



## MORE INFO

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Brief Online  
**Diagnostic Evaluation**



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More information on the Brief Online Diagnostic Evaluation:

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sections of a much more extensive instrument, The Alcohol Prevention Coalition Diagnostic Inventory. The longer tool was developed by Outside The Classroom to comprehensively assesses many dimensions of campus alcohol prevention at our Alcohol Prevention Coalition partner institutions. These dimensions extend beyond a close examination of prevention programming and the degree of institutional support for alcohol prevention on campus, scrutinizing campus alcohol policies, their enforcement and adjudication, adherence to processes deemed critical to success in alcohol prevention, and the extent of relationships with a variety of constituencies that are important to prevention success. Completion of this Diagnostic Inventory allows Alcohol Prevention Coalition campuses to not only pinpoint areas of strength and weakness and set goals for improvement, but also to benchmark their alcohol prevention progress annually and see how they compare to other campuses that have taken the instrument.



If you are interested in learning more about this comprehensive assessment and how it fits into our suite of services, one of our staff would be happy to speak with you.  
**Schedule a consultation.** →

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### More information on the Brief Online Diagnostic Evaluation:

The Brief Online Diagnostic Evaluation is comprised of a sample of questions excerpted from two sections of a much more extensive instrument, The Alcohol Prevention Coalition Diagnostic Inventory. The longer tool was developed by Outside The Classroom to comprehensively assesses many dimensions of campus alcohol prevention at our Alcohol Prevention Coalition partner institutions. These dimensions extend beyond a close examination of prevention programming and the degree of institutional support for alcohol prevention on campus, scrutinizing campus alcohol policies, their enforcement and adjudication, adherence to processes deemed critical to success in alcohol prevention, and the extent of relationships with a variety of constituencies that are important to prevention success. Completion of this Diagnostic Inventory allows Alcohol Prevention Coalition campuses to not only pinpoint areas of strength and weakness and set goals for improvement, but also to benchmark their alcohol prevention progress annually and see how they compare to other campuses that have taken the instrument.



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## HOW WE CALCULATED PAGE



### Brief Online Diagnostic Evaluation



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#### How We Calculated Your Grade

The letter grade and qualitative feedback regarding where your institution stands with respect to alcohol prevention is based upon our examination and consideration of several key factors, including:

- the extent of your prevention programming
- the strength of your programming based on research evidence, and
- how the programs you use target different segments of your student population.



#### Understanding the Basis of Your Programming Grade

To develop the underlying scoring rubric, our researchers examined more than 200 studies on the relative efficacy of a variety of campus alcohol prevention programs. We also noted the characteristics of the study sample—whether these were a random sample of students, high-risk students, students mandated to receive the program, or other subsets of the student population. For several programs that lacked any evidence of effectiveness in the research literature, we took into consideration whether there was a sound theoretical basis underlying these approaches.

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In developing the score below, we consider how campuses target their alcohol prevention efforts, whether they be universal in nature (targeting the entire student body) selective (targeting known high-risk student groups), or indicated (targeting students at the early stages of developing alcohol problems)<sup>1</sup>. Applying a public health model grounded in the prevention paradox<sup>2</sup>, we place greater emphasis on the scores of universal programs versus selective or indicated.

In examining the mix of programming a campus may have in place, we do not assume that “more is more.” As such, we may determine that a campus has too many programming elements, in effect diminishing the impact of their more effective programs by depleting prevention programmers’ precious resources and attention.

In our analysis, we assume optimal fidelity among programs administered by respondents, yet we acknowledge that campus alcohol prevention programs are implemented with a wide degree of quality. Principles of best practice and opportunities for implementation shortfall apply to prevention programs that include BASICS, alcohol-free programming, social norms marketing, and many others. We encourage campuses to consult the many free resources to strengthen their program implementation. For example, we have developed a public health model Alcohol-Free Options to Promote a Healthy Campus Environment to support campuses in the alcohol-free programming.

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#### Understanding the Basis of Your Institutionalization Grade

The feedback we offer on your responses to this part of the brief diagnostic evaluation are based on the best practices of institutions that have made breakthrough progress in alcohol prevention, and upon hundreds of interviews with experts, and alcohol prevention professionals and other officials on campuses across the country.

<sup>1</sup> In a 1994 report, the Institute of Medicine proposed a framework for classifying prevention based on Gordon's (1987) operational classification of disease prevention. The IOM model divides the continuum of services into three parts: prevention, treatment, and maintenance. The prevention category is divided into three classifications—universal, selective, and indicated prevention. For more information, visit [http://www.ca-cpi.org/Document\\_Archives/IOMArticle3-14-07fs.pdf](http://www.ca-cpi.org/Document_Archives/IOMArticle3-14-07fs.pdf)

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