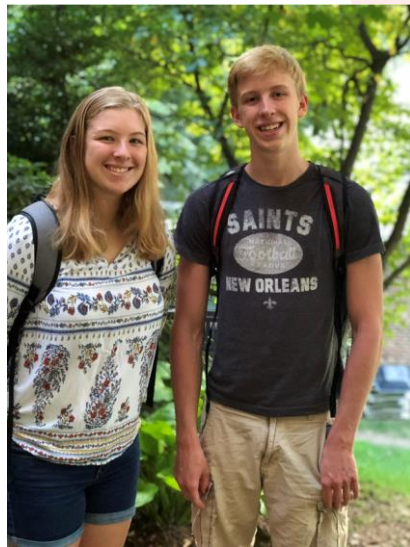# Quality Improvement in Evaluation and Data Collection in Community Prevention

Albert Terrillion, DrPH, CPH, CHES
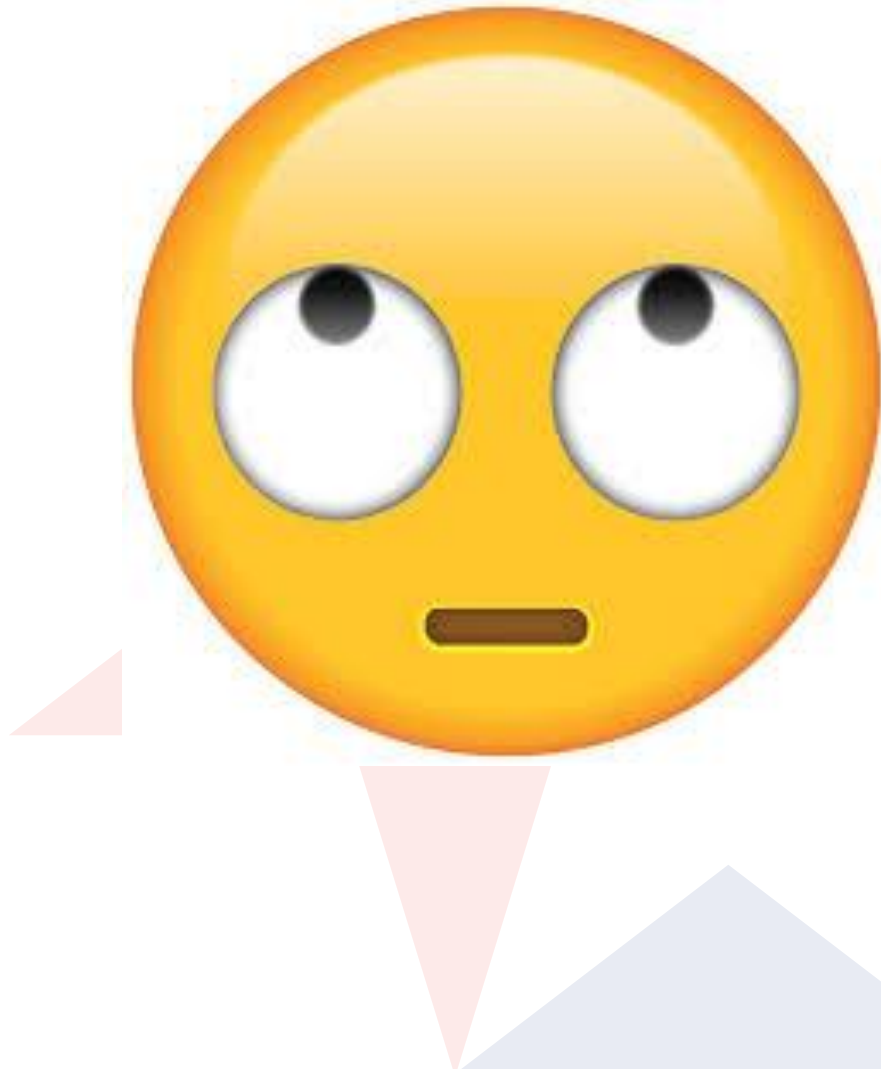
Deputy Director, Evaluation and Research

Community Anti-Drug Coalitions of America (CADCA)

CADCA®

A History of Quality

# The Institute of Medicine

2nd phase (1999-2001)- The Committee on Quality of Health Care in America, laid out a vision for how the health care system and related policy environment

- *To Err is Human: Building a Safer Health System* (1999)
- *Crossing the Quality Chasm: A New Health System for the 21st Century* (2001)
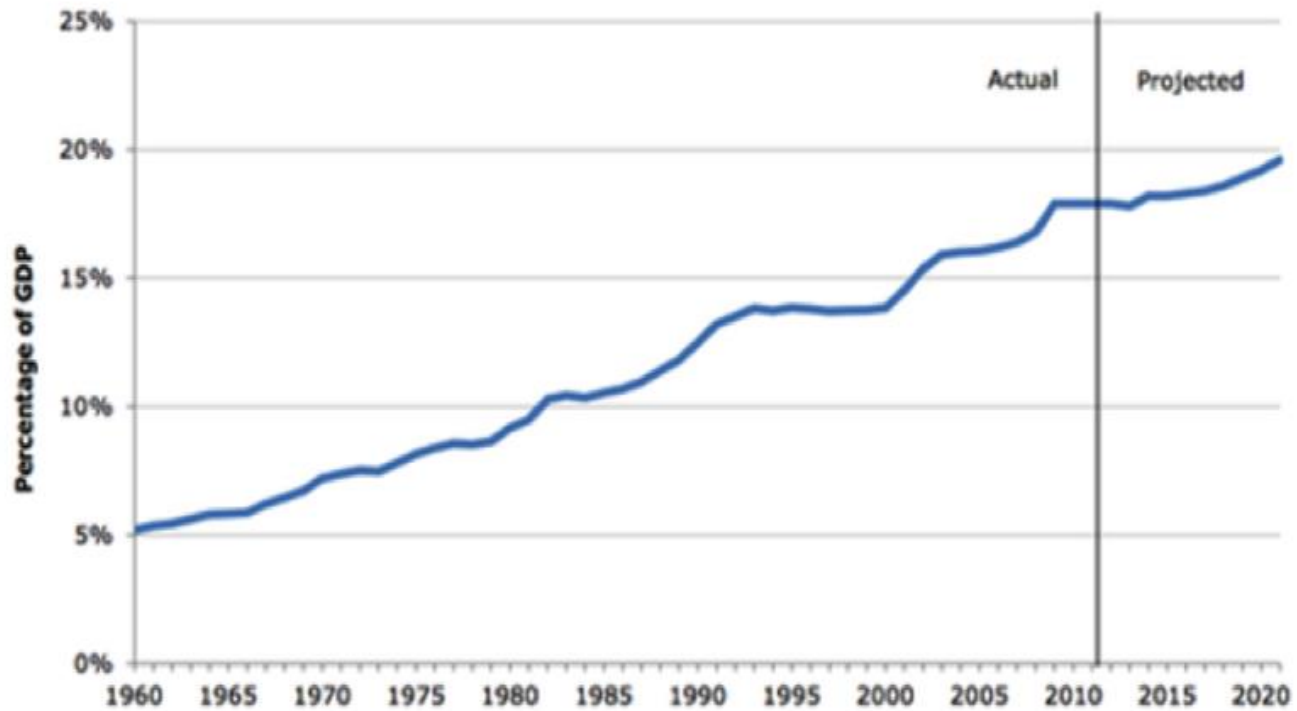
Both stress that reform around the margins is inadequate to address system ills.

Don Berwick, MD
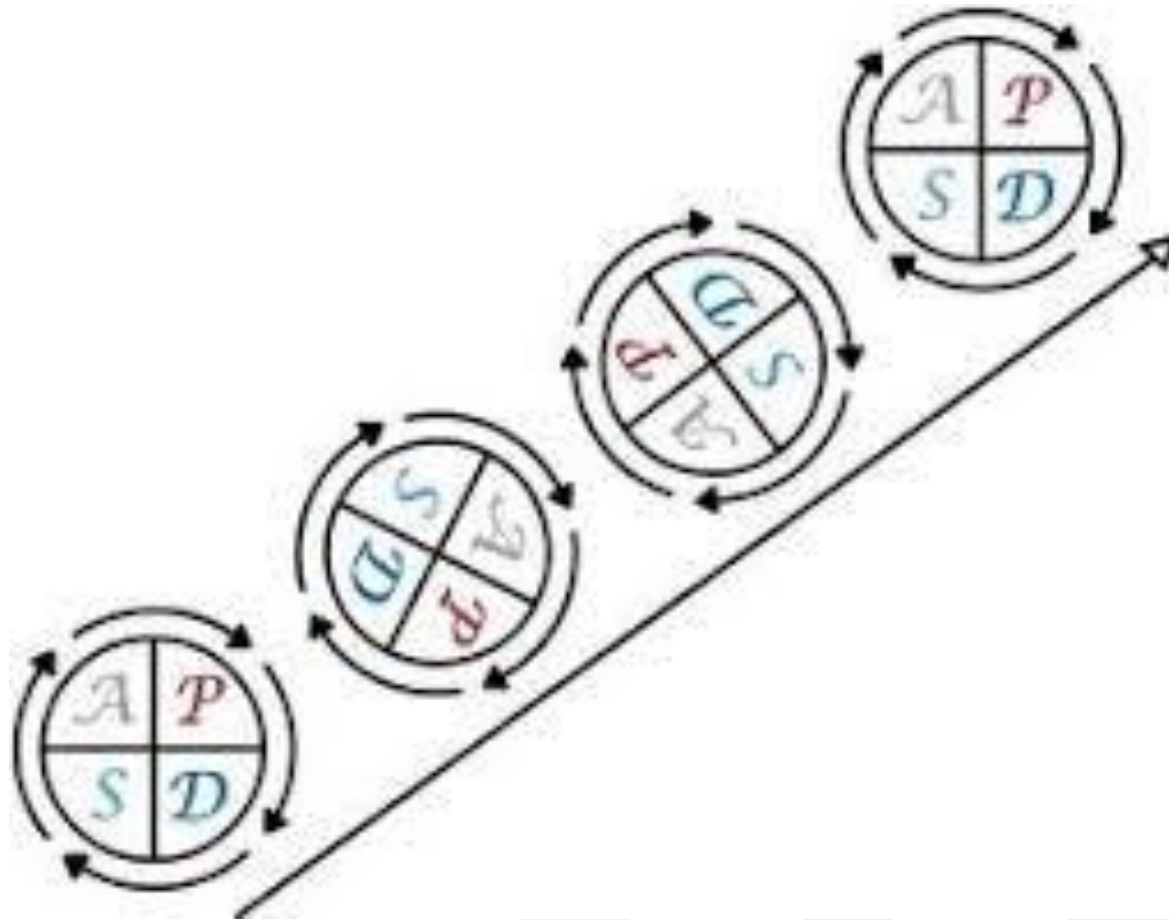
U.S Health Expenditures

Figure 2: U.S. National Health Expenditures as a Share of GDP, 1960-2021

Source: Centers for Medicare and Medicaid Services.

U.S. Health Outcomes
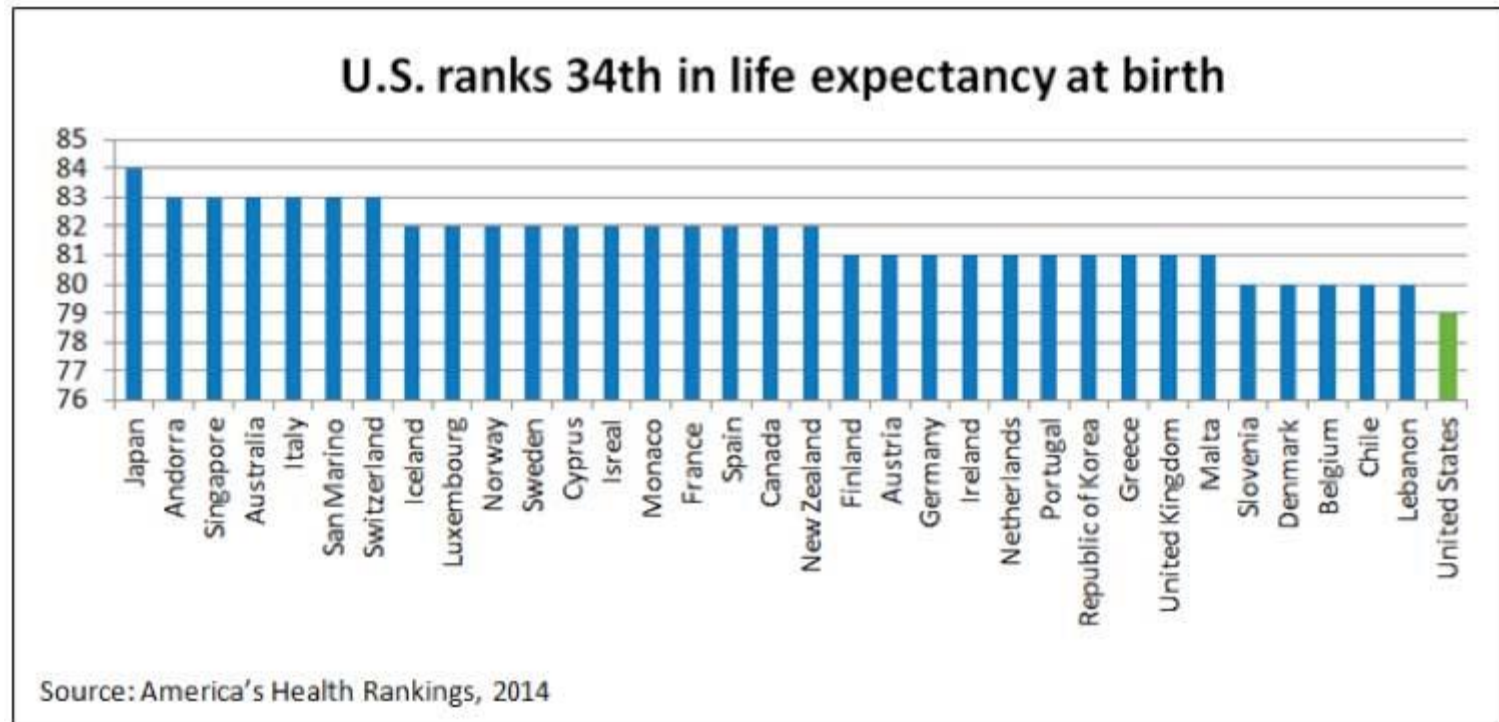
The Community
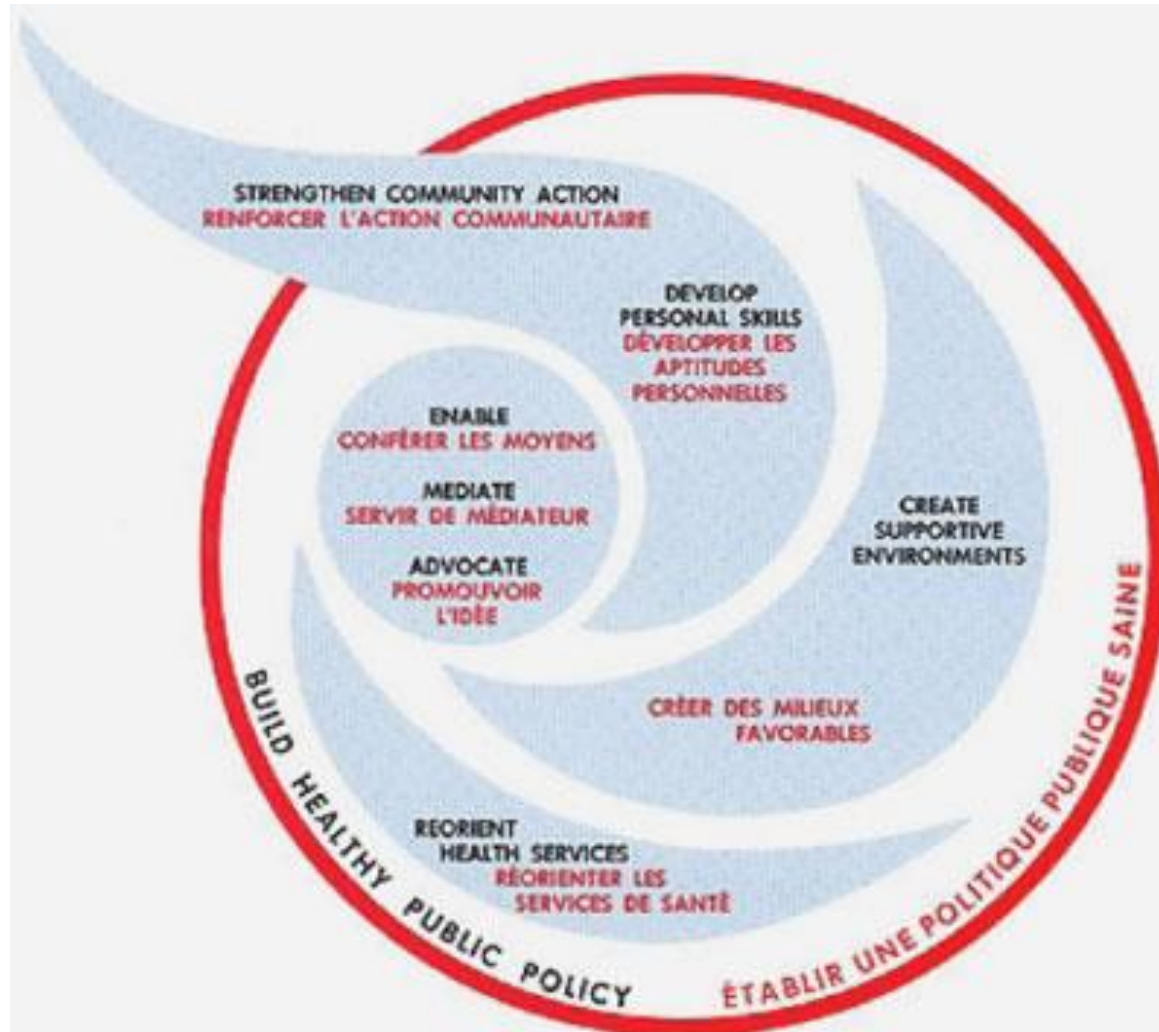
The Seven Strategies

1. **Provide information**

2. **Build skills**

3. **Provide social support**

4. **Reduce barriers / enhance access**

5. **Change consequences / incentives**

6. **Alter the physical design of the environment**

7. **Change policy and rules**

Individually-focused

Environmentally-focused

CADCA

- Founded in 1992 as a recommendation from the President's Drug Advisory Council.

- Supports a comprehensive, data-driven approach to prevent the use of illicit drugs, underage drinking, youth tobacco use, and medicine abuse.

- Represents more than 5,000 community coalitions nationally and in 22 countries globally.

CADCA'S National Coalition Institute

Established by Congress in 2001 by the
Drug Free Communities (DFC) Support Act

Awarded to CADCA and operationalized in 2002

Celebrates **13 years** of creating effective community anti-drug coalitions!

CADCA's National Coalition Institute

The Institute is "a vehicle for coalition-specific substance abuse prevention, policy development and a center for coalition training, technical assistance, evaluation, research and capacity building."

The Institute is strategically aligned into <u>two</u> functional areas:

- – Training, Technical Assistance, & Outreach (TTO)
- – Evaluation and Research (E&R)

Data Collection & Evaluation

- The Annual Survey of Coalitions

- National and International Community Prevention Training Evaluations

- Coalition Special Project Evaluations

- Support for Community Prevention
  - DFC
  - SPF-SIG
  - STOP-ACT

First, Data Collection

Data Collection- National

Monitoring the Future (aka The National High School Senior Survey) now w/ 8th and 10th

- Established in 1975- NIDA funded
- Administered at the Univ. of Michigan

National Survey of Drug Use and Health

- Conducted annually since 1971
- Administered by SAMSHA (Computer-Assisted Interviewing) 12 years and older

Data Collection– Natn'l (2)

The Centers for Disease Control and Prevention

- Youth Risk Behavior Surveillance System (YRBSS)

- Behavioral Risk Factor Surveillance System (BRFSS)

- School Health Policies and Practices Study (SHPPS)

- Etc…

In Sum

- An ongoing effort from several parts of the federal government
- A level of coordination and alignment
- High-quality cross-referenced data
- A consistent workforce

And in the Community?

- DFC grant recipients collect 4 "core measures" (30-day use)

- Different coalition models that include more oversight and centralized control (eg, Getting to Outcomes)

- Some community-level training (MAPP)

- Non-aligned research

- Others?

CADCA-Related Work

- The Annual Survey of Coalitions
- Training of data collection
  - The National Coalition Academy
  - National meetings
    - The National Leadership Forum
    - The Mid-Year Training Institute

The Annual Survey of Coalitions

- Comprehensive web-based assessment
- Conducted annually to:
  - Identify coalitions across the country and
  - To identify the work they are doing in their communities to address substance abuse problems
- Trends include:
  - Workforce considerations
  - Partnerships with public health and research

Annual Survey (cont.)

- Launched every year since 2005
  - 600-700 respondents each year
  - One revision in 2016
  - Coalitions do not have to be CADCA members of Drug-Free Communities (DFC) grantees to contribute to the Annual Survey.
  - Informs new projects, planned and ad hoc T.A., etc....

Annual Survey Issues

- A lack of repeat responses
- An increasing number of incomplete surveys (20%+)
- Attrition in respondents

Survey Solutions (Results)

- Connecting with DFC grantee recipients as early as possible (normally, week 1 of the NCA)- (15+% in overall responses rates)

- Linking the survey to a database so that many of the logistic-related questions are pre-filled (an 80+% decrease in uncompleted responses)

Results (cont.)

- Establishing a set timeline for the survey

- Demonstrating use of the survey (The Annual Fact Sheet- at the CADCA booth)

- Using in quality improvement (the Graduate Coalition Academy)

(other efforts geared at securing repeat responses)

Annual Meetings

- The National Leadership Forum
  - Held in the winter in Maryland
  - 2,000+ participants
  - Presentations on the state-of-prevention
- The Midyear Training Institute
  - Held in different locations across the country
  - Training in data collection (and evaluation)
  - 3,000+ participants

More on the set schedules

- Included pre-launch preparations
  - Integrated other data-gathering considerations
- Survey Launch
  - Set start with the beginning if the year
  - Set close at the end of May (plans to shrink the window)
- Included a schedule of planning for the annual fact sheet

The Results

- Improved quality in data collection efforts (eg, qualitative and quantitative scheduling and tracking efforts)

- Shared data collection best-practices

- A coordination of community data collection (Community-level Aggregate Data Collection)
  - Not just a collection of best practices, but of actual data (eg, Gwinett 211 data, ACT (SD) SBIRT data, and so on)

Emoji?

Now, Evaluation

CADCA®

Evaluation Projects

- National and International Community Prevention Training Evaluations

- Coalition Special Project Evaluations

- Support for Community Prevention
  - DFC
  - SPF-SIG
  - STOP-ACT

The Issues

- Pre and post tests with either no pre- or no post tests (a problem in international trainings)

- Lack of "energy" (manifest in response rates, implementation, and processing)

- Application of what we learn from the evaluations (quality improvement)

- Stacks of evaluations

The Plan

- Phase One- Organizational Buy-in

- Phase Two- Improved formats

- Phase Three- Improved implementation

- Phase Four- Use for quality improvement

Evaluation- The Solutions

- Creating protocols for international training sites (in Spanish)
  - To ensure anonymity
  - To help trainers engage those in training
- In-house training in evaluation
  - Regularly scheduled for new staff
  - Emphasizing organizational role in evaluation and in using it for quality improvement

Evaluation: the Solutions

The Paperless Evaluation Initiative (cue the music)

- NECESSARILY
  - Leadership from the tech part of the organization
  - Buy-in from trainers and staff
  - Data to ensure that it would work
    - Pilot sites
      - Not tiny
        - » BIG DEALS!!

Paperless?!

Will it work?

- Two pilot training sites
  - Gulfport, MS
  - Tampa, FL
- With trainer and staff support
  - Level participation and 35% (and 75%) increase in qualitative feedback
- Included for the annual meetings

Paperless- Additional Needs

- The right technology- different ways to create and share the link to the online evaluation
  - Via text/ e-mail (a list of trainee phone numbers/ e-mails needed)
  - Posted in a centralized online location
- The right schedule- reports for trainers to parallel paper evaluations
- The right protocols

Initial Steps and Issues

- Lack of internet in all trainings
- A lack of communication in FFS planning and set up
- Trainer hesitation
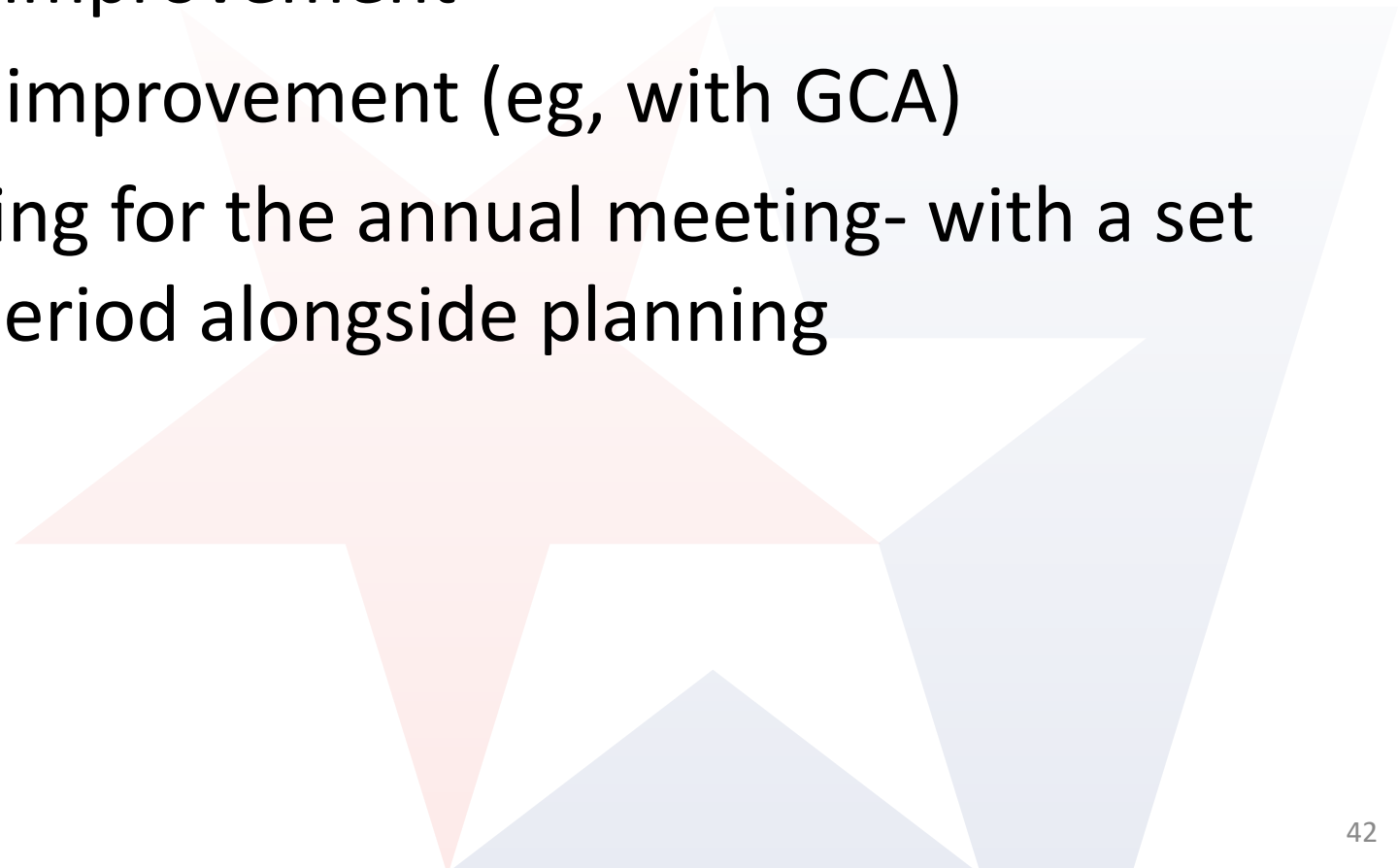- Lack of buy-in from staff
- Lack of faith in E&R team

Paperless Evaluation Protocols

- Considerations for the different types of trainings (FFS, the NCA, youth-related)
- A set weekly schedule- to ensure an improvement in response and service
- Clear communication between training and E&R
- Clear instructions for trainers, depending on the setting (we've gotten it down to two sets of protocols)
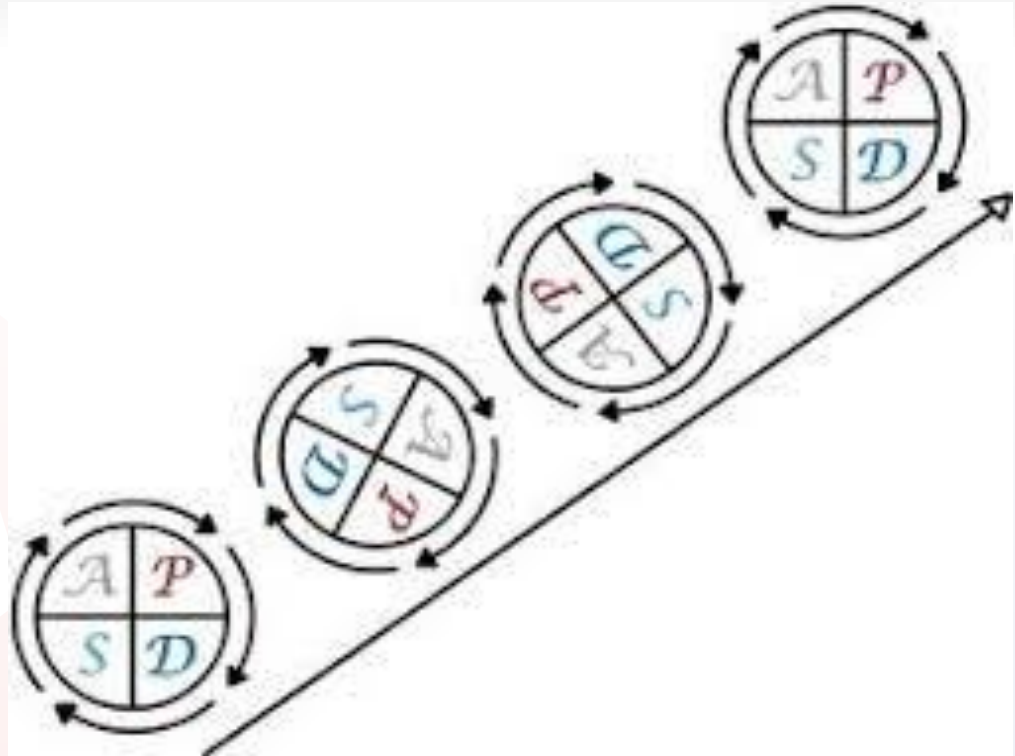- Opening the window of response time

Quality Improvement including… QI

The use of evaluation information for….

- Training improvement

- Content improvement (eg, with GCA)

- In planning for the annual meeting- with a set review period alongside planning

QI
including
QI (2)

PDSA

PLANNING- PHASE-BY-PHASE APPROACH

DO- IMPLEMENTATION (WITH PROTOCOLS)

STUDY- LOOKING AT RESULTS

ACT- ADJUST ACCORDING TO RESULTS

Next Steps

- Ongoing adjustments implementation (protocols, pre-planning, etc...)

- Training for new staff

- Demonstration of success

- Use of information

Questions

Thank you for your attention!

Dr. Albert Terrillion, CHES, CPH

aterrillion@cadca.org

703-706-0560 ext. 280