by CSAP to assess intermediate and long-term outcome variables (e.g., perception of risk or harm, attitudes toward school, family conflict, ATOD use) across all domains. In addition to the assistance with outcome measures, coalitions are likely to require additional intensive technical assistance in successfully completing this accountability question. State-level evaluation staff will assist coalitions to develop and implement their evaluation plans.

Accountability Question 9: How will CQI strategies be incorporated (CQI)? CQI involves systematically assessing and using evaluation information to improve planning, implementation, and evaluation processes. Effectively addressing this question will require that the coalitions ask and answer the first eight accountability questions after completing the program in order to examine which changes need to be made. For example, the needs may have changed (Question #=1), the goals may need to be revised (Question 2), or perhaps a new program or set of strategies have been shown to be more effective (Question 3). Reexamining each accountability question systematically may improve the program's subsequent implementation. A worksheet is provided in GTO to help organize the CQI information. Coalition applicants will need to provide evidence in their application of how they plan to use the results of this CQI process to improve their programs.

Accountability Question 10: If the program is successful, how will it be sustained (sustain)? Sustainability refers to the continuation of a program after its initial external funding ends. Two general approaches to sustainability are discussed in GTO: (a) obtaining new external funding to continue the program and (b) having the host organization contribute its own resources for continuation (e.g., a school-based mentoring program begun with grant funding is sustained because the school recognizes the positive outcomes and contributes its own resources to continue the program).

The GTO manual raises a number of issues pertaining to sustaining an effective program. These include whether (a) the host agency has "bought into" the pro-

gram, (b) the program demonstrated positive outcomes, (c) the program has a diversity of funding streams from the outset, (d) multiple staff are trained to run the program, and (e) the program has a strong advocate (i.e., program champion). The more factors present, the greater the likelihood is that the program will be sustained. The coalitions will be encouraged to consider these elements early in the process to increase the likelihood for sustainability of effective programs.

CONCLUSIONS AND NEXT STEPS

GTO was initially designed to help individual practitioners implement effective prevention programs. As such, it provides practitioners with information about all the steps needed to plan, implement, and evaluate prevention programs. Although this approach is useful, we propose that GTO can have even more of an impact on the quality of prevention programs when implemented as a system in which all the key stakeholders (e.g., funders, program practitioners, evaluators) operate within a common GTO framework. An example of such a system is the South Carolina SIG program. The first step in creating a GTO system for the SIG was to require that all applicants consider elements of successful programming by designing the grant application around the 10 questions. To further systematize GTO, SIG staff, funders, and administrators are considering a requirement for all counties to monitor program implementation using common GTO forms, to write feedback reports using a common GTO format based on elements discussed in the GTO model, and to deliver technical assistance that is consistent with the GTO approach. In addition, incorporating into GTO a standardized set of instruments, such as the CSAP core measures, is being promoted.

It would be unfortunate for all the local incentive grants to be evaluated with different evaluation designs using various survey methodologies and measures. Under that scenario, the state would find it difficult to draw conclusions about the SIG's effectiveness as a comprehensive statewide initiative. If common evaluation methods and measures were adopted for the same programs, data could be collected, analyzed, and compared at both local and statewide levels. The benefits of using a common GTO structure is that it provides local programs with effectiveness data they can use to improve their programs, promotes accountability at the local and state levels, and contributes to the refinement of evidence-based prevention programming.

In conclusion, GTO offers a comprehensive and integrated planning tool that can be used by communities to address local prevention needs. Its use in South Carolina represents a natural trial that will demonstrate the tool's effectiveness as a framework for a statewide system and suggests areas for modification and improvement.

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Pamela Imm, PhD, received her doctorate in clinical/community psychology at the University of South Carolina. She has extensive experience in the areas of program development, program evaluation, and applied research. Dr. Imm has worked with various local, state, and national agencies including the Center for Substance Abuse Prevention, the Center for Substance Abuse Treatment, the Office of Juvenile Justice and Delinquency Prevention, and the Department of Education. She currently is an independent consultant living in Syracuse, New York.

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