

Evaluation of the Fighting Back Initiative

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INTRODUCTION

The Robert Wood Johnson Foundation began developing a multi-site initiative in 1986 that would employ community-generated strategies to reduce the use and abuse of alcohol and illegal drugs. From a community planning phase that began in 1990 through two phases of implementation, the Fighting Back initiative has been in place for 12 years, backed by a Foundation investment of \$88 million. This figure includes \$14 million for an independent evaluation commissioned by the Foundation to measure the results of Fighting Back, particularly to determine whether and how much reduction in drug and alcohol use occurred in the target communities. In early 2002, the conclusion of the evaluators was that across the Fighting Back sites, the initiative did not produce significant reductions in use. There were measurable reductions in the use of some substances in some individual sites, but the evaluators do not attribute these to the activities of the Fighting Back groups.

These findings are not the end of the Fighting Back story. They have stirred new attempts to understand what happened in Fighting Back – both what happened in the communities that were funded to work on the “demand side” of the drug equation and what happened in the course of the national evaluation of the initiative. Much about the evaluation is questioned by some of the stakeholders – for example, whether its focus on measuring reduction in alcohol and drug use adequately reflected the original goals of the initiative; whether the comparison communities used were really comparable; whether it is appropriate to conclude that there has been no significant change in alcohol and drug use in the Fighting Back communities without pre-initiative baseline data for these measures; whether cross-site measures fit the originators’ expectations about site variation; whether enough effort was made to develop outcome measures other than reductions in use; whether telephone surveys are a reasonable method for collecting data on illegal personal behavior; and whether there was adequate implementation research to explain why no impacts were found.

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1 Equally significant issues are questioned – usually by other stakeholders -- about
2 the Fighting Back intervention. Was the intervention a “model” that could be evaluated
3 in the ways that demonstration programs have been evaluated in the past? Was it a
4 powerful enough intervention to expect measurable reductions in alcohol and drug use?
5 Was it specified closely enough to warrant a multi-site, outcome evaluation without first
6 investigating the feasibility of the approach? Was the site monitoring and assistance
7 adequate to detect and correct misalignment among the goals and activities of Fighting
8 Back communities, the Foundation’s expectations, and the evaluator’s measures? What
9 were the originators’ views of what success might look like and were these clear inside
10 and outside the Foundation? Were there enough sites for this highly experimental anti-
11 drug approach to produce useful evaluation information? Did the Fighting Back
12 community leaders understand how their success would be measured? Were the
13 activities of the Fighting Back communities likely to produce reductions in alcohol and
14 drug use within the timeframe of the initiative and the evaluation?
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16 Finally, the broader role of the Foundation in the Fighting Back story comes up.
17 What were the organizational structures, traditions, external pressures, and elements of
18 organizational culture that contributed to such a long and sizable investment in an
19 initiative that never showed signs of making a difference in the initiative communities
20 based on the independent evaluation?
21

22 James R. (Jim) Knickman, the Foundation’s current Vice President for Research
23 and Evaluation, characterizes the questioning of the evaluation at this point as second
24 guessing. At the final meeting of the Fighting Back initiative’s National Advisory
25 Committee in March 2002, he asked, “If the results had gone the other way, would we be
26 raising questions about measures?” One outsider with experience in measuring
27 community-level impacts of similar program interventions -- Leonard Bickman, Director
28 of the Center for Mental Health Policy at Vanderbilt University and an advisor to the
29 Fighting Back evaluation -- says that the intervention couldn’t have succeeded. People
30 inside and outside the Foundation who are most closely associated with the Fighting
31 Back program doubt that the evaluation captured the achievements of the funded
32 communities. Leonard Saxe, the Principal Investigator for the research team that
33 completed the Fighting Back evaluation, says that “on a community-wide basis, the
34 program has not had the hypothesized impact. The programs did not make a difference
35 on the original measures; they haven’t met that initial promise.” But, explaining the
36 resistance of program people to these findings, he pointed to some of the complicated
37 history of the evaluation that is described in this case: “By the time we actually had data,
38 it was too late to change things. [The program people] were so invested in the model and
39 the cause.”
40

41 There are multiple perspectives on the Fighting Back evaluation, high emotions,
42 and unresolved conflicts. This case presents the differing perspectives without judgment
43 or conclusions. It is a complicated story that enfolds many issues foundations face in
44 evaluating their investments. On most issues here, there are generally two views – the
45 “program” view and the “evaluation” view. Interestingly, only a few of the facts are in

1 dispute. The interpretations of the facts, the meanings, and the lessons are mainly at
2 issue.

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5 **BACKGROUND: DURATION AND SCALE CONTRIBUTE TO COMPLEXITY**

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7 The duration and scale of the Fighting Back activities – including the evaluation –
8 are important contributors to the complexity of the interconnected stories of the
9 intervention and its evaluation. The initiative was conceived as a major Foundation effort
10 and investment, but it was extended in time, entailing even greater financial
11 commitments. One result was that the starting vision and cast of Fighting Back
12 stakeholders differed in important ways from the 2002 intervention and stakeholders.
13 Among the changes that occurred during the 12 years of Foundation-funded local activity
14 were:

15

- 16 • The number of communities funded as Fighting Back sites was reduced from 15
17 to 5 and within communities there was considerable change in individuals
18 involved in leadership roles.
- 19 • The National Program Office – the intermediary organization funded by the
20 Foundation to monitor and assist the sites – was shifted from one university’s
21 medical school to another university’s school of public health.
- 22 • The first evaluation team was replaced by the Foundation about two years into the
23 implementation of the program.
- 24 • The Foundation’s program staff changed: One of the conceptual originators of
25 the program retired, one was promoted, and a new program officer was hired.
- 26 • The Foundation’s evaluation director and the evaluation staff initially involved
27 with Fighting Back left.
- 28 • The Foundation president who initiated Fighting Back and selected the first
29 National Program Office for the program left.
- 30 • The membership and leadership of the initiative’s National Advisory Committee
31 changed.
- 32 • The larger social, political, and policy context in which alcohol and drug use were
33 being perceived and addressed changed. Importantly, the community coalition
34 approach to countering drug abuse became national “demand side” policy, and
35 law enforcement strategies took a very large number of people involved in drug
36 activity off the streets.
- 37 • The stakeholders in the funded communities, the National Program Office, and
38 the Foundation learned from their experiences and shifted course in 1996 to more
39 focused interventions in fewer communities, although the evaluation continued to
40 collect data in communities that no longer received Foundation funds.

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42 Missing from the stories of the individuals interviewed for this case is the broader
43 context of the evaluation field at the time that Fighting Back was initiated, which also
44 changed between 1988 and 2002: There were very few examples of credible, successful
45 evaluations that measured the impacts of community-wide interventions of any type

1 when Foundation staff first began thinking about a community anti-drug strategy.¹ In the
2 substance abuse field, research was focused on epidemiology, treatment, and costs. Thus,
3 Fighting Back was at once an innovation in anti-drug interventions and in evaluation
4 strategies.

7 **THE FOUNDATION TAKES ON SUBSTANCE ABUSE**

9 Fighting Back – officially subtitled: Community Initiatives to Reduce Demand for
10 Illegal Drugs and Alcohol – was the Robert Wood Johnson Foundation’s first significant
11 effort in the area of substance abuse. Prior to 1988, when the first Fighting Back grant
12 was made to Vanderbilt University to establish the National Program Office for the
13 initiative, the Foundation had made only three grants related to substance abuse. The
14 initial \$26.4 million authorized for Fighting Back in 1988 was not only the Foundation’s
15 largest program to date, it was at that time “the single largest commitment of private
16 funds in this country to combat drugs.”²

18 A formal process of task forces and research and expert consultation had been
19 initiated in 1986 when the Foundation’s Board of Trustees asked staff to begin exploring
20 a possible Foundation role in addressing the national problems of substance abuse and
21 dependence. Paul Jellinek, currently a Vice President of the Foundation and then one of
22 the program staff most involved in developing the Fighting Back initiative, describes
23 these beginnings as occurring in a national atmosphere of fear and sadness, against a
24 backdrop of drug-related crime, tragedy and death that was immediately visible to people
25 who lived in poor communities and visible to the rest of the nation through the media.
26 Smokable crack cocaine was devastating inner city families, shootings over drugs and
27 drug-dealing territories were making it dangerous to be outside or inside in some
28 neighborhoods, homelessness and prostitution attributed to addiction, and the detritus of
29 drug use, were spilling over into the public spaces of towns and cities across the country,
30 and jails and prisons were filling up with drug users. In June of 1986, within weeks of
31 the Foundation Board’s request for ideas from staff, University of Maryland basketball
32 star Len Bias died of an apparent overdose of cocaine, just two days after being drafted
33 by the Boston Celtics, presenting the nation a highly visible example of the
34 destructiveness of drug use.

36 After more than two years of exploration, analysis and discussion, the staff
37 prepared a recommendation to the Board (in July 1988) for a national program that would
38 focus on the demand for illegal drugs and alcohol with the goal of showing that “by

¹ For a discussion of the difficulties involved, see Robinson G. Hollister and Jennifer Hill. 1995. “Problems in the Evaluation of Community-wide Initiatives.” In James P. Connell, Anne C. Kubisch, Lizbeth B. Schorr, and Carol H. Weiss (Eds.) *New Approaches to Evaluating Community Initiatives: Concepts, Methods, and Contexts*. Washington: DC: Aspen Institute (Roundtable on Comprehensive Community Initiatives for Children and Families).

² Steven A. Schroeder, M.D., President and CEO of the Robert Wood Johnson Foundation, in *Annual Report 2000, The Challenge of Substance Abuse: Ten Years of Grantmaking*, available at www.rwjf.org.

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1 pulling together into a single unified effort, communities can begin to solve the pressing
2 problem of drug and alcohol abuse.”³ The expected outcome was straightforward: “To
3 reduce the demand for illegal drugs and alcohol in the funded communities.” The
4 specific objectives enumerated were: “To prevent the abuse of drugs and alcohol among
5 young people, to promote early identification and referral into treatment for those who
6 have a drug or alcohol problem, to expand the range of available treatment options, and
7 to ensure post-treatment follow-up to prevent relapse.”⁴ In other words, a multi-faceted
8 approach was required.

9
10 Introducing the thoroughly analytic and services-oriented statement of the
11 problem and the Foundation’s proposed response in this 1988 recommendation to the
12 Board was a statement of a different tenor by then-President Leighton Cluff: “If the
13 Board authorizes the suggested program, I believe this Foundation can catalyze a national
14 movement in which health professionals take a leading role finally to reduce substance
15 abuse to a minor rather than a major community and national problem.” The idea that
16 Fighting Back would “catalyze a national movement” is at the heart of some of the issues
17 about the Fighting Back national evaluation. The strategies, processes, successes and
18 setbacks involved in this aspect of Fighting Back were little documented and were not at
19 all addressed in the closing years of the national evaluation – to the dismay of some
20 program stakeholders.

21
22 A suggestion of dual purposes of Fighting Back – which were ultimately
23 evaluated to differing degrees – can be heard in Paul Jellinek’s description of the
24 intellectual journey from the Board’s 1986 request for staff exploration to a Call for
25 Proposals issued by the Foundation in the spring of 1989.

26
27 We took two years to get grounded in the field... There wasn’t a lot of good data
28 about effective prevention, treatment or interventions (except for methadone for
29 heroin addiction). The focus was on cocaine at that point. There were therapeutic
30 communities, but no pharmacologic solutions. For prevention, there was a
31 comprehensive school-based curriculum tested in Kansas City called Project
32 STAR and one called Project ALERT in California that showed modest gains for
33 marijuana and tobacco, but overall, the evidence base was limited. It still is and
34 there still are strongly held views about what works. The evidence about
35 treatment was that about one-third of addicts recover, but it takes several tries.

36
37 We cobbled together a list of things that the federal government had not gotten to:
38 “poly abuse” [abuse of several substances by one person], dual diagnoses [mental
39 health problems and substance abuse occurring in the same person], maybe
40 demonstrations, maybe a prevention demonstration, a NIDA-like [National
41 Institute for Drug Abuse] pharmacologic treatment for cocaine. But the idea of
42 being the private tail on the federal dog wasn’t exciting, and the Board’s

³ Summary prepared for the Board of Trustees, Robert Wood Johnson Foundation, July 1988.

⁴ Ibid.

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1 injunction had been to find a way the Foundation could make a *meaningful*
2 contribution.

3
4 There was a sense of despair about cocaine and crack across the country. They
5 were having a profound effect on neighborhoods and social destabilization,
6 prompting a spectrum of responses from “bring in the National Guard and adopt
7 martial law” to “legalize it to take out the economic incentives.” You did have
8 parent groups mobilizing, active law enforcement, school curricula, prevention
9 and treatment activity, but there was no coordination or strategy and there was
10 competition between those who were involved. *This* was the opportunity for the
11 Foundation – to identify a couple of communities that understood their common
12 problem, could identify their resources, set some priorities, and implement a
13 strategy.

14
15 We hoped to provide a basis for optimism – that it was not an insoluble problem
16 that could only be addressed by going to extremes. It could be solved by doing it
17 through the democratic institutions.

18
19 Kathryn Edmundson, who at the beginning of Fighting Back was assistant to John
20 Brademas, President of New York University and Chairman of the Fighting Back
21 National Advisory Committee, remembers that there was a “huge question” at the
22 Foundation – a question not necessarily considered part of the evaluation agenda: Could
23 you organize to create political will for change at the local level and get it to add up to a
24 national-level movement? As she describes the Foundation’s initial goals, there was an
25 element of racism and elitism in the prevailing law enforcement/supply side strategies of
26 the day that Fighting Back was intended to counter.⁵

27
28 The frame of political values for the Foundation’s formulation of the Fighting
29 Back initiative described by Paul Jellinek and Kathryn Edmundson stands alongside the
30 outcome-oriented language of both the 1988 recommendation to the Board and the 1989
31 Call for Proposals, which is represented in this list of expected outcomes that appeared in
32 both documents:

- 33
34 (1) a measurable and sustained reduction in the initiation of drug and alcohol use
35 among children and adolescents;
36 (2) a reduction in drug and alcohol-related deaths and injuries, especially among
37 children, adolescents, and young adults;
38 (3) a decline in the prevalence of health problems related to or exacerbated by
39 alcohol and drug abuse;
40 (4) a reduction in on-the-job problems and accidents related to alcohol and drugs;
41 and

⁵ Although they state these points more circumspectly, the Foundation’s key architects of Fighting Back confirmed this view publicly. See Paul S. Jellinek and Ruby P. Hearn. 1991. “Fighting Drug Abuse at the Local Level,” *Issues in Science and Technology*, Volume VII, Number 4, Washington, DC: National Academy of Sciences.

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1 (5) a reduction in drug-related crime.

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3 Paul Jellinek’s version of the Fighting Back history also emphasizes the
4 magnitude and unprecedented nature of the undertaking and includes the expectation that
5 only three or four communities would be able to pull off the Fighting Back approach out
6 of the originally proposed number of eight implementation grants. “We believed that if
7 we could see this in just a handful of places, we would say we had achieved what we had
8 set out to do.” Jim Knickman, who was not at the Foundation when Fighting Back was
9 initially approved by the Board, believes that such a substantial commitment would not
10 have been made based on this expectation, although the staff did describe their concept to
11 the Board as a “complex, high-risk undertaking that will require extensive advance
12 planning by the participating communities.”⁶

13

14 Ruby Hearn is the person Paul Jellinek means when he talks about the Fighting
15 Back beginnings in terms of “we.” Dr. Hearn retired as Senior Vice President of the
16 Foundation in 2001. With Jellinek, she was the principal originator of Fighting Back and
17 involved through late 2000 in decisions about the initiative and the national evaluation.
18 She confirms Jellinek’s contention that they told the Foundation Board they “expected a
19 lot of the sites were not going to make it.” She emphasized the novelty of the Fighting
20 Back concept as well and attributed early trouble with the national evaluation to this
21 feature of the initiative:

22

23 The concept was so novel, we had to ask “What would be the indicators if the
24 intervention was implemented? How will we know?” Initially, the people who
25 contracted with the evaluators did not understand our goals and expected
26 outcomes. The evaluators thought interventions had to be prescriptive – which
27 was not our view. In order to have the will in the community, there need to be
28 locally generated facts and locally generated strategies.

29

30 In line with this view that community-generated solutions would be most
31 effective, the Foundation’s Call for Proposals only specified the broad components of a
32 multi-faceted strategy – prevention, early identification and referral to treatment,
33 expanded treatment options, and post-treatment service -- and requirements for two
34 organizing structures. Applicants for Fighting Back funding were required to establish
35 (1) a citizens’ task force on alcohol and drug abuse to provide oversight, guidance and
36 support that would represent all groups within the community whose involvement and
37 commitment would be needed to succeed: parents, clergy, tenant groups, business and
38 community leaders, health professionals, school superintendents, principals, judges,
39 chiefs of police, elected official and others; and (2) a community-wide consortium of all
40 the institutions, organizations and public and private agencies whose participation is
41 required to implement the proposed initiative, including news media, civic and religious
42 organizations, schools, businesses, major health care providers, human service agencies,
43 drug and alcohol treatment providers and others. Fighting Back sites would receive one-

⁶ Summary prepared for the Board of Trustees, op. cit.

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1 or two-year planning grants of up to \$100,000 per year followed by five-year
2 implementation grants of \$3 million each.

3
4 In 1990, the Foundation was committed to a major project that, on paper, had
5 clear goals and clear expected outcomes. But beyond requirements for components that
6 were broadly described and new community structures to develop strategies and make
7 decisions, it was a project that provided grant applicants an unusual amount of flexibility
8 for how to achieve those goals. And behind the paper was the conviction that
9 community-generated solutions based on community-specific facts would be more
10 effective than Foundation-prescribed solutions. There was also a sense on the “program
11 side” of the Foundation that the Fighting Back intervention was being undertaken with
12 less confidence than suggested by the tone of the official paper, but with a conviction that
13 it was important for the Foundation to do something in a desperate situation and that the
14 ultimate undertaking was “political” – to try to shift national anti-drug strategy from a
15 predominantly supply-reduction approach to a more balanced approach that included
16 demand reduction efforts.⁷

17
18 Len Bickman’s judgment of why Fighting Back could not have succeeded is
19 rooted in these beginnings, which he calls the “I have an idea” approach to foundation
20 grantmaking – i.e., grantmaking that is not founded in either theory or research.
21 According to Dr. Bickman, Fighting Back could not have succeeded because it was based
22 on a naive and romantic notion of communities: “Just get the people working together
23 and they’ll solve it.” He asked, “Where were the [Fighting Back] communities going to
24 get the wisdom to do the job?” At that time, he elaborated, “there were no evidence-
25 based interventions that the community could apply. They had to discover what worked
26 in their environment without any theory and without any feedback system that informed
27 them if some intervention was working.” As discussed further below, Dr. Bickman
28 suggested that the initial theory failure was compounded by implementation failure when
29 the Foundation did little “to help the communities by giving them the tools we knew
30 worked.”

31
32 Len Saxe’s main explanation for the lack of measurable Fighting Back impacts is
33 rooted in these beginnings as well, although he points first to what changed in the world
34 in the time it took the Foundation to move from their commitment to an anti-drug effort
35 to actually fielding an intervention. During that time, the drug crisis abated somewhat;
36 the Fighting Back sites became active when the trends in use and abuse, and associated
37 harms, were already headed down.

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⁷ The argument for a demand-side approach is presented in Paul S. Jellinek and Ruby P. Hearn. 1991. *op. cit.*

1 **RESPONSE TO THE FIGHTING BACK IDEA**

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High Interest

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The response to the Foundation's Call for Proposals was far beyond expectations. Gregory Dixon, the Deputy Director of the first Fighting Back National Program Office (NPO), which was charged with managing the review and selection of applicants, reports that the NPO was told to expect about 125 applications. This estimate was based, in part, on the number of U.S. cities that qualified for the grants, which were targeted to communities having populations of 100,000 to 250,000 persons. The NPO received 331 applications in September of 1989. Many were from "communities" defined by the applicants as parts of cities with populations larger than 250,000 or as multiple jurisdictions in a region.

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The program staff of the Foundation took this response as a sign that they had tapped a reservoir of interest and concern at the community level about drug use and abuse.⁸ The Foundation Board's initial approval of funding was based on an assumption that 12 planning grants would be awarded and 8 sites would move to implementation – which had already been increased at the urging of Foundation President Cluff from the staff's plan for 3-4 sites. The massive response persuaded the Foundation – with the help of the Fighting Back National Advisory Committee – to award 15 planning grants.

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It took a year to get from the Call for Proposals to the planning grants, a year during which a very pressured process reduced more than 300 Fighting Back applicants first to 60 candidates and then to 18 finalists to be visited, and then to 15 grantees. Greg Dixon points out that no federal government agency has the ability to spend this much time planning an initiative, due to the constraints of fiscal year funding. This was part of the explanation for why the Fighting Back concept was spread by the federal government even before it was implemented.

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Rapid Spread of an Idea

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The high level of interest in Fighting Back funding spawned a much broader federally-funded effort to build on the Fighting Back initiative. As Greg Dixon describes the events, soon after the selection of sites, the new federal Office of National Drug Control Policy (ONDCP)⁹ encouraged the program staff in the Office of Substance Abuse Prevention of the Substance Abuse and Mental Health Services Administration (SAMHSA) to put together their own Call for Proposals to take advantage of all the work that had already been done in communities applying for Fighting Back. A Community

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⁸ Another Robert Wood Johnson Foundation story peripherally related to the Fighting Back story is about the capacity of the Foundation's communications division: According to Greg Dixon, 40,000 copies of the Fighting Back Call for Proposals were mailed in February 1989.

⁹ The ONDCP director of demand reduction was Dr. Herbert Kleber, who became a member of the Fighting Back National Advisory Committee and who had been invited, but declined, to head the first Fighting Back National Program Office.

1 Substance Abuse Partnership (CSAP) initiative of the federal government subsequently
2 funded more than 250 programs at about \$100,000 per year – all of which were likely to
3 have first been Fighting Back applicants, according to Greg Dixon.

4
5 Coordinated community-wide interventions for demand reduction are now a
6 prominent anti-drug strategy employed by the U.S. government generally and ONDCP
7 specifically. Approximately \$800 million had been spent by the federal government on
8 the CSAP version of the community coalition anti-drug approach through 1997 and
9 another \$400 million was authorized for a new generation of such community coalition
10 programs under the Drug-Free Communities initiative of ONDCP. When Greg Dixon
11 says that he can count \$1 billion in subsequent activities attributed to the Fighting Back
12 initiative, he means both the CSAP and Drug Free Community Programs of the federal
13 government.¹⁰

14 15 **Comparison Issues**

16
17 The Fighting Back influence on national anti-drug policy so early in the life of the
18 initiative caused some difficulty for the national Fighting Back evaluation later. CSAP
19 programs were not as richly funded as Fighting Back and emphasized prevention.
20 Nevertheless, the community-organizing approach to countering drug use and abuse was
21 so widespread by the mid-1990's, when the first Fighting Back evaluation household
22 survey was fielded, that 17 of the 30 matched comparison sites studied in the Fighting
23 Back evaluation had CSAP funding.¹¹ That meant that drug and alcohol use in Fighting
24 Back communities was being compared in these instances not to use in communities that
25 remained in the fragmented condition with respect to anti-drug efforts that Paul Jellinek
26 and Ruby Hearn identified in the late 1980's, but to use in communities that, in many
27 cases, had similar demand reduction efforts in place.

28
29 The second team of evaluators, led by Len Saxe, attempted to address this issue
30 both in their design and their analysis. For example, they included two or three
31 comparison sites for each Fighting Back site in the national evaluation, in part to
32 minimize the effect of spreading programs on their ability to detect differences between
33 the “treatment” communities of the Fighting Back initiative and the comparison sites.
34 How significant the problem of having CSAP communities as comparison communities
35 was is a matter of disagreement between the program stakeholders and the evaluation
36 stakeholders. The evaluators, for example, do not consider this a problem affecting the
37 credibility of their results because national data show use of alcohol and illegal drugs
38 declining everywhere from before Fighting Back got started through 1992 and then
39 leveling off through the 1990's, probably for reasons that had more to do with law
40 enforcement strategies and the “self-limiting” nature of drug use epidemics than with

¹⁰ Gregory Dixon is now Administrator of the Drug Free Community Programs at ONDCP.

¹¹ Eight of the 14 communities that received Fighting Back planning and implementation grants received CSAP grants as well, usually to support the prevention components of their programs. The fifteenth Fighting Back site that received a planning grant but did not go to implementation was San Jose, California.

1 community interventions, whether Fighting Back, CSAP, or other community-coalition
2 approaches.

3

4 The Fighting Back evaluators also point to the results of an outcome evaluation of
5 CSAP in support of their findings. They judge the results of that evaluation as similar to
6 the results of Fighting Back – i.e., declining use everywhere followed by no significant
7 measurable change attributable to the interventions, although this is a considerably less
8 optimistic interpretation of CSAP effects than SAMHSA puts forward.¹²

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11 **EVALUATION #1: LOST TIME AND LOST MONEY**

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13 After a substantial process to identify and select an evaluator for Fighting Back,
14 the Foundation hired the Pacific Institute for Research and Evaluation (PIRE), which had
15 proposed an outcome evaluation with a dozen separate research projects for \$11.5
16 million. Although PIRE was eventually fired from the project by Jim Knickman, he does
17 not fault the initial decision to select this group. He notes that PIRE was “a reputable
18 firm, experienced in substance abuse, it was a competitive process, the Principal
19 Investigator was known to the Foundation, and the evaluation unit had the advice of a
20 Technical Advisory Committee. There was no obvious mistake in the hiring.”

21

22 The first Fighting Back evaluation was ambitious and complex. It entailed
23 general population surveys in the Fighting Back sites and in comparison communities,
24 the development of indicators of community changes, ethnographic work, and site-based
25 management information systems that would be installed and supported by the
26 evaluators. There were questions from the beginning about the fit of PIRE’s evaluation
27 design with the Fighting Back intervention. Greg Dixon remembers that a member of the
28 Technical Advisory Committee for the evaluation judged the proposed survey “not
29 sensitive enough” to detect expected changes in alcohol and drug use and he advised that
30 “if you find changes, you won’t be able to attribute them to Fighting Back.” Ruby Hearn
31 remembers that the Technical Advisory Committee had “lots of issues” about the PIRE
32 design and “what was measurable.” Her sense was that “PIRE saw the Fighting Back
33 evaluation as an opportunity to do all kinds of research. The PIRE folks came up with
34 lots of other ways to measure and things to measure because it was too difficult to
35 measure the outcomes specified by the Foundation in the Call for Proposals.” Marjorie
36 Gutman, the Foundation’s staff member responsible for the Fighting Back evaluation
37 from its beginning through mid-1997, emphasizes an 18-month period of careful
38 development of the PIRE evaluation design, the “reasonableness” of which was
39 confirmed by the fact that the second evaluation team adopted its major features.

40

41 There was some early unhappiness on the program side of the Foundation about
42 the evaluation. Embedded in Ruby Hearn’s description of the novelty of the Fighting
43 Back concept is a reference to the Robert Wood Johnson Foundation’s way of designing
44 evaluations at the time. She said, “Initially, the people who contracted with the

¹² Substance Abuse and Mental Health Services Administration. 2000. *Prevention Works Through Community Partnerships*. Rockville, MD: SAMHSA.

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1 evaluators did not understand our goals and expected outcomes.” The people she meant
2 were the director and staff of the Foundation’s evaluation unit. Dr. Hearn reported that
3 she and Paul Jellinek did not have a role in hiring the first evaluation team and did not
4 meet with the first evaluation team to discuss the program’s objectives. She remembers
5 this as intentional and part of the Foundation’s method at the time of ensuring objective,
6 independent assessment of its projects. Dr. Hearn and others referred to this policy of
7 separation as the “firewall” between “program” and “evaluation.” The director of
8 evaluation at the time Fighting Back got under way was reported to have been a firm
9 believer in the firewall. (Dr. Hearn noted that this degree of separation between program
10 and evaluation at the Foundation was not enforced either before or after the tenure of the
11 evaluation director who initiated the Fighting Back evaluation. Jim Knickman, in
12 particular, is known to practice collaboration between the program and evaluation staff
13 from the beginning of a project so that, according to Dr. Hearn, “the evaluators get the
14 program objectives right and evaluation contributes” to program learning and decisions.)
15

16 Marjorie Gutman disagrees with Ruby Hearn about the degree of separation. She
17 says that she met with the Foundation’s program staff several times about their goals and
18 objectives and that the program staff reviewed evaluation proposals, although they were
19 not formally a part of the selection team for the first evaluators. Further, Dr. Gutman
20 says that the program staff had lots of input to the reconsideration and redesign of the
21 evaluation after the first evaluator was let go and Len Saxe was assembling a team to take
22 over the evaluation.
23

24 There was unhappiness in the field with the early Fighting Back evaluation as
25 well. The community sites had been discouraged from creating their own data collection
26 systems because PIRE was going to provide them data both about their program activities
27 and about drug and alcohol uses and related harms in their communities. David
28 Rosenbloom, the current director of the National Program Office for Fighting Back and a
29 member of the initiative’s National Advisory Committee from its inception, identifies the
30 failure of the local data collection plan as the point when “it may have all started to go
31 wrong” in the first evaluation. “The first evaluator was putting someone on the
32 evaluator’s payroll sitting full-time in each site collecting process information with a
33 common software program. It was a disaster. The software system never worked, the
34 sites didn’t understand it, and because of the way it was presented to them, they treated it
35 as if it were not their own.” Jane Callahan, Executive Director of the Vallejo (CA)
36 Fighting Back Partnership – one of the sites that has been in operation and funded by the
37 Foundation for the entire 12 years of the initiative so far – underscores the importance of
38 local data: “Local data is the only data that matters in order to tell your story locally.
39 Funders – especially local funders – don’t care about the national story.”
40

41 The Fighting Back evaluation eventually got away from PIRE, but it took the
42 Foundation a while to understand this and to put another evaluation team in place. About
43 a year into Phase II of the evaluation (the implementation phase of the initiative),
44 Marjorie Gutman began getting the sense that PIRE was not keeping up with the data
45 collection and was getting overwhelmed by the magnitude and complexity of the
46 evaluation. The Foundation had agreed that PIRE could conduct the general population

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1 survey of the Fighting Back and comparison communities in-house rather than
2 subcontracting the work to an experienced survey firm. This was the fatal error in the
3 first evaluation, in Jim Knickman's view. According to Dr. Gutman, PIRE had wanted to
4 get a small, new survey unit up to scale by doing the Fighting Back work in-house, but
5 "after a year they began to say that they could not do it for the money" they had
6 originally budgeted. Gutman agrees that it "was a poor decision on the Foundation's part
7 to let them" conduct the survey. There had been hints that PIRE was having trouble
8 because they were not keeping up with "mini-reports" due to the Foundation. She said
9 that "PIRE unraveled pretty quickly once they asked for more money. A year into the
10 five years of Phase II, everything fell apart."

11
12 What falling apart meant in detail was discovered by the second evaluation team
13 hired by the Foundation. Leonard Saxe, Principal Investigator for the second team,
14 described the situation. "It became apparent that [PIRE's evaluation] wasn't going
15 anywhere as indicated by the state of a newspaper analysis from communities reporting
16 drug abuse. There were dozens and dozens of boxes filled with newspaper clippings"
17 that no one had looked at. For the survey, there were three years of data not analyzed and
18 "fundamental mistakes" had been made in the survey instrument and sampling plan.
19 "They didn't know where people were located and whether they were actually in Fighting
20 Back communities." The second evaluation team was not able to use any of the survey
21 data collected by PIRE.

22
23 Major changes were going on at the Foundation while PIRE's evaluation work
24 was going badly. The evaluation director was "on his way out the door." Steven A.
25 Schroeder, M.D., who became President of the Foundation in July 1990 – in the middle
26 of the site selection process for Fighting Back – was in the midst of a public relations
27 crisis generated by the Foundation's funding of forums on national health care reform.
28 (These were seen by some as lobbying support for the Clinton Administration and
29 Senator Robert Dole attacked both the Foundation and philanthropy in general as a
30 result.) At about the same time, Schroeder brought in Jim Knickman to head Research
31 and Evaluation at the Foundation.

32
33 These leadership changes would be important to the next stage of the Fighting
34 Back evaluation. Dr. Schroeder was known as a person interested in results and the
35 bottom line. His best-known research was a cost analysis of chronic illness that showed
36 that the last year of life of chronically ill people was the most expensive in terms of
37 health care. According to Kathryn Edmundson, Dr. Schroeder and the former President
38 Lee Cluff could not have been more different; Schroeder considered community
39 programs "squishy." Len Saxe reports that Schroeder called himself "the most skeptical
40 person in the building" about Fighting Back. Knickman was just as different from his
41 predecessor. One indicator of his commitment to collaborative relationships between the
42 evaluation and program sides of the Foundation was the process for selecting the Fighting
43 Back evaluation team that replaced PIRE: Dr. Leonard Saxe and his team were chosen
44 by a consensus of the evaluation and program staff most involved.

45

1 Within a few months of coming to the Foundation, Jim Knickman – alerted by
2 Marjorie Gutman -- had gotten a handle on the problems at PIRE and terminated their
3 work on the Fighting Back evaluation. At that point, 14 sites had been in an
4 implementation mode for almost two years, following a two-year planning period --
5 without data support from the evaluator and without initiative-wide baseline measures of
6 the drug and alcohol problem. The failed first evaluation had cost the initiative four
7 years, and \$4.6 million had been spent for PIRE’s work, virtually none of which was
8 usable by the second evaluation team, according to Len Saxe. Both of these would turn
9 out to matter to the credibility of the second evaluation. Ruby Hearn said that, after the
10 Foundation’s “generosity to PIRE,” she had to “fight for every nickel for the evaluation”
11 and “a lot of the decisions [about the second evaluation] were driven by cost.”
12

13 In this four-year, \$4.6 million gap lies much of the division between Fighting
14 Back stakeholders. “Program” stakeholders question whether the evaluation missed
15 changes that might have occurred in the community sites between 1992/3 when they
16 received their implementation grants and 1995, when survey data on alcohol and drug use
17 were first collected by the new evaluation team. The second evaluation team and the
18 Foundation evaluation staff argue that the analysis of differences between comparison
19 sites and Fighting Back sites on measures of alcohol and substance abuse and use, and the
20 secular trends of declining use everywhere, are more important. Nevertheless, because it
21 was intended to measure outcomes, the Fighting Back national evaluation is vulnerable to
22 criticism on this point. People who are unhappy about the evaluators’ “no impact”
23 conclusion hope that the evaluation design will not bear the scrutiny of peer review, in
24 part for lack of a pre-initiative baseline. If he could do it all over, Len Saxe “would have
25 pushed harder [on the difference between the initiative goals and the sites’ activities] and
26 gotten involved earlier.” (He was acting as a consultant to the first evaluator before he
27 was invited to take over the evaluation.) If this had happened, he says, “no one would
28 have been able to complain about the baseline and there wouldn’t have been so much
29 residue [from the failed first evaluation].”
30

31 32 **FIGHTING BACK IN THE FIELD: A 1996 WATERSHED**

33
34 A resounding theme heard from Fighting Back program stakeholders is about a
35 1996 watershed. Before 1996, 14 Fighting Back sites were pursuing unique local anti-
36 drug strategies, widely varying in emphasis. This was the Fighting Back described as “a
37 thousand flowers blooming,” and “do your own thing.” Greg Dixon asserts that the first
38 National Program Office “hammered prevention, early intervention, treatment and
39 aftercare,” which were the underpinnings of a comprehensive strategy specified by the
40 Foundation staff. However, most people interviewed for this case emphasize the
41 variation across the sites in the 1992-1996 period in terms of local goals and strategies.
42

43 Before 1996, the National Program Office was located at the Vanderbilt
44 University Medical School under the direction of Anderson Spickard, Jr., M.D. After
45 1996, eight of the 14 Fighting Back sites were re-funded to implement much more
46 focused anti-drug strategies that emphasized treatment and the National Program Office

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1 was moved to the Boston University School of Public Health, specifically, to another
2 Foundation-funded program called Join Together, under the direction of David
3 Rosenbloom, Ph.D.¹³
4

5 Two key events stimulated these changes. The first was the looming 1997 end of
6 Fighting Back as originally envisioned. The Foundation’s program staff – principally
7 Ruby Hearn and Paul Jellinek – had decided to recommend to the Foundation Board of
8 Trustees that Fighting Back should be given more time, but they needed persuasive
9 arguments why the Foundation should invest even more in what was already a very large
10 project showing no effects. The second event was this initial finding of “no effects” from
11 Len Saxe’s evaluation team. Based on the first wave of a household survey conducted in
12 the spring of 1995 in 12 of the Fighting Back communities, the evaluators found that on
13 measures of seven substance abuse behaviors, “all of the estimates of the Fighting Back
14 effects are approximately equal to zero, which indicates that, on average, Fighting Back
15 sites are not significantly different from the control sites.”¹⁴ The evaluators’
16 interpretation of this finding in their interim report to the Foundation¹⁵ was not so much a
17 call to action as a reminder that, from the evaluation perspective, Fighting Back was just
18 getting started. “Final Comments” included in that report, in full, were:
19

20 The preliminary analysis of survey and indicator data reported here suggest that,
21 at mid-implementation, *Fighting Back* has not had a demonstrable effect on
22 patterns of alcohol and illicit drug use. Nevertheless, our analysis of the survey
23 data indicates that there are some detectable differences in how individuals in
24 *Fighting Back* communities perceive their neighborhoods. More importantly,
25 analyses of the survey data validate some of the central assumptions underlying
26 the development of the initiative. Our data make clear that alcohol and illicit drug
27 use remain serious problems that affect a wide number of individuals. Further,
28 our analyses suggest that substance abuse is not merely an individual problem, but
29 is associated with a “social system” and neighborhood. Whether *Fighting Back*,
30 through the development of community coalitions, can change these patterns will
31 take longer to assess. It seems clear, however, that the *Fighting Back* strategy is
32 addressing the issues identified by the present research.¹⁶
33

34 Later, the Fighting Back implementation research would raise questions about
35 whether, how and to what degree the community strategies were, indeed, addressing the

¹³ Fighting Back was first Foundation initiative to have a National Program Office that was not headed by a medical doctor.

¹⁴ See L. Saxe, E. Reber, D. Hallfors, C. Kadushin, D. Jones, D. Rindskopf, and A. Beveridge. “Think Globally, Act Locally: Assessing the Impact of Community-Based Substance Abuse Prevention.” *Evaluation and Program Planning*, Vol. 20, No.3, pp. 357-366, 1997.

¹⁵ L. Saxe, E. Reber, C. Kadushin, A. Beveridge, M. Larson and D. Rindskopf. *Fighting Back Evaluation: Interim Report*. November 22, 1995.

¹⁶ *Ibid.*, p. 66.

1 basic issues of alcohol and drug use and abuse, and the environmental conditions and
2 social and neighborhood systems that surrounded individual choices about use. But, at
3 the point of the first survey in 1995, the data collection to support judgments about
4 implementation had just begun.

5
6 While the Fighting Back people in the field, and those helping them, knew that
7 reductions in use of alcohol and illicit drugs were the ultimate goals of their work, the
8 actual measurement of their accomplishments using this standard was a surprise and
9 disappointment for many. Within the Foundation, the “no difference” finding in late
10 1995 provided the rationale for making some changes in the field that were long
11 considered necessary. As Ruby Hearn describes the reason for change,

12
13 We had been asking for logic models [detailing how site activities would logically
14 produce the initiative outcomes]. At some point we realized that the National
15 Program Office was not able to help the [Fighting Back] communities be
16 strategic. They had great difficulties being hard-nosed enough to *make* the
17 communities be strategic. They had been “co-opted” by the marvelous human
18 dimension of what was happening.

19
20 Others had sharper views of the changes. Paul Jellinek says that former
21 Foundation President Lee Cluff selected Dr. Spickard for this role without input from the
22 Foundation’s program staff, implying that this would not have been the program staff’s
23 choice, and Kathryn Edmundson says that the first National Program Office had been a
24 weakness in the initiative from the start that the National Advisory Committee tried to
25 compensate for with their own active involvement, but ultimately could not. David
26 Anderson, of the second National Program Office, says that the first NPO had no
27 experience working with communities or with a community public health model of
28 services – which was implicit in the Fighting Back initiative. Len Bickman says that Dr.
29 Spickard, head of the first National Program Office, had a commitment to helping
30 communities fight drug and alcohol abuse, but the NPO was like the Foundation in that
31 “there was no underlying theory and body of scientific evidence to support the concept.”

32 33 **The Second National Program Office**

34
35 In 1996, the Foundation moved the National Program Office for the Fighting
36 Back initiative from the Vanderbilt University Medical School and the Spickard-Dixon
37 team to the Boston University School of Public Health/Join Together team at the same
38 time the decision was made to extend Fighting Back, but to reduce the number of sites
39 eligible for new funding, requiring a tighter focus on strategies that arguably could reduce
40 measurable alcohol and drug use. The purpose was to get greater leverage for change on
41 the measures that were being used in the national evaluation. As David Rosenbloom, the
42 Join Together/NPO director, described the shift, the directive to sites for the second
43 implementation phase was to “go back and examine the most important substance abuse
44 issues in their communities that they could do something about *at some scale* that would
45 be measurable at the community level.” In contrast to the first NPO team, who have been
46 described by most stakeholders, including themselves, as cheerleaders, coaches and

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1 “nurturing,” Rosenbloom and his deputy Janice Ford Griffin, were called “hard-nosed,”
2 “demanding” and “always raising the bar.”

3
4 Eight Fighting Back sites were invited to re-apply for three additional years of
5 funding based on new strategic plans setting benchmarks for achievements that, if met,
6 would trigger another two years of funding. For these plans, the “denominator problem”
7 was a critical driver – i.e., identifying the population of users that had to be impacted in
8 order to produce a reduction detectable by the national evaluation. Increasing treatment
9 and treatment capacity was an important goal.

10
11 Floyd Morris was the new program officer for Fighting Back at the 1996
12 watershed. It became his role, along with the staff of the new NPO, to “sit with the sites
13 and have them look at prevalence rates to understand how much they would have to do”
14 in order to have the impact they intended. This kind of “denominator exercise” has paid
15 off for the Foundation in a subsequent urban health initiative and an after school project,
16 according to Morris. A key lesson from the post-1996 phase of Fighting Back was about
17 how to help community sites focus on data to pinpoint problems, develop a theory-based
18 strategy to impact the problem, and track how they are doing.

19
20 Two other before-and-after-1996 stories that give a sense of the watershed come
21 from Greg Dixon and Jane Callahan, Executive Director of Vallejo (CA) Fighting Back.

22
23 Greg Dixon: In the early days, there was no talk of evidence-based programs,¹⁷
24 no talk of theories of change. There were model programs (like STAR) and a
25 much greater sense of “build it from the ground up with the best advice
26 available.” The National Program Office was much more agnostic than now on
27 what will work in communities. To answer the question “How are you going to
28 reduce drug use and improve systems that care for people with addictions?” the
29 notion was to look at sources of alarm, such as pregnant drug users, the
30 devastating effects of alcohol.

31
32 Jane Callahan: We embarked [on Fighting Back] thinking there was a lot of
33 flexibility. It wasn’t clear until we settled on a household survey – that became
34 the litmus test later in the project – that the flexibility wasn’t going to be reflected
35 in the national evaluation... We adjusted interventions to match the data from the
36 household survey. If the highest rates of consumption are among males age 18-
37 24, then it stands to reason that you could reduce use by targeting your
38 interventions to this group...The second NPO was totally focused on getting
39 people into treatment – the percent of chemically-dependent people in treatment
40 as an outcome. This was the thinking about how to reduce use in the short term.

41
42
43
44

¹⁷ This is now a standard for discretionary funding in many federal government programs, including those funded by SAMHSA.

1 EVALUATION #2: RELYING ON SURVEY DATA

2
3 Almost everyone involved in Fighting Back agrees that Len Saxe’s team rescued
4 the national evaluation from a major meltdown. The consensus judgment is that the
5 second evaluation team did a credible job in very difficult circumstances. But not
6 everyone agrees with the decisions made after the rescue. The fact that PIRE spent \$4.6
7 million with little to show put the Foundation’s Fighting Back program and evaluation
8 staff in the position of moving forward without replacement dollars. Some of the key
9 decisions about the second evaluation were “tough choices” in the circumstances of
10 limited resources.

11
12 In its ambition and broad design, the second evaluation was not so different from
13 the first, according to Marjorie Gutman, although Len Saxe described it as much simpler
14 than the PIRE plan -- for example, because Saxe’s team scrapped an analysis of
15 newspaper coverage of drug issues. Dr. Saxe’s team -- initially based at the Graduate
16 School and University Center of the City University of New York and then at the Heller
17 School of Social Welfare and Management at Brandeis University -- proposed a
18 household survey in Fighting Back and comparison communities to measure alcohol and
19 drug use, dependency, and awareness of treatment facilities and some features of the
20 environment; an MIS-based data collection effort to identify and analyze the activities of
21 the sites; ethnographic studies to document how each of the communities went about
22 accomplishing the common goals; and development of community indicators of alcohol
23 and drug-related harms. The basic idea was, first, to be able to say whether drug and
24 alcohol use declined in Fighting Back communities, and second, to be able to attribute
25 changes to what the sites did. One major difference between the PIRE design and the
26 Saxe team’s design was that PIRE had proposed only one comparison site for each
27 Fighting Back site to be surveyed while the Saxe team proposed two or three per program
28 site. Four research questions identified by the evaluation team were:¹⁸

- 29
30
- How successfully was *Fighting Back* implemented?
 - Was the demand for alcohol and drugs reduced?
 - Was harm due to alcohol and drug abuse reduced?
 - To what extent did the project generate fundamental and sustainable system change?
- 31
32
33
34
35

36 Over time, the national evaluation stopped collecting and analyzing site activities,
37 ethnographic data and community indicators, leaving only the household survey and its
38 outcome measures as the core evaluation. Some of the reasons for this paring back are
39 technical and fiscal, when explained by the evaluation’s Principal Investigator. But Dr.
40 Saxe also says that the evaluators did not have any idea when they first got involved how
41 long the Fighting Back initiative and evaluation would go on. They never planned on a
42 decade or more of work.

¹⁸ Leonard Saxe, Emily Reber, Denise Hallfors, and Michael J. Stirratt. “Taking the Long View: Evaluating Community-based Efforts to Reduce Substance Abuse.” (undated) In Leonard Saxe, et al. *Fighting Back* Evaluation Mid-Project Report (Draft), August 30, 1996.

1
2 The decision to end the ethnographic work in the sites that had been led by
3 Professor Delmos Jones was relatively straightforward: Dr. Jones fell ill and was not
4 able to continue after 1996. (He died after a long illness in 1999.) His work was not
5 picked up by someone else because there were fewer funded sites after 1996 (although
6 not all of the eight that continued to receive funding in the second implementation phase
7 of the initiative had been studied by the ethnographers). Also, because producing the
8 Community Studies took several years, the Foundation and evaluators agreed that
9 resources were better spent elsewhere. Dr. Saxe reports that the evaluators had learned
10 what they needed to know about community coalition processes, particularly to explain
11 why they are problematic.
12

13 The MIS component of the evaluation was only been intended to operate through
14 the first implementation phase of the initiative. It was substantially revised between an
15 early analysis of the MIS data published in 1997 and a final look at implementation data
16 for Fighting Back published in 2002.¹⁹ But, the MIS component was “an imperfect
17 analysis,” according to Dr. Saxe. “In the absence of a road map for the program,” the
18 evaluators were not successful in linking either how Fighting Back money was spent to
19 site outcomes – possibly because local Fighting Back funding was mostly dedicated to
20 community organizing activities -- or how the broader slate of site activities was related
21 to outcomes.
22

23 Although this was potentially rich territory because site-by-site there was great
24 variation both in the outcomes and in Fighting Back strategies, Paul Jellinek’s assessment
25 was that the early implementation analysis by the evaluation team only added to the
26 difficulties of understanding the relationships in Fighting Back. According to Jellinek,
27 the communities with the strongest interventions had the weakest changes in alcohol and
28 drug use, dependence and attitudes.
29

30 It was difficult to trace the direct effects of the interventions because the bulk of
31 the funds [less than \$1 million annually] went to staffing for community change
32 operations – trying to leverage change by getting providers, law enforcement,
33 education institutions to change the way they did business. Without much
34 funding to follow the trail and understand the dynamic, [the 1997 implementation]
35 analysis doesn’t hang together. You can’t really understand what the
36 interventions were.
37

38 The most recent analysis of Fighting Back implementation²⁰ clarifies the lack of
39 connection between site strategies and site outcomes, but does not support the Fighting
40 Back approach. There were “strong and consistent negative correlations between

¹⁹ See Denise Hallfors, Hyunsan Cho, David Livert, and Charles Kadushin. 2002. “Fighting Back Against Substance Abuse: Are Community Coalitions Winning? *American Journal of Preventive Medicine*, 23 (4), Elsevier Science, Inc.

²⁰ Ibid.

1 strategies and outcomes,” producing these lessons, according to the implementation
2 researchers:

3

4 First, broad goals do not lend themselves to effects on specific outcomes.
5 Fighting Back had extremely broad goals to reduce demand for all drugs and
6 alcohol among all groups and to prevent harms associated with use. Such broad
7 goals required communities to work on many fronts at once and to have many
8 competing programmatic priorities.

9

10 Second, coalitions are expensive to maintain and may not lend themselves to
11 effective or well-implemented strategies. RWJF required coalitions to have
12 broad-based involvement, including grassroots members as well as community
13 elites. Money and strategy concessions were required to keep people at the
14 coalition table. Demand reductions were not necessarily served well by these
15 requirements.²¹

16

17 As noted below, the last word has not yet been written about the connection
18 between implementation strategies and impacts in Fighting Back, but the implementation
19 evaluators’ inability to find correlations between what the initiative sites did to changes
20 in alcohol and drug use and abuse was an early sign to the evaluation team that the
21 overall strategy was ineffective.

22

23 The decision to discontinue work on community indicators was somewhat more
24 complicated. A Community Indicators Team of the national evaluation compiled data
25 from public records and databases for 12 of the 14 Fighting Back sites to track changes in
26 “harms” caused by the use and abuse of alcohol and drugs.²² Harms, rather than use *per*
27 *se*, were often the focus of the Fighting Back community coalition activities and were
28 prominent in the list of expected Fighting Back outcomes that appeared in the Foundation
29 staff’s 1988 recommendation to the Board and the 1989 Call for Fighting Back proposals.

30

31 Community indicators were also intended as intermediate outcomes for the
32 evaluation, meant to signal in the short-term the direction of changes in measures of use,
33 dependency and attitude that were expected to take longer. As described by the
34 evaluators, community indicators also compensate for some of the problems of telephone
35 surveying about drug use. They “are records of negative encounters with the criminal
36 justice or other community systems...[that] provide measures of harm that are less likely
37 to be confounded by factors of phone availability or self-presentation...they provide an

²¹ Ibid., p. 244.

²² Two of the original 14 sites funded for implementation of Fighting Back were not included in either the Community Indicators component of the evaluation or the survey sample. Gallup, New Mexico, was excluded because the evaluators determined that it had inadequate telephone coverage for the survey and Oakland, California, was excluded because it was unclear at the time the survey was launched whether the site would stay active. All 12 sites included in the household survey component and their comparison sites remained in the survey sample through three waves of the survey – in 1995, 1997 and 1999 – even though four were not refunded for a second phase of implementation.

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1 additional source of data with which to triangulate on substance use and harm.” Key
2 issues for this component of the national Fighting Back evaluation were that, in order to
3 be useful, indicators had to be comparable from community to community as well as
4 valid, based on reliable, accessible data, and feasible to construct.²³

5
6 It turned out that the major indicators considered for the evaluation did not satisfy
7 these conditions. As reported by Len Saxe, the principal data sources that were
8 comparable and reliable did not yield useful indicators: Arrests were not good indicators
9 because effective Fighting Back efforts could increase arrests, so it would not be clear
10 whether increases or decreases were desirable; the numbers of alcohol-involved fatal auto
11 accidents were too few at a community level to reliably indicate changes from year to
12 year; and hospitalization indicators were questionable because few of the Fighting Back
13 sites had established relationships with hospital service (and, once again, it would not be
14 clear whether increases or decreases were desirable). School survey data became
15 difficult to use because of rules about informed consent and the unwillingness of the
16 survey research group that had a 20-year national school survey sample to identify
17 schools in Fighting Back communities.

18
19 Len Saxe convened a meeting of the Fighting Back evaluation’s Technical
20 Advisory Committee to discuss these issues. The expert view on that committee, with
21 which Jim Knickman agreed, was that while most of the problems could be worked out, it
22 would take a long time, it would require more resources, and many of the indicators
23 would still be open to interpretation. Dr. Saxe “did not want to do something that
24 couldn’t be done well,” he said, so the Foundation and the evaluators agreed to drop the
25 community indicators. Saxe also believed that “David Rosenbloom’s emphasis on
26 treatment made the community indicators less important.” David Rosenbloom, on the
27 other hand, believes that Saxe’s Community Indicators Team had been committed to an
28 unnecessarily strict standard for developing indicators to fit the boundaries of the
29 Fighting Back communities, a standard that became impossible to work with. Len
30 Bickman, who has had experience with such community indicators, believes that the
31 problems were insurmountable because the indicators “are insensitive to change, or they
32 don’t match the data that you can get, or the data don’t match the geographic areas that
33 you’re studying.”

34
35 The loss of the community indicators effort in the national evaluation has affected
36 sites differently because of their varying effectiveness in developing their own local
37 indicators. In Vallejo, for example, the site leaders asked for and received what they
38 considered useful local data from the national evaluators and have succeeded in
39 developing their own systems for tracking several indicators. In contrast, the San
40 Antonio Fighting Back site has not developed local alternatives to the national evaluation
41 data and the Board Chair of that site, Willie Mitchell, expects to pay a price for relying
42 on the national evaluation. At the final meeting of the Fighting Back National Advisory
43 Committee in March 2002, he said, “I have to use the data that is given to me [by the

²³ Andrew Beveridge, et al. *Monitoring Archival Indicators of Alcohol and Other Drug Harm: A Fighting Back Progress Report*. May 2, 1997.

1 national evaluation] to raise money locally even if the national picture is not supporting
2 the local situation.” Morris also made an impassioned plea for recognition that there is
3 local knowledge of what has been accomplished that is not consistent with the national
4 evaluation findings. He suggested that, in the end, this quandary will be resolved locally:
5 “San Antonio will develop its own story. We can’t say that it did not work.”
6
7

8 **EVALUATION #2: THE PRICE OF RELYING ON SURVEY DATA**

9 10 **The Residue of Distrust**

11
12 The decisions that led to survey data collection as the sole evaluation strategy
13 after 1996 left their own residue. Not only did some community representatives feel that
14 their accomplishments in harm reductions were not being recognized, they anticipated
15 that their participation in the evaluation would ultimately cost them support. Jane
16 Callahan suggested at the final meeting of the National Advisory Committee, a little
17 facetiously but with great seriousness nevertheless that

18
19 the community has been the ‘human subject’ in the evaluation and it would be
20 good to have informed consent [the next time] – information about what it means
21 to study the community – now that we’re dealing with the fallout of being studied,
22 trying to get funding to keep the programs going.

23
24 She meant that the sites had unknowingly taken a risk by participating in Fighting Back
25 and its evaluation.

26
27 David Rosenbloom, who was a member of the Fighting Back National Advisory
28 Committee from the beginning and participated in the site selection process before
29 heading the second National Program Office, observed that the sites’ wariness about the
30 evaluation is not a recent development.

31
32 They felt betrayed by PIRE because they were promised data and never got
33 anything. And they never understood at the beginning – or through the first seven
34 years – that the “final exam” was going to have just these three questions on it.

35
36 He meant that the only measures of the sites’ accomplishments for the national evaluation
37 would be reductions in alcohol and drug use, increased awareness of treatment and
38 prevention, and positive changes in the substance use environment – the three main
39 categories of measures for the household surveys conducted in 1995, 1997, and 1999.

40
41 Paul Jellinek does not believe the claim on behalf of the sites that “nobody told us
42 what was on the final.” He says, “Nobody could have missed it. It was in the name of
43 the program [Community Initiatives to Reduce Demand for Illegal Drugs and Alcohol].”
44 Ronda Zakocs, a senior research advisor for Join Together, observed that “everyone knew
45 Fighting Back was about use reduction, but the belief was that was in five years; there
46 was no urgency and no scale.” Penny Jenkins, director of the Santa Barbara Fighting

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1 Back project, told the final meeting of the National Advisory Committee: “We knew all
2 along that reduction of alcohol and drug use was the objective, but many other things
3 happened. It would be good to know about those.”
4

5 The decision to drop the Fighting Back evaluation’s community indicators was
6 also made in the context of expectations about what was going to be learned –
7 particularly, whether outcomes or implementation was the most important story. While
8 the evaluators were focused on outcomes, drawn from survey data, there was a
9 widespread belief among the “program side” Fighting Back stakeholders that another
10 story could be told, one that would validate their efforts and their experiences. The fact
11 that the national evaluation offered no alternative to the outcomes perspective – and,
12 specifically, no alternative to the findings that Fighting Back did not reduce alcohol and
13 drug use – was a source of some distress and anger.
14

15 The high emotions surrounding the “bottom line” impact analysis emerged in
16 accusations. Some stakeholders accused Len Saxe’s evaluation team of having gone into
17 the project with their minds already made up. Paul Jellinek reported that “Len Saxe was
18 skeptical from the get go and Charlie Kadushin [Senior Co-investigator on the second
19 evaluation team] was *openly* skeptical. Greg Dixon also said that Kadushin predicted that
20 the evaluation would find no effects. Len Bickman’s view is that accusations of bias are
21 unfair but typical in the circumstance. Laura Leviton, a senior evaluation staffer in the
22 Foundation reporting to Jim Knickman, notes that the standard of ethics to which
23 evaluators are supposed to adhere *requires* them to point out potential problems in the
24 interventions to be evaluated.
25

26 Where some program stakeholders in Fighting Back saw bias, others saw the
27 evaluators giving their best professional advice on whether an evaluation would yield the
28 expected good news. In this vein, Ruby Hearn reported that “Len Saxe had a strong prior
29 that the concept of community-wide coalitions as a strategy was flawed,” but she also
30 said that he was “driven by the desire to do something useful for a hardworking
31 community [the substance abuse community]. He didn’t want to spend millions of
32 dollars and find nothing.” Dr. Saxe describes an early meeting of the second evaluation
33 team with the Foundation staff in which “We said we doubted whether there would be a
34 significant effect given what we know about the changes in the communities.”
35

36 Seth Emont, who succeeded Marjorie Gutman as the Research and Evaluation
37 project officer for the Fighting Back evaluation, gave the notion of Saxe’s “prior” a
38 somewhat different interpretation. He said that “Len Saxe wanted to do these surveys
39 because the programs were introduced in order to change drug use; he was not so
40 invested in implementation.”
41

42 Another take on the evaluators’ expectations and priors – articulated by Len
43 Bickman, for example -- is that Fighting Back lacked a strong underlying theory of
44 change that connected community coalitions and their activities to the decisions of
45 individuals to use drugs and alcohol; the evaluators set out to either find such a

1 connection or demonstrate that community coalitions were not the way to go. Len Saxe
2 admits to disbelief, but the way he puts it is:

3
4 The bottom line from the evaluation of Fighting Back and other programs like it is
5 that grassroots community coalitions don't produce health benefits. All the
6 community has to do is identify the problem and let the experts come in, rather
7 than having the community develop the program.

8
9 Greg Dixon concurs: "Len Saxe has correctly pointed out that there are very few health
10 problems solved by community activists. The concept of a collective approach
11 empowered neighborhood people over expertise – which is valid for some issues, but not
12 for substance abuse."

13 14 **Implementation Analysis: The Evaluation's Ability to Explain**

15
16 The Fighting Back initiative and its evaluation illustrate an all too familiar but
17 central problem for evaluation: what to do with a no-effect conclusion. When
18 evaluations find conclusions of no effect, decisionmakers can legitimately ask
19 whether the flaw lies with the original theory or assumptions behind the program;
20 the implementation of the program; or the ability of evaluation measurement to
21 sensitively detect relevant change that has indeed occurred.

22
23 Laura Leviton
24 Senior Program Officer (Research and
25 Evaluation)
26 Robert Wood Johnson Foundation
27

28 Dr. Leviton provides an explanation for some of the disagreement about what
29 actually happened in the Fighting Back initiative and whether the evaluation "missed"
30 either local accomplishments or a type of learning that would have advanced the field:
31 Dr. Saxe initially wanted to undertake a more extensive implementation analysis but the
32 Foundation would not pay for it. She said,

33
34 In general, the Foundation focuses on outcome evaluations and may underfund
35 the type of evaluation that could inform us as to why the initiative did not "work."

36
37 And further:

38
39 [T]he preoccupation with assessing outcomes [of Fighting Back] has so far
40 precluded a careful study of implementation or the community processes that
41 might lead to insight about successful variation.

42
43 Dr. Saxe's evaluation team has not yet written a final report that draws together
44 their understanding of the activities of the Fighting Back sites and the results of the
45 impact analysis based on survey data to explain whether the "no impact" findings were
46 the result of implementation failure or theory failure or something else. The component

1 of the evaluation that analyzed the site activities was significantly revised after an initial
2 publication in 1997.²⁴ Consistent with the final analysis, many of the stakeholders in the
3 Fighting Back initiative and evaluation would agree that the activities of the local sites
4 were neither of the type nor strength to affect the measures employed by the national
5 evaluation to judge Fighting Back’s effects. Nevertheless, at least one more chapter in
6 the Fighting Back story is needed to understand whether the evaluation will offer lessons
7 about what was done locally, how it contributed to the evaluation bottom line, how, in the
8 evaluators’ view better results might be obtained, or how the bottom line might be more
9 appropriately determined.

10
11 Jim Knickman’s version of the disconnect between expectations of the evaluators
12 and expectations of the sites about what was to be learned is: “The sites said clearly that
13 the Foundation had the wrong goals; we needed shorter term goals.” This is in line with
14 the observation by Penny Jenkins at the final Fighting Back National Advisory
15 Committee meeting: “What should have been evaluated was social change. The
16 competitive culture of the Fighting Back initiative made it unlikely that the sites would
17 share their knowledge and it produced variation in strategies. Evaluating drug and
18 alcohol use was not the thing to do initially.”

21 **EVALUATION #2: MEASURING AND INTERPRETING OUTCOMES**

22
23 There may have been more to learn through a different type of implementation
24 analysis: The loss of the community indicators research, an incomplete set of Community
25 Studies, and no evaluation effort to examine post-1996 site activities left many
26 stakeholders wondering and worrying about the national evaluation. But, at the heart of
27 disagreements about the Fighting Back evaluation is interpretation of the research using
28 survey data. There are key disagreements about the remaining piece of the evaluation
29 that focus on the use of these data. First, there is disagreement about whether Fighting
30 Back should be judged a success or failure by looking at the aggregate effects of all 12
31 sites in the survey sample. The answer depends, in part, on whether the Foundation set
32 out to test a model for reducing drug and alcohol use or whether the Foundation set out to
33 find models. Ruby Hearn and Paul Jellinek have two versions of the same answer. Dr.
34 Hearn said:

35
36 It was *never* the program intention that the findings should be summed across
37 sites because there was not a prescribed intervention with common features, only
38 similar approaches. We intended to look at these community by community. We
39 needed to look at several -- we decided on eight, originally – to do enough to
40 make sure that somebody can succeed and that there would be enough successes
41 to be policy relevant.

42
43
44
45

²⁴ The published version of the final implementation analysis appears in Denise Hallfors, et al., op. cit.

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1 Paul Jellinek described the early thinking about the evaluation in this way:

2

3 What were we interested in? Restoring a sense of optimism. There were no
4 models and we expected only three or four communities to pull this off...

5 Fighting Back was a different deal [than previous Foundation initiatives that
6 evaluated the replication of health services models with the idea of influencing
7 federal legislation.] We were trolling to see if any models would emerge... We
8 wanted to get communities to engage in a process... We were measuring to see if
9 there was a significant difference in substance abuse health and social
10 consequences. We wanted to look community by community to see if *any* are
11 able to turn around the substance abuse problem because the goal was to show
12 that turnaround was possible without bringing in the National Guard or legalizing
13 drugs.

14

15 The national evaluation did, in fact, sum the survey results across the 12 sites
16 surveyed as well as provide some site-specific impacts. The 1999 cross-site findings
17 included significant reductions on one of nine measures of substance use (the proportion
18 of respondents considered alcohol dependent based on their consumption); significant
19 positive effects on the basis of three of five measures of treatment and prevention
20 awareness; and one significant change in the wrong direction on six measures of the
21 substance use environment. One explanation for doing the cross-site analysis is resource
22 limitations. Paul Jellinek describes a compromise on allocating evaluation resources that
23 led to the cross-site approach:

24

25 We had to make choices. One option was to reduce the survey sample and
26 continue to look in some other ways, but we would lose the ability to look one by
27 one and a whole-sample evaluation would wash out the [individual] community
28 successes. We kept the sample large enough [to detect individual community
29 effects], but there is not as much information as we originally wanted.

30

31 The result of the compromise was that there would have to be moderate to large effects at
32 the site level to be detectable and significant effects at more than two sites on a single
33 outcome measure in order for the result to be detectable in the cross-site analysis; site-
34 level changes in discrete low-prevalence substance use (such as cocaine) would not be
35 detectable.

36

37 Jellinek was not happy with the analysis resulting from the compromise. A
38 second area of disagreement was the presentation of the survey results.

39

40 How to define success was a real issue for the evaluation. Ruby Hearn and I were
41 looking for a couple of sites but Len aggregated data to determine impacts of a
42 *model* and found only [a cross-site] reduction in use by alcoholics [the measure of
43 alcohol dependency]. This went from 4 percent to 3 percent, but instead of
44 calling it a 25 percent decline, he called it a one percentage point change... Len's
45 findings of "no effect" and the direction of the evaluation – with the whole array
46 of 25 or so potential outcomes -- sets up a negative bias. We thought we were

1 casting a wide net, but his interpretation is that there were changes in the desired
2 direction on *only* one of 25 measures.

3

4 The actual number of measures was 20 in Dr. Saxe's presentation to the final
5 meeting of the Fighting Back National Advisory Committee in March 2002, but this
6 would not affect Jellinek's sense that the outcome analysis was slanted to make Fighting
7 Back look like a failure when what he sees "mixed results that provide some basis for
8 optimism and lots of opportunities for learning."

9

10 Floyd Morris noted that the site-by-site or aggregate outcome measurement issue
11 has been "part of the discussion since the Brandeis team took over" [the evaluation], and
12 he raised the question at the final meeting of the National Advisory Committee of what
13 an analysis of the impact of a few sites might produce, as opposed to looking across all
14 the sites. Dr. Saxe responded that "If the sites that were the implementation successes are
15 clustered for analysis, the results are different and better, and it takes less change than is
16 required for just one site's change to be detectable," but still more than is needed to
17 detect change across all the collective of 12 sites or across the five sites active in 2002.

18

19

20 **OPPORTUNITIES TO CHANGE DIRECTION -- NOT TAKEN**

21

22 In retrospect, the Fighting Back story had several turning points at which the turns
23 were not taken. On many occasions during the 1988-2002 period, the Foundation
24 program and evaluation staff engaged in review and reflection with the evaluators, the
25 National Advisory Committee, the Technical Advisory Committee and/or the Foundation
26 Board about whether an outcome evaluation was the best fit for Fighting Back and
27 whether, initially, the PIRE design, or later, the Saxe team's design, would provide a
28 credible answer to the central question, "Did Fighting Back work?" On every one of
29 those occasions, the decision was made to stay the course.

30

31 Greg Dixon described one assumption that might have inclined Foundation staff
32 to stick to their original plan. The early Foundation talk, according to Dixon, was "We're
33 going to have the biggest evaluation to date -- \$10 million. No stone will be left
34 unturned. There will be measurement of drug use *and* qualitative studies." The
35 assumption was that a multi-method evaluation of such scale would be able to answer all
36 the important questions about Fighting Back. (The \$10 million evaluation estimate was
37 for a program initially funded at \$26.4 million – almost 40 percent of the program cost.)
38 The way Ruby Hearn put this was: "We felt a huge obligation to communities not to do
39 harm. We didn't want to do a half-hearted evaluation." Other stakeholders describe the
40 evaluation strategy as "triangulating to find the truth" and "surrounding the problem."

41

42 Doubts about the evaluation approach surfaced early, however, even before PIRE
43 was selected as the first evaluator. According to Marjorie Gutman, the Foundation
44 learned in the process of soliciting researchers to submit proposals for the Fighting Back
45 evaluation, "the evaluators were all skeptical about getting involved in an outcome
46 evaluation with the community as the unit of analysis and an ill-defined multi-component

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1 intervention.” These doubts were raised again at a meeting of the Technical Advisory
2 Committee after PIRE had been hired. According to Greg Dixon, the position of the
3 program staff at that meeting was stated as “We just want to be able to tell at the end if
4 Fighting Back made a measurable difference.” As noted at the beginning of this case,
5 Dixon remembers a Technical Advisory Committee member’s response as “You’re not
6 going to get that. If you find changes, you won’t be able to attribute them to Fighting
7 Back. The survey isn’t sensitive enough…” Ruby Hearn remembers Paul Jellinek asking
8 the Technical Advisory Committee the same question about the second evaluation
9 design: “Is what is being proposed going to give us the ability to detect differences?” and
10 she remembers the Committee response as “Yes, it’s good enough.” But she also
11 remembers major reservations. Floyd Morris remembers the Technical Advisory
12 Committee saying “This is the best we can do.”

13
14 The arrival of Jim Knickman at the Foundation was another point at which there
15 was an opportunity to change course because Knickman specifically invited it. Very
16 early in his tenure at the Foundation, in response to concerns about the evaluation
17 expressed by the National Program Office and the Fighting Back sites – especially about
18 the lack of feedback from PIRE -- Dr. Knickman brought the site executive directors and
19 NPO staff together with the Foundation program staff and a community psychologist
20 from Rutgers University to examine the possibilities for the evaluation. As Greg Dixon
21 remembers the conversation (which Knickman confirms in content), he told the group
22 directly, “You’re asking for an awful lot here, holding yourself to a measurable reduction
23 in use in the Fighting Back communities compared to other communities. There are
24 other things you could measure that would be satisfying and I will help you get off the
25 hook for this outcome evaluation.”

26
27 Dixon, Knickman, and Marjorie Gutman all remembered the gist of Ruby Hearn’s
28 response as, “Yes, we understand that we set our sights very high. We went to the Board
29 and promised measurable reductions. No, thank you.” As Greg Dixon described
30 Knickman’s offer and Hearn’s reply, “Ruby declined to turn loose of the measurable
31 reduction commitment.” Dixon attributes this refusal to the fact that “Both Ruby and
32 Paul were highly idealistic” – and neither had local program experience nor was an
33 evaluator. Dr. Hearn points to her own training in scientific research as one of the
34 reasons she was willing to proceed with the outcome evaluation: “When you do the work
35 well, a negative finding is as important as a positive one.” Len Saxe concurs that “Ruby
36 always said, ‘Even if it doesn’t come out the way we want it to come out, we need the
37 information – especially the data on actual alcohol and drug use.’”

38
39 Kathryn Edmundson attributes this turn not taken to the Foundation’s culture –
40 particularly to its lower regard for community-generated change and community-
41 generated knowledge than for the medical model of testing improvements to people’s
42 lives. She says that Ruby Hearn knew it would be death to community-based initiatives
43 in the Foundation to claim that they could not be held to the same evaluation standards as
44 more traditional Foundation initiatives. Dr. Hearn’s credo, according to Edmundson, was
45 that “community-based programs can work in a health care environment and we need to
46 figure out how to evaluate them.” So, even when offered the chance to back off her

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1 commitment to an outcome evaluation, Dr. Hearn would not say that Fighting Back
2 should not be held to the same evaluation standard as other Foundation health initiatives.

3
4 When Len Saxe's team was selected in 1994 to pick up the pieces from the PIRE
5 evaluation, the Foundation had another opportunity to reconsider an outcome evaluation.
6 But, Dr. Saxe reports, "the Foundation [staff] did not want to retreat from outcome
7 analysis. That was the goal and that was how the [Foundation] Board was sold." And
8 that was what was reiterated to Saxe's evaluation team even though Dr. Saxe told the
9 staff at that point "you're not likely to see reductions in use."

10
11 Another potential point of departure from the outcome evaluation course appeared
12 after Len Saxe's evaluation team produced the November 1995 interim report of the
13 Fighting Back evaluation based on their initial – disappointing -- survey findings. There
14 was a 1996 discussion with the Fighting Back National Advisory Committee about these
15 findings which, according to Saxe, focused on why the Fighting Back evaluation could
16 not find the magnitude of results that the National Household Survey of Drug Abuse
17 (NHSDA) had found for the Miami Metropolitan area (more than a 50 percent decline in
18 use between 1991 and 1993) on the eve of the 1996 Presidential election -- findings that
19 had been put to effective media use in that election campaign. The Miami results turned
20 out to be faulty, apparently because the 1993 Hurricane Andrew had wiped out much
21 housing and thus a big chunk of the survey sample.²⁵ Nevertheless, Saxe says, key
22 people believed that Miami had succeeded in reducing demand for drugs and that
23 Fighting Back could achieve the same reductions.

24
25 Two of these key people were influential in the Foundation's decision to get
26 involved in fighting substance abuse in the first place. James E. Burke, a former
27 President and CEO of Johnson & Johnson and a member of the Foundation's Board (now
28 Trustee Emeritus) "has dedicated his life to substance abuse [solutions]," according to
29 Len Saxe. He is now the Chairman of The Partnership for a Drug-Free America, which
30 was the Foundation's second major venture after Fighting Back into the arena of
31 substance abuse with a \$3 million grant in 1989. The Partnership widely promoted
32 Miami's solution to the drug problem. Jim Knickman believes that at critical junctures in
33 the history of Fighting Back, Burke's support on the Board was decisive. "Jim Burke
34 wanted to believe that social problems could be solved by communities without major
35 government funding for social engineering. The rest of the Board would follow his lead
36 if Ruby and Paul had said we could do it."

37
38 The second key person who would not be dissuaded about Fighting Back's
39 potential for Miami-sized successes in substance use reductions was Edward T. ("Tad")
40 Foote II, Chancellor of the University of Miami at Coral Gables, Chair of the Fighting
41 Back National Advisory Committee, and founder of The Miami Coalition for For A Safe
42 and Drug-Free Community. The Coalition was often cited as the model for community-
43 based anti-drug programs and was credited with the reduction in use found by the faulty

²⁵ See Andrew A. Beveridge, Charles Kadushin, Leonard Saxe, David Rindskopf and David Livert. "Survey Estimates of Drug-Use Trends in Urban Communities: General Principles and Cautionary Examples. In *Substance Abuse and Misuse*, 35 (6-8), 891-923, 2000.

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1 1993 NHSDA. Between Jim Burke and Tad Foote, Fighting Back had two powerful
2 believers in the “rightness” of the community coalition approach. According to Ruby
3 Hearn, “Jim Burke and others will say that it’s a good thing for communities to address
4 their drug problems. Lots of people who believe that this should go on in communities
5 don’t need to see impacts.” This phenomenon partly explains why Len Saxe says, “I
6 don’t think anything we said changed anyone’s mind.” Jim Knickman points to the
7 Foundation’s culture: “The Foundation is schizophrenic about evaluation and evidence
8 *versus* making a difference. Even if you’re not finding impacts, you’re helping someone
9 deserving.”

10
11 Another 1996 potential turning point for Fighting Back was the program staff’s
12 decision to request renewal of the initiative, and the Board’s approval of \$20.8 million for
13 eight sites. Even though there was “some consternation” among the Board members
14 when Marjorie Gutman presented the 1995 survey results and explained that these data
15 provided a new baseline, Floyd Morris reported that the Board responded to the
16 “compelling logic that with substance abuse it is necessary to stay at it for awhile, and no
17 single institution could be expected to handle it.” The program staff told the Board there
18 were examples of successes from the sites – i.e., that it was possible to see specific
19 accomplishments even if these were not showing up in the early evaluation results – and
20 so if the Foundation stayed with the initiative longer, there might be measurable effects.
21 The program staff successfully made the case that substance abuse “is a huge problem
22 and if we don’t quite have it right, we need to keep at it.”

23
24 Neither the equally disappointing results of the 1997 wave or the 1999 wave of
25 the Fighting Back household survey prompted a change in the evaluation course, but Len
26 Saxe reported to the March 2002 meeting of the National Advisory Committee that the
27 Technical Advisory Committee for the evaluation did recommend against a fourth survey
28 wave. “Declare failure and write the final report” was the way Dr. Saxe brought their
29 advice. Although he would have preferred more data, in order to determine if
30 environmental factors affecting use that could be affected at the community level were
31 sustained through 2002, Saxe is ready to write that report and Jim Knickman agreed that
32 the survey would not continue.

33
34 Reflecting on this course, Ruby Hearn said,

35
36 There were lots of points along the way when both program and evaluation people
37 should have said, “Things aren’t going the way we thought.” But the farther
38 down the road you get, the harder it is to bail out. And you have a tendency to see
39 the glass half full, to keep trying, to give it a little more time. When you’re trying
40 something that hasn’t been tried before, your assumptions are that it will take a
41 while to figure it out.

42
43 And, “it was hard to be strategic,” she said, “because ‘We’re going to focus’ is
44 extremely politically difficult” when the problem populations are minority populations.
45

1 Len Saxe's view of why the Foundation stuck to the outcome evaluation course
2 is:

3
4 The Foundation took the evaluation rubric too literally. What was needed was
5 research on the problem, but they got sidetracked by trying to grade the program
6 and not learning. If they had been tracking [drug and alcohol] use between 1989
7 and 1992, they wouldn't have implemented the same model.
8
9

10 **2002: CONCERN ABOUT THE TAKE-HOME MESSAGE**

11
12 The last national Fighting Back conference will be held at the end of 2002, where
13 site representatives, Foundation staff, National Program Office staff, the evaluators, and
14 advisors will gather to review the initiative experience. The "take-home message" for
15 that conference, as described by David Rosenbloom in March 2002, is that "we have a
16 basic reality problem: An elegant evaluation contracted by the Foundation is going to
17 come out exceedingly negative. But the evaluation team does not agree [that their
18 findings will affect the field negatively.]" There was much discussion at the March 2002
19 National Advisory Committee meeting about possible spins on the evaluation findings.
20 Jim Knickman reminded the group that "the Foundation hires independent evaluators and
21 encourages them to say what they think."
22

23 What is at stake from Paul Jellinek's perspective, and Greg Dixon and other
24 stakeholders agree, is the federal government's interest in continuing to fund community
25 coalitions for anti-drug work. Mathea Falco, President of Drug Strategies, a non-profit
26 policy research group that promotes "public and private efforts to reduce demand for
27 drugs through prevention, education, treatment, law enforcement and community
28 initiatives," does not want the evaluation results to "cut the knees off of the movement."
29

30 Out of frustration with the national evaluation, David Rosenbloom has initiated a
31 systematic effort to identify the lessons Fighting Back has to offer the field – essentially
32 to retrospectively create a local implementation study – and, at the request of Paul
33 Jellinek, the NPO is directing an effort to reanalyze the outcome results.
34

35 Discussions have begun at the Foundation about communicating the findings and
36 lessons for the Foundation, discussions that will involve outgoing Foundation President
37 Steven Schroeder. Jim Knickman says that it is unlikely there will be any official
38 Foundation statement about the results of Fighting Back unless some "middle ground"
39 can be found between what are now opposing views. Floyd Morris reports that "there is
40 a sense that we won't be doing anything like this anytime soon," mainly because "we
41 can't conclude whether or not it worked."
42
43
44
45
46

Evaluation Roundtable

PERSONS INTERVIEWED

- 1
- 2
- 3
- 4 David Anderson
- 5 Deputy Director
- 6 Fighting Back National Program Office
- 7
- 8 Leonard Bickman
- 9 Professor of Psychology, Peabody College, and
- 10 Director, Center for Mental Health Policy
- 11 Vanderbilt University
- 12
- 13 Jane Callahan
- 14 Executive Director
- 15 Vallejo (CA) Fighting Back Partnership, Inc.
- 16
- 17 Gregory Dixon
- 18 Administrator
- 19 Drug Free Community Programs
- 20 Office of the National Drug Control Policy
- 21 Executive Office of the President
- 22 (formerly, Deputy Director, Fighting Back National Program Office)
- 23
- 24 Kathryn Edmundson
- 25 Consultant
- 26 (formerly, assistant to John Brademas, President of New York University and Chairman
- 27 of the Fighting Back National Advisory Committee)
- 28
- 29 Seth Emont
- 30 Principal
- 31 White Mountain Research Associates
- 32 (formerly, Research and Evaluation Program Officer
- 33 Robert Wood Johnson Foundation)
- 34
- 35 Marjorie Gutman
- 36 Director of Prevention and Early Intervention Research
- 37 Treatment Research Institute
- 38 University of Pennsylvania
- 39 (formerly, Senior Project Officer
- 40 Robert Wood Johnson Foundation)
- 41
- 42 Ruby Hearn
- 43 former Senior Vice President
- 44 Robert Wood Johnson Foundation
- 45
- 46

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- 1 Ronda Jakocs
- 2 Senior Research Advisor
- 3 Fighting Back National Program Office
- 4
- 5 Paul Jellinek
- 6 Vice President
- 7 Robert Wood Johnson Foundation
- 8
- 9 James Knickman
- 10 Vice President for Research and Evaluation
- 11 Robert Wood Johnson Foundation
- 12
- 13 Laura Leviton
- 14 Senior Program Officer
- 15 Research and Evaluation
- 16 Robert Wood Johnson Foundation
- 17
- 18 Floyd Morris
- 19 Program Officer
- 20 Robert Wood Johnson Foundation
- 21
- 22 David Rosenbloom
- 23 Director
- 24 Join Together/National Program Office, Fighting Back
- 25 Boston University School of Public Health
- 26
- 27 Leonard Saxe
- 28 Professor, Institute for Health Policy, Heller Graduate School
- 29 Brandeis University, and
- 30 Principal Investigator
- 31 Fighting Back Evaluation
- 32
- 33 Anderson Spickard, Jr.
- 34 Medical Director, The Center for Professional Health
- 35 Vanderbilt University
- 36 (formerly, Director, Fighting Back National Program Office)
- 37

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39 well as the following people, who also provided important information and assistance:
40 Denise Hallfors, Molly McKaughan, Jennifer Perry, and Joseph Wechselberger.