



2009 BRYAN FELLOW

Katie Wehr

HOMETOWN: Grinnell, IA

MAJOR/DEGREE:
MPH, Class of 2010

PROJECT TITLE:
Using Clinical and Administrative Data to Evaluate and Improve Practice in a Family Focused Substance Abuse Treatment Program

FACULTY MENTOR:
Dr. Sherri L. Green,
Sheps Center

COMMUNITY PARTNER:
ARP/Phoenix, Strengthening Families

PROJECT LOCATION:
Asheville, NC and surrounding areas

*“Working with data,
it is easy to lose sight
of what the numbers
represent: children,
families, and their
lives.”*



For my fellowship project, I assisted ARP/Phoenix, a substance abuse prevention and treatment agency. They provide substance abuse and mental health services to adults and adolescents across the state through its network of facilities. ARP/Phoenix also provides the Strengthening Families Program in order to decrease alcohol and drug risk in children affected by parental substance use and to improve family relations. I worked with the Strengthening Families Program to enhance its data management and evaluation capacity. The project centered on feedback, reporting requirements, and support needs that the program coordinator identified and that the program resources allowed.

Project Goals

1. Develop a basic data management and evaluation system.
2. Enhance existing program administrators' confidence in their ability to evaluate their program.

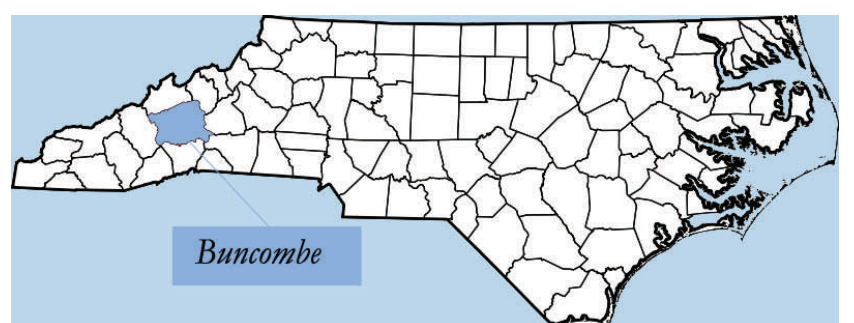
“Engaged scholarship” is a term that is often used in the School of Global Public Health to illustrate the public health ethics of engaging communities in identifying solutions to public health issues and working collaboratively. My faculty mentor approached me about this project, which was a response to a need that the program had identified, rather than researchers or funders. It was an opportunity to not only put research into practice, but to also meet the needs of the program, to build program capacity, and to advance university-community equity.

This project allowed me to stay grounded in both the data world and the real world. While

the majority of the time was spent at a computer or in consultation with program staff, my participation in Strengthening Families group sessions showed me the difficulty associated with a program that works with a high-risk population, information that the numbers cannot capture. In addition to their parents' history of substance use, many of the children struggled with self-esteem issues or behavioral or learning problems. And yet, there is a certain resilience that is witnessed in the joy of a new book or stuffed animal earned for good behavior and the praise and attention that the new items represent. I knew I made a difference in the lives of at least one child when she tugged on my shirt and said shyly but with a proud, jack-o-lantern grin, “Guess what? I named my new teddy bear Katie.”

Working with the clients directly provided me great insight into the demands of the program curriculum on not

only staff and program resources, but also the families that it serves. While public health often speaks of “at risk” families to refer to families or individuals that are at risk of a poor health outcome, the term can imply intentional unhealthy behavior or willful neglect. Working with the families made me re-examine what is meant by “at risk” and its implications. Many of the parents that I worked with were not cognizant of the effects that their substance abuse may have on their relationship with their children, including communication, affection, and conflict management. The parents were not intentionally trying to harm their children or their relationship with them. They were, however, intentionally and diligently working to be better parents and to have a better relationship with their children. They truly loved their children, even as they struggled to express it effectively.



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