



# **COMMUNITY NEEDS ASSESSMENT WORKBOOK**

## **North Dakota Partnership for Success (PFS) Project**

**2023-2028**

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### Introduction

The Partnership for Success (PFS) grant is federally funded through the Substance Abuse and Mental Health Services Administration (SAMHSA). The award is for a total of \$1,250,000 per year, up to 5 years. 60% of this funding is required to be awarded to community and tribal grant recipients.

SAMHSA's PFS grant goals consist of the following:

- Prevent the onset and reduce the progression of substance misuse
- Reduce substance misuse-related problems
- Strengthen prevention capacity/infrastructure at the state and community levels
- Leverage, redirect and align funding streams and resources for prevention efforts

The North Dakota PFS Grant for the 2024-2028 contract period plans to address the following substance use prevention priority: **underage drinking and young adult binge drinking**. Through the PFS Grant, community and tribal grant recipients will focus on **selective prevention** efforts. Selective prevention measures target subgroups of the total population that are considered at-risk for substance use/misuse.

#### **Population subgroups identified as at-risk for substance use/misuse:**

- College students
- Active military members and their families
- Children of parents with a substance use disorder or mental health condition

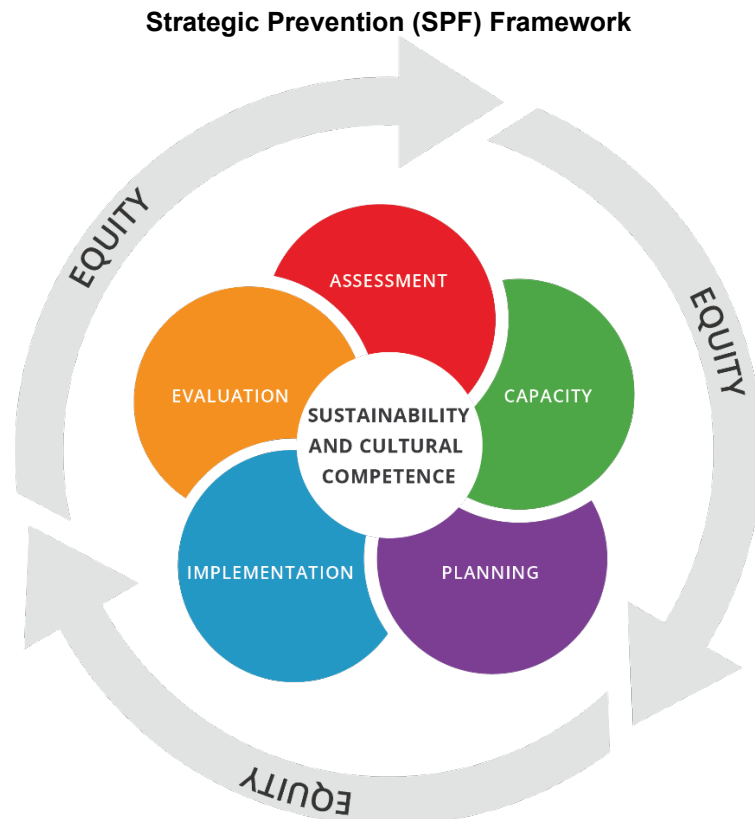
Prevention is a proactive approach; creating an environment that promotes the health and wellbeing of individuals and communities, which prevents problems before they occur. Research over the last two decades has shown that substance use disorders are both preventable and treatable. It is vital that prevention efforts are a component of the behavioral health systems and supports in communities and statewide, and prevention is most effective when stakeholders and community members work together to take action – emphasizing collaboration and community mobilization.

*Prevention works when it:*

- follows the Public Health Model, focusing on population-level change.
- follows a data-driven process to assess, plan, implement and evaluate outcomes, also known as the Strategic Prevention Framework (SPF).
- focuses on reducing risk factors, strengthening protective factors, and building resiliency of individuals, families, and communities.
- requires a multi-faceted approach, implementing a variety of evidence-based strategies working towards a common goal.
- is relevant to the community, including local conditions and diverse demographics.
- impacts individuals across the lifespan.

## Strategic Prevention Framework

SAMHSA's [Strategic Prevention Framework \(SPF\)](#) is a planning process for preventing substance use and misuse. The SPF offers prevention professionals a comprehensive process for effectively addressing the substance misuse and related behavioral health problems facing their communities. The effectiveness of the SPF begins with a clear understanding of community needs and involves community members in all stages of the planning process.



Source: [SAMHSA's Strategic Prevention Technical Assistance Center \(SPTAC\) 2023](#)

The SPF planning process has five distinctive features. The SPF is:

- **Data Driven:** Good decisions require data. The SPF is designed to help practitioners gather and use data to guide all prevention decisions—from identifying which substance misuse issues problems to address in their communities, to choosing the most appropriate ways to address those problems. Data also helps practitioners determine whether communities are making progress in meeting their prevention needs.
- **Dynamic:** Assessment is more than just a starting point. Practitioners will return to this step again and again: as the prevention needs of their communities' change, and as community capacity to address these needs evolve. Communities may also engage in

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activities related to multiple steps simultaneously. For example, practitioners may need to find and mobilize additional capacity to support implementation once an intervention is underway. For these reasons, the SPF is a circular, rather than a linear, model.

- **Focused on population-level change:** Effective prevention means implementing multiple strategies that address the constellation of risk and protective factors associated with substance misuse. In this way, we are more likely to create an environment that helps people support healthy decision-making.
- **Intended to guide prevention efforts for people of all ages:** Substance misuse prevention has traditionally focused on adolescent use. The SPF challenges prevention professionals to look at substance misuse among populations that are often overlooked but at significant risk, such as young adults ages 18 to 25 and adults aged 65 and older.
- **Reliant on a team approach:** Each step of the SPF requires—and greatly benefits from—the participation of community partners. The individuals and institutions you involve will change as your initiative evolves over time, but the need for prevention partners will remain constant.

### Key Concepts of Assessment

Assessment is the first step of the Strategic Prevention Framework. To change a problem, you must first understand it. The assessment step is sometimes referred to as “assessing needs” (or “needs assessment”) because the data collected during the assessment will reveal what a community, state, tribe, or jurisdiction needs in order to prevent substance abuse and promote wellness.

Undertaking a community assessment can provide many opportunities for the coalition and the community. A comprehensive assessment should:

- Create community consensus about the underage drinking problems in the community.
- Identify underlying factors that contribute to those problems.
- Identify and analyze environmental, social, and individual factors that contribute to the problems.
- Increase the likelihood that your coalition will select and implement policies and practices that actually will reduce underage drinking problems in the community.
- Establish baseline information to track the coalition’s progress.

**Assessment** involves gathering the following data:

- Nature and extent of substance use problems and related behaviors (this refers to substance use consequences and consumption, terms that may be more familiar)
- Risk and protective factors that influence substance use problems and related behaviors
- Available resources and readiness of the community to address these problems

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Using data allows for a more objective decision-making process. The assessment should be able to answer the following questions about substance use:

- What problems and related behaviors are occurring?
- How often are the problems and related behaviors occurring?
- Where are these problems and related behaviors occurring?
- Which population groups experience more of these problems and related behaviors?

A health disparity is a difference in health that is “closely linked with social, economic, and/or environmental disadvantages.

Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”

While substance abuse interventions usually don’t address these disadvantages directly, they often do address the factors that contribute to these disadvantages.

Some population groups are at greater risk than others, and thus experience disproportionate substance abuse problems. During the assessment process, you will need to collect data on these vulnerable populations, even if it is not readily available.

Since so much data is available, it is important to be strategic about the data you collect:

- **Purpose.** What is your rationale about how the data you want to collect relate to the substance use problems and to the work of your coalition? What will this data tell you about community substance use problems in your community and especially where (the settings) the problems occur?
- **Validity.** Does the indicator measure what it says it does? For example, to what extent do the number of DUI arrests measure the prevalence of drinking while driving as opposed to the aggressive enforcement of local laws by police?
- **Reliability.** Is the indicator reported the same way each year or are there variances that could affect totals and make data comparison impossible?
- **Availability.** Are the data available year to year and at the needed geographic level (neighborhood, city, county)?
- **Obtainability.** Can the data be collected easily? Will the agency that tracks the data release them?
- **Stability.** How long has the agency been collecting the data? It is most useful to use indicators that have been collected for at least five years to identify trends.
- **Cost.** Can data be provided at no cost, or will the agency charge a fee? Is the fee reasonable and affordable?

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- **Relevance.** Does the coalition think that the indicator accurately represents a major aspect of the community's substance use problem(s)?

Two main types of data are collected in conducting a community assessment:

- **Primary data** includes information that you collect and compile—such as counting the number of alcohol-related newspaper articles over a two-year period or the number of billboards in the community that advertise alcohol. It also may involve collecting data that are available but have not yet been compiled.
  - *For example, you might want to know how many children are removed from their homes when parental substance abuse is a factor. Or you might want to know how many and what percent of police calls for service involve alcohol or other drugs. You will need cooperation from the child welfare agency or police department allowing you to compile this information from their records.*
- **Archival/secondary data** is already being collected and compiled by someone else (generally a local or state agency) on a regular basis and can be requested if you know where to look and how to ask.
  - *For example:*
    - *1) alcohol and other drugs-related arrests (from the local police department or state department of justice);*
    - *2) alcohol and other drug treatment data (from the county or state);*
    - *3) Licensed retail alcohol outlets and problem outlets (from the state or local agency that licenses alcohol outlets);*
    - *4) Alcohol-involved traffic fatalities and injuries (from highway patrol); and*
    - *5) Intravenous drug-related HIV/AIDS data (from the county or state health department).*

### Some readily available data sources may include:

- 2023 [North Dakota Data Booklet](#)
- 2022 [North Dakota Behavioral Health Epidemiological Profile](#)
- 2021 [North Dakota Youth Risk Behavior Survey \(YRBS\)](#)
- 2022 [North Dakota Survey of Young Adults](#)
- 2022 [North Dakota Community Readiness Survey](#)
- 2021 [North Dakota Attorney General Crime in North Dakota Report](#)
- 2020 [North Dakota Crash Summary](#)
- 2022 [North Dakota Behavioral Risk Factor Surveillance System \(BRFS\)](#)
- 2022 SAMHSA's [National Survey on Drug Use and Health \(NSDUH\)](#)

The most updated versions of each data source are featured on the North Dakota Department of Health and Human Services website at <https://www.hhs.nd.gov/behavioral-health/data>

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A **logic model** is a visual tool that shows the logic, or rationale, behind a program or process. Like a roadmap, it tells you where you are, where you are going, and how you will get there. In the prevention field, planners often use logic models to:

- Visualize how the pieces of a prevention plan fit together
- Provide explicit rationale for selecting prevention programs, policies, and practices to address substance use problems

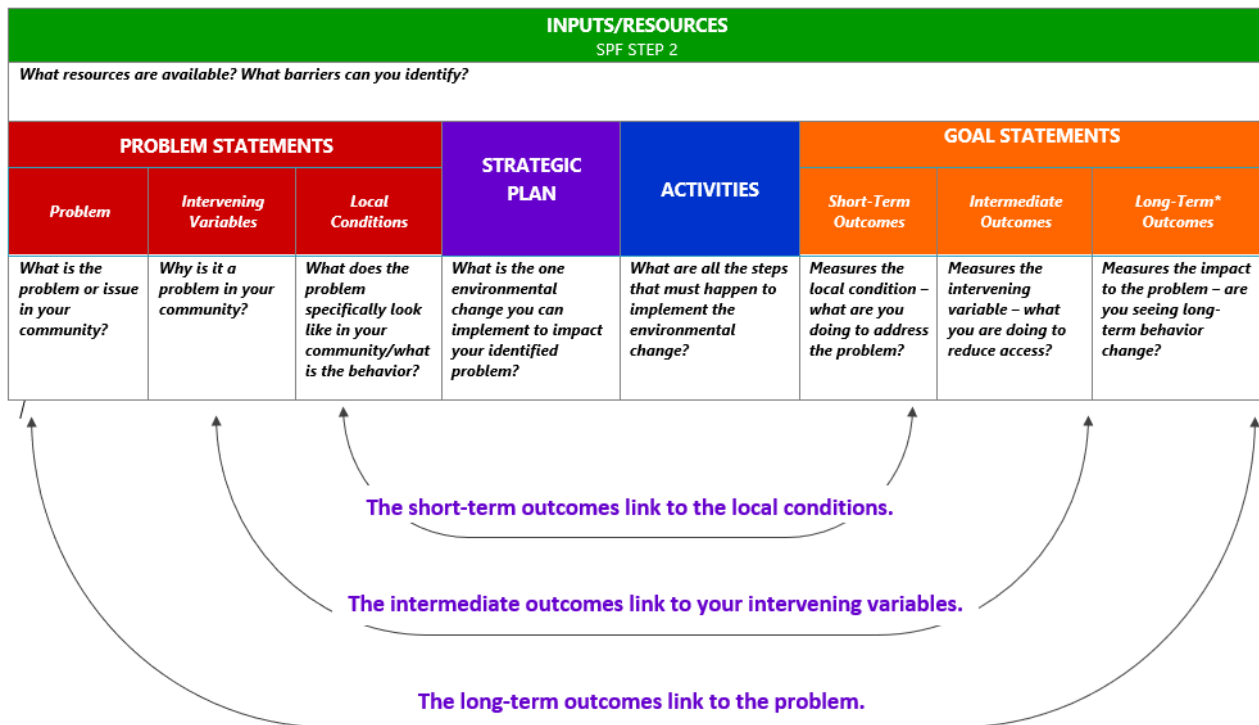
When used as part of applying the Strategic Prevention Framework (SPF), logic models show the relationship between the following four elements:

- Problems and Related Behaviors
- Intervening Variables/Risk and Protective Factors (including local conditions)
- Prevention Strategies
- Expected Outcomes (short-term, intermediate and long-term)

**Assessment** is the first step in the strategic planning process.

**Epidemiology** is how we do the assessment.

**Logic model** is our “road map”—the first stop is assessing problems and related behaviors.





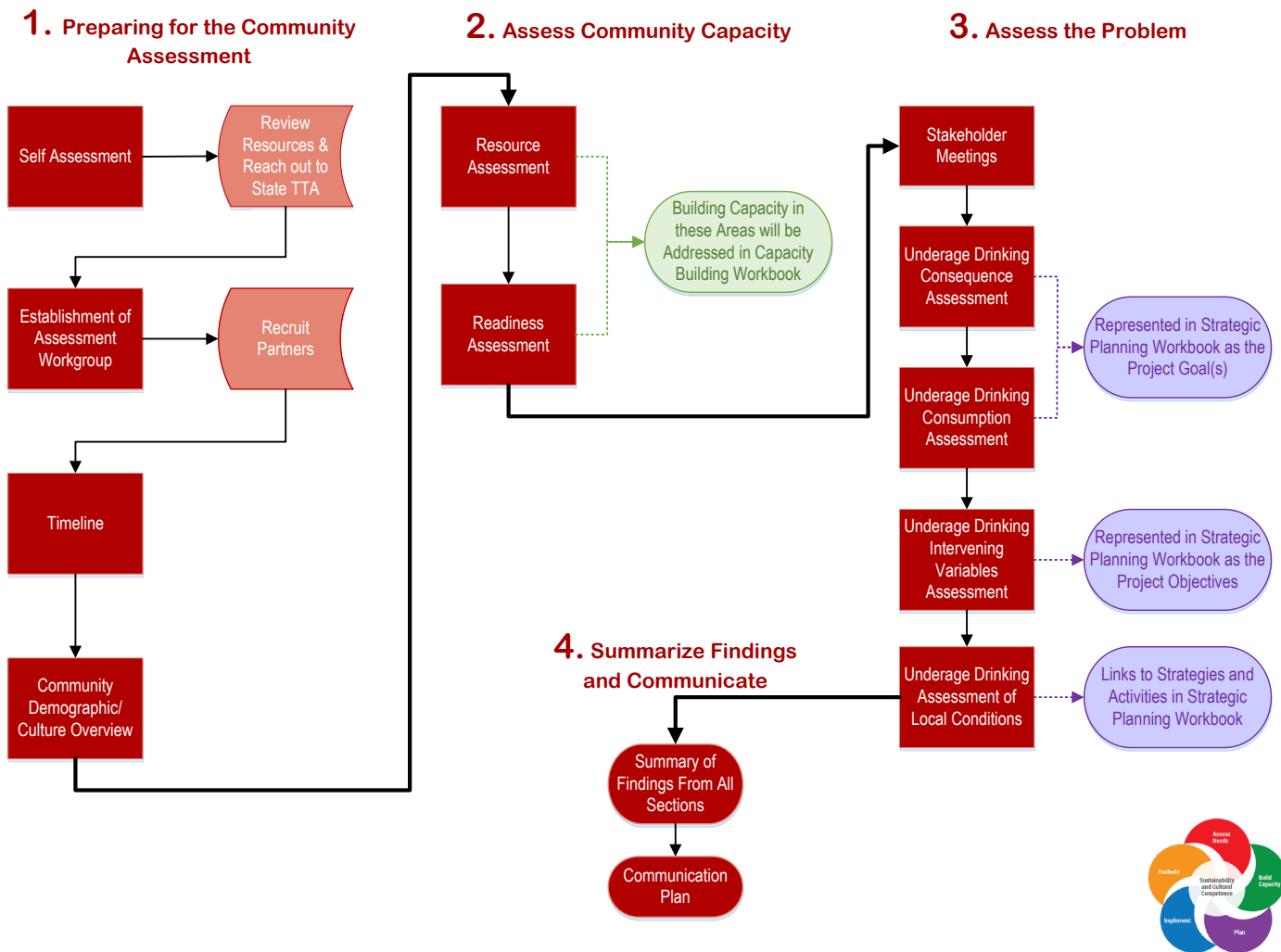
## Completing The Assessment Workbook

Each community has its own needs and assets, as well as its own culture and social structure, a unique web of relationships, history, strengths, and conflicts that defines it. A community assessment helps to uncover needs and resources, and the underlying culture and social structure that will help you understand how to address the community's needs and utilize its resources.

This Community Assessment is broken up into the following four sections:

1. Preparing for the Community Assessment
2. Assess Community Capacity
3. Assess the Problem
4. Summarize Findings and Communicate

The following flowchart walks through the steps in these four sections:



**A final copy of the PFS Community Assessment Workbook should be submitted electronically no later than February 7<sup>th</sup>, 2025 to [tknelson@nd.gov](mailto:tknelson@nd.gov)**

## Preparing to Complete the Assessment

### 1. SELF-ASSESSMENT

It is important to have a thorough understanding and knowledge of the SPF process to develop a comprehensive approach to understanding and addressing substance misuse and related behavioral health problems facing communities, and to develop and sustain programs and practices that reduce behavioral health inequities. Capacity helps to build local resources and readiness to address prevention needs (*i.e. What do you have to work with? How can you facilitate the communication of prevention science?*).

**1.1** A self-assessment can assist in determining areas where you can increase your own capacity. In the table below, rate the level of your (primary SUPTRS prevention grant coordinator) knowledge in each area listed by placing an "X" in the corresponding box:

	<b>1 – none</b>	<b>2 – very little</b>	<b>3 – somewhat</b>	<b>4 – proficient</b>
The Strategic Prevention Framework				
Substance use prevention				
Ensuring cultural competence in implementation				
Evidence-based prevention strategies				
Adaptation of strategies				
Action planning for implementation				
Ensuring sustainability in implementation				
Logic models				
Identification of indicators for evaluation				
Identification of data sources for evaluation				
Data collection for evaluation				
Data analysis				
Reporting evaluation data				
Planning process facilitation				
Structure of a comprehensive strategic plan				
Writing goals, objectives, and outcomes				
Prioritizing Strategy Selection				

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**1.2** In a paragraph or more, summarize the areas indicated above where you excel and areas you need to build your knowledge. Identify the steps you will take to enhance your knowledge in these areas.

## 2. INVOLVING STAKEHOLDERS IN THE ASSESSMENT

Involving members of your coalition as well as the various community groups in the community assessment process increases the likelihood of overall success. This encourages both trust in the process and community buy-in and support, not only of the assessment, but of whatever actions are taken as a result of it. Full community participation in planning and carrying out an assessment also promotes leadership from within the community and gives voice to those who may feel they have none.

In considering the partners you want to have assist in this assessment process, it will be important that membership is diverse, and that the individuals involved are knowledgeable about and have access to their organization’s data. Encouraging participation of diverse populations, cultures, ethnicities, gender, sexual orientation, disability, and age groups to support the development and implementation of our assessment is vital to ensure cultural relevance. Also, it is important to consider who might have a stake in this effort.

**2.1** Complete the table below, identifying individuals/groups to involve in the community assessment process. Also, it is important to consider who might have a stake in this effort and what data pertains to their role in the community. For example, local student perception data on getting caught drinking by law enforcement should be shared and discussed with local law enforcement partners. The same applies to data for local businesses about community bonding and community norms.

<b>Community Group/Individual</b>	<b>Involve in Assessment?</b> <i>(Yes or No)</i>	<b>If yes, provide contact information</b>	<b>What data might this partner be interested in?</b>
<b>Law Enforcement Community</b>			

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<b>Judicial Community (judges, probation, attorneys, etc.)</b>			
<b>Government (mayor, elected officials)</b>			
<b>Alcohol industry</b>			
<b>Local businesses</b>			
<b>Civic organizations</b>			
<b>Media (newspaper, radio stations, etc.)</b>			
<b>Faith organizations</b>			
<b>Education (principal, superintendent, teacher, counselor, coach, etc.)</b>			
<b>Healthcare (physician, nurse, etc.)</b>			
<b>Behavioral Health treatment (counselors, social workers, Licensed addiction counselors)</b>			
<b>Youth and Youth Organizations (SADD, Boys and Girls Club, 4-H, etc.)</b>			
<b>Other:</b>			

**2.2** In a paragraph or more, summarize your findings from the table above. What partners have you identified as being important to assist in the assessment process? Summarize your plans for reaching out and recruiting these partners to be a part of the assessment process.

### 3. TIMELINE FOR COMPLETING THE ASSESSMENT

Once you have identified and brought together stakeholders to assist in the assessment process, one of your first agenda items should be to determine a timeline for completing this Community Assessment. You will need to establish roles and articulate who will be responsible for making sure each portion of the assessment workbook gets completed.

Reference the flowchart on page 10 when completing the “Assessment Section” column. Identify the specific action steps required to complete for each assessment section. The more specific your action steps are, the more successful you will be. There should be multiple action steps for each section of the assessment. Try to divide the action steps up as equally as possible among the identified stakeholders, considering the experience, and “stake” of each stakeholder.

#### 3.1 Complete the table below with the Assessment Stakeholders identified in Table 2.2

Assessment Section	Action Step	Responsible Person	Deadline	Resources Needed	Date Completed

## 4. COMMUNITY DEMOGRAPHIC AND CULTURE ASSESSMENT

The purpose of this section is to:

- Define the community area you will be providing services to. If your service area includes multiple counties, this section needs to consider all of these counties.
- Provide context for reviewing the other data in this workbook.
- Provide information on community culture, which must be considered when selecting and implementing evidence-based strategies.

**4.1** *Define your service area. Include a list of the county(s)/segments and towns within each county/segment.*

**4.2** *Identify the Human Service Center Region that encompasses your service area.*

**4.3** *Identify the Regional Education Association(s) that encompass your service area.*

**4.4** *Describe the population of your service area (include total population, gender, and age groups). Include a description of population differences between towns and/or county(s)/segments within your service area.*

**4.5** *Describe the various cultural backgrounds present in your service area (include race, ethnicity, any languages other than English spoken in your community, etc.). Include a description of cultural differences between towns and/or county(s)/segments within your service area.*

**4.6** *Describe the average educational level and most common fields of employment in your service area. Include a description of education/employment differences between towns and/or county(s)/segments within your service area.*

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**4.7** Describe the average household size, income, and poverty data in your service area. Include a description of household size and income differences between towns and/or county(s)/segments within your service area.

**4.8** Describe the community history within your service area (every community has a history of the events and forces that have affected and helped to shape it, it is not uncommon for people in diverse ethnic or cultural groups to interpret the same event differently). Include a description of community history differences between towns and/or county(s)/segments within your service area.

### Summary

**4.9** Review all the information you gathered above and summarize the key characteristics of your service area's demographics and culture. Include a description of differences between towns and/or county(s)/segments within your service area.

## Assess Community Capacity

### 5. RESOURCES ASSESSMENT

Resources include anything a community can use to help address prevention needs, such as:

- People (for example, staff and volunteers)
- Specialized knowledge and skills (for example, research expertise)
- Community connections (for example, access to population groups)
- Supplies (for example, money, and equipment)

A resource assessment describes current resources that could be directed toward addressing the community's substance use problems. A resource assessment is important because it:

- Provides a way for the community to use its existing capacity.
- Accounts for community assets and resources.
- Describes the community by focusing on positive rather than negative aspects.

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- Identifies ways that build member capacity.
- Expands the identification of assets and resources to include more than just programs and agencies.
- Identifies community groups or individuals (stakeholders) who might be willing to participate in the coalition or support the coalition’s efforts.

A well-planned and focused assessment will produce far more valuable information than one that casts a wide net. To that end, it’s helpful to focus assessments on relevant resources that are related to your priority problem of underage drinking. At the same time, keep in mind that useful and accessible resources may also exist outside of the substance use prevention system.

**5.1** List existing community stakeholder groups in your service area (include youth-serving organizations, religious or fraternal organizations, civic and volunteer groups).

<b>Name of Group</b>	<b>Contact Person</b>	<b>Mission/Goals of Group</b>	<b>Community Sector Represented</b> <i>(identify from list above)</i>

**5.2** List any individual stakeholders in your service area not represented above.

<b>Stakeholder Name</b>	<b>Contact Information</b>	<b>Community Sector Represented</b> <i>(identify from list above)</i>

**5.3** Summarize any other unique community resources (supplies, building space, funding, etc.)



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### ASSESSION COALITION RESOURCES

As part of the PFS project deliverables, you are required to identify or establish a coalition to serve as the local advisory/work group to the community's efforts.

**5.4** For each community sector listed below:

- a) Identify organizations or individuals who are currently ACTIVE members of your coalition, and
- b) Where there is no active membership, identify potential organizations or individuals that could represent the sector.

*An individual/organization should only be listed one time.*

	Active Member (list individual/organization)	Potential Member (list individual/organization)
<b>Businesses*</b>		
<b>Child Care Providers</b>		
<b>Civic/Volunteer Groups*</b>		
<b>Courts &amp; Probation</b>		
<b>Cultural Groups and Organizations</b>		
<b>Elementary/Secondary Education*</b>		
<b>Government*</b>		
<b>Healthcare Professionals*</b>		
<b>Higher Education</b>		
<b>Human and Social Service Providers</b>		
<b>Law Enforcement*</b>		
<b>Media*</b>		
<b>Parents*</b>		
<b>Religious/Fraternal Organizations*</b>		
<b>Senior Citizens</b>		
<b>Youth*</b>		
<b>Youth Serving Organizations*</b>		
<b>Others*</b>		

**5.5** Complete the checklists below by placing an "X" in the box that most appropriately indicates the presence or absence of the characteristic in your community coalition.

Coalition Structure					
	Absent	Present but Limited	Present	NA	Don't Know
<b>Has written job descriptions</b>					

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Has a core planning group					
Has committees					
Has by-laws/rule of operation					
Has Mission statement in writing					
Has goals and objectives in writing					
Provides for regular, structured meetings					
Establishes effective communication mechanisms					
Has clear roles and responsibilities for members in written form					
Has organization chart					

Coalition Process					
	Absent	Present but Limited	Present	NA	Don't Know
Has processes for decision making					
Has processes for problem-solving and conflict resolution					
Has process for resource allocation					
Has mechanisms for evaluation					
Has a mechanism for accountability of members completing assignments in a timely manner					
Has a mechanism to regularly assess diversity within its membership to assure that all cultural groups are adequately represented					
Has a mechanism to deal with changing conditions					
Meets often enough to effectively conduct business.					
Has a mechanism for new member orientation					
Has a mechanism for training members					

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Coalition Participants - Leaders					
	Absent	Present but Limited	Present	NA	Don't Know
Are committed to the coalition's mission					
Provide leadership and guidance in the maintenance of the coalition					
Have appropriate time					
Plan effectively and efficiently					
Have knowledge in the content area					
Demonstrate flexibility					
Promote equal status and collaboration among member organizations					
Are adept in organizational and communication skills					
Work within influential political and community networks					
Are competent in negotiation, problem solving and conflict resolution					
Are attentive to individual member concerns					
Are effective in managing meetings					
Are adept in garnering resources					
Value members' input					
Recognize members for their contributions					

Coalition Participants - Members					
	Absent	Present but Limited	Present	NA	Don't Know
Share coalition's mission					
Have a variety of resources and skills to offer					

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<b>Clearly understand their roles</b>					
<b>Actively plan, implement, and evaluate activities</b>					
<b>Assume lead responsibility for tasks</b>					
<b>Share the workload</b>					
<b>Are regularly involved in meeting and/or activities</b>					
<b>Communicate well with each other</b>					
<b>Feel a sense of accomplishment</b>					
<b>Seek out training opportunities</b>					

Coalition Skills					
	Absent	Present but Limited	Present	NA	Don't Know
<b>Accounting</b>					
<b>Communications</b>					
<b>Computer/Technology</b>					
<b>Data Collection/Analysis</b>					
<b>Evaluation</b>					
<b>Event Planning</b>					
<b>Filing/Office work</b>					
<b>Grant Writing</b>					
<b>Graphic Design</b>					
<b>Legal</b>					
<b>Marketing/Advertising</b>					
<b>Photography</b>					
<b>Public Policy/laws</b>					

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<b>Public Speaking</b>					
<b>Strategic Planning</b>					
<b>Training/Education</b>					
<b>Web Design</b>					

<b>Coalition Resources</b>					
	<b>Absent</b>	<b>Present but Limited</b>	<b>Present</b>	<b>NA</b>	<b>Don't Know</b>
<b>Funding (cash, in-kind)</b>					
<b>Meeting Space</b>					
<b>AV Equipment</b>					
<b>Access to Volunteers</b>					
<b>Tables/Chairs</b>					
<b>Computer Equipment</b>					
<b>Transportation</b>					

## 6. READINESS ASSESSMENT

Readiness is the degree to which a community is willing and prepared to address prevention needs.

Factors that affect readiness include:

- Knowledge of the substance use problem
- Existing efforts to address the problem
- Availability of local resources
- Support of local leaders
- Community attitudes toward the problem

Assessing a community's capacity to address substance misuse, especially underage drinking, is a key part of the prevention planning process. Understanding local capacity, including resources and readiness for prevention, can help you do the following:

- Make realistic decisions about which prevention needs your community is prepared to address

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- Identify resources you are likely to need, but don't currently have, to address identified prevention needs
- Develop a clear plan for building and mobilizing capacity (SPF Step 2) to address identified prevention needs

Assessing community readiness, in particular, helps prevention professionals determine whether the time is right and whether there is social momentum towards addressing the issue or issues, they hope to tackle. Community readiness is just as important in addressing community needs as having tangible resources in place.

### ASSESSING COMMUNITY READINESS

**6.1** In a paragraph or more, analyze and explain the perception of community prevention efforts based on the data you reviewed above

**6.2** Describe some unique behaviors and contexts specific to your community that impacts the overall support for prevention.

### COMMUNITY READINESS STAGES

- **Stage 1 – Community Tolerance / No Knowledge:** The community or leaders do not generally recognize substance abuse as a problem. "It's just the way things are" is a common attitude. Community norms may encourage or tolerate the behavior in social contexts. Substance abuse may be attributed to age, sex, racial, or class groups.
- **Stage 2 – Denial:** There is some recognition by at least some members of the community that the behavior is a problem, but little or no recognition that it is a local problem. Attitudes may include, "It's not my problem" or "We can't do anything about it."
- **Stage 3 – Vague Awareness:** There is a general feeling among some in the community that there is a local problem and that something ought to be done, but there is little motivation to do anything. Knowledge about the problem is limited. No identifiable leadership exists, or leadership is not encouraged.
- **Stage 4 – Preplanning:** There is clear recognition by many that there is a local problem and something needs to be done. There is general information about local problems and some discussion. There may be leaders and a committee to address the problem, but no real planning or clear idea or how to progress.

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- **Stage 5 – Preparation:** the community has begun planning and is focused on practical details. There is general information about local problems and about the pros and cons of prevention programs, but this information may not be based on formally collected data. Leadership is active and energetic. Decisions are being made and resources (time, money, people, etc.) are sought and allocated.
- **Stage 6 – Initiation:** Data are collected that justify a prevention program. Decisions may be based on stereotypes rather than data. Action has just begun. Staff is being trained. Leaders are enthusiastic, as few problems or limitations have occurred.
- **Stage 7 – Institutionalization / Stabilization:** Several planned efforts are underway and supported by community decision makers. Programs and activities are seen as stable, and staff is trained and experienced. Few see the need for change or expansion. Evaluation may be limited, although some data are routinely gathered.
- **Stage 8 – Confirmation / Expansion:** Efforts and activities are in place and community members are participating. Programs have been evaluated and modified. Leaders support expanding funding and program scope. Data are regularly collected and used to drive planning.

**6.3** In a paragraph or more, provide a summary of your community's readiness to address underage drinking. To the best of your knowledge, identify your service area's stage of readiness and why you came to that conclusion (review community readiness stages below).

### ASSESSING COALITION READINESS

**6.4** In the table below, please estimate the coalition's level of knowledge in each of the areas listed. Please place an "X" in the boxes to indicate your responses. This tool will help you identify the coalition's level of readiness and identify where their capacity needs to be increased.

- **1 = Not very knowledgeable**
- **2 = A little knowledgeable**
- **3 = Somewhat knowledgeable**
- **4 = Very knowledgeable**

	1	2	3	4
<b>The Strategic Prevention Framework</b>				
<b>Substance abuse prevention</b>				
<b>Ensuring cultural competence in implementation</b>				
<b>Evidence-based prevention strategies</b>				
<b>Adaptation of strategies</b>				

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<b>Action planning for implementation</b>				
<b>Ensuring sustainability in implementation</b>				
<b>Logic models</b>				
<b>Identification of indicators for evaluation</b>				
<b>Identification of data sources for evaluation</b>				
<b>Data collection for evaluation</b>				
<b>Data analysis</b>				
<b>Reporting evaluation data</b>				

**6.5** In a paragraph or more, summarize the areas indicated above where the coalition excels and areas the coalition needs to build knowledge. Identify the steps that can be taken to enhance knowledge in these areas.

## Assess the Problem

### 7. STAKEHOLDER MEETINGS

Coalitions that engage openly with stakeholders that may have a direct investment to underage drinking prevention have a higher likelihood of successful community change. Fostering relationships with stakeholders at this stage of the project also encourages both trust in the process and community buy-in and support, not only of the assessment, but of whatever actions are taken as a result of it.

Prior to moving forward with the following sections in this workbook, you will be conducting in-person meetings with key community stakeholders within your service area. These meetings will not only assist you and your coalition in identifying stakeholders with valuable insights about underage drinking in each community you serve but will also assist in fostering relationships with these stakeholders early in the PFS project.

You are required to have meetings with individuals representing four primary community sectors (see the full list of community sectors on the next page): *Law Enforcement, Local/Tribal Government, Education, and Youth*. Once your coalition identifies the individuals from each sector, you will schedule in-person meetings to engage in guided conversation about underage drinking. The questions provided in this section will guide this informal process, which will provide your coalition with valuable information for this workbook and for strategic planning.



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Please reach out to the Training and Technical Assistance staff to connect you with resources and tools if you would like further assistance in connecting with identified stakeholders.

**7.1** Complete the tables below to identify the stakeholders you met with. You are required to conduct meetings with representatives from each community within your service area (i.e. counties, towns) for the following sectors:

**Local law enforcement** official from each law enforcement agency (Police / Sheriff) in your service area. *(Ex: If there are five towns in your service area, but only one sheriff's department and one police department, you would meet with two individuals.)*

Law Enforcement Agency Name	Stakeholder Name and Title	Date of Meeting

**Governmental leader** (City Council member, Tribal Council member, County Commissioner) from each governing body in your service area. *(Ex: If there are five towns in your service area, interview one person from each respective city council; only one interview is needed from Tribal representation.)*

Governing Body Name	Stakeholder Name and Title	Date of Meeting

**School or education representative** from each middle school and high school in your service area. *(Ex: If there are five schools with combined middle school and high schools located within your service area, you would meet with five individuals. If there are five middle schools and five high schools within your service area, you would meet with 10 individuals.)*

School Name	Stakeholder Name and Title	Date of Meeting

**Youth representative** living in each community within your service area (Ages 18-21).

*Recommendation: If there are rural county areas as well as towns within your service area, make attempts to meet with a youth representing both.*

Stakeholder Name and Title	Date of Meeting

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These four sectors represent the minimum meetings that need to occur within your service area. You may schedule additional meetings with representation from other sectors if you so choose.

Here is a list of all sectors (The four required sectors are in **bold**):

### Community Sectors

*\*required for the Drug Free Community Grant offered through SAMHSA*

Businesses\*

Child Care Providers

Civic/Volunteer Groups\*

Courts & Probation

Cultural Groups and Organizations

Elementary/**Secondary Education\***

**Government\***

Healthcare Professionals\*

Higher Education

Human and Social Service Providers

**Law Enforcement\***

Media\*

Parents\*

Religious/Fraternal Organizations\*

Senior Citizens

**Youth\***

Youth Serving Organizations\*

Others\*

### RECRUITING PARTICIPANTS

You are encouraged to work with your agency and coalition to identify the specific individuals from these sectors you need to contact. After identifying the appropriate people to talk to, you will need to contact each person individually by phone, email, or in-person (preferred) to ask if they will be willing to meet with you. Let them know the meeting is expected to take about an hour and is very informal. In fact, you can meet over coffee if that works best. If they agree to participate, work with them to schedule a time and place to meet in person.

The following example scripts may be used to invite people to meet with you. You are not required to use these scripts, but they may assist in knowing the types of information to share when making contact to schedule a meeting.

#### Phone Script:

"Hello, (insert name of community member) this is (insert name), with (insert name of organization). Recently, we have been awarded a grant from the North Dakota Department of Human Services called the Strategic Prevention Framework Partnership for Success. This grant is aimed at prevention of underage alcohol use, and in order to gain a better understanding of our community, we are hoping to meet with valuable stakeholders that may have knowledge about this topic and an important perspective. The (insert coalition, workgroup, agency) that I work with has identified you *as someone with a valuable perspective on this topic*. Would you be willing to meet with me to discuss underage alcohol use in your community? The meeting would last about one hour and is very informal. I am looking at XXXX dates. Do any of those days work for you? (proceed with scheduling time, date, location). If at all possible, I would like to meet with you in-person at your office or another location of your choosing. Closing: If yes to meeting: Thank you for your willingness to assist with this project. I will see you on (Date) at (Time). If No to meeting: Okay, Do you know of anyone else that may be interesting in meeting with me? Thank you for your time."

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### Email Script:

“Dear (insert contact name): My name is (insert name) and recently my organization has been awarded a grant aimed at preventing underage drinking, the Strategic Prevention Framework Partnership for Success. As part of this project, we are hoping to meet with stakeholders that may have a valuable perspective about our community. The (insert coalition, workgroup, agency) that I work with identified you as someone with a valuable perspective. If you are interested, please give me a call back, and I will provide you with more details and we can schedule a time to meet. My number is (701) XXX-XXXX. Thank you and I look forward to hearing from you soon. Sincerely, (insert your name and title)”

### EXAMPLE MEETING QUESTIONS

The questions below are provided as a guide to use when meeting with your identified individuals. While your meetings are meant to be informal, it’s important you guide the meeting in order to capture useful information. You may use all questions provided or only selected ones, but keep in mind that the compilation of all questions will provide you with valuable information to assist with assessing the problem, intervening variables, and local conditions present in your service area. Use these questions to have purposeful conversations when meeting with identified stakeholders. It is recommended to take notes to document the conversation in order to utilize the information when completing the following section.

When identifying consumption and consequences in your service area, the questions should get at the population of those underage drinking, and the times, locations, and quantity of their consumption. Questions should also aim to identify information about any negative outcomes that may be resulting from underage drinking in your service area such as crashes, injuries, or legal consequences.

- What types of alcohol are being consumed? Beer, wine, liquor, alcopops, kegs?
- When are they drinking? After school, at school, weekends, around sporting events?
- Where are they drinking? At home, at parties, social gatherings?
- How much are they drinking?
- Are there any specific occasions that they are drinking? Graduation parties, family celebrations, wedding dances, public gatherings?
- What consequences do we see of underage drinking?
- Health? Safety? (drownings, injuries, assaults, vehicle crashes), Financial? Educational? Legal? Professional? Employment?

When identifying Intervening Variables (“but why”) and local conditions (“but why here?”) the questions should get at the context /environment in which the drinking occurs. The questions should be collected to identify local conditions that are specific, identifiable and actionable.

### Retail Availability:

- Are stores selling alcohol to minors?

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- Are they checking ID's?
- Are store owners and staff trained in Responsible Beverage Server Training?
- Are compliance checks conducted?
- What happens to those retailers who fail? Who pass?
- Are youth stealing alcohol from stores? Which ones?

### **Social Availability:**

- How are youth getting alcohol from non-retailer (social) sources?
- Who is providing the alcohol? Friends, siblings, parents, strangers? When, under what conditions? Are they special occasions when this occurs?
- Are youth standing outside retailers and asking adults to buy?
- Are youth getting alcohol at local colleges? Are they attending parties? Which ones?
- Are parents providing or just not monitoring?
- Do youth have access at family or community events?

### **Laws/Policies and Enforcement:**

- What laws or policies are in place related to underage drinking?
- What is the perception of enforcement of these laws in the community?
- How much support is provided to law enforcement by the community to support the laws?
- Are the laws adjudicated? What is the follow up to an arrest or citation?
- Do youth perceive that laws are a) in place? b) enforced and c) adjudicated?

### **Community Norms:**

- Is alcohol associated with community events?
- What are norms in the community related to alcohol?
- What is the exposure of young people to these norms? Advertising?
- How is alcohol promoted as part of community events? Public events? Private events?
- Are there "rites of passages" in the community that involve alcohol? What are they? Do youth see them?

## **8. UNDERAGE DRINKING: CONSEQUENCES**

Consequences are defined as the social, economic and health problems associated with the use of alcohol and illicit drugs. Examples are things such as illnesses related to alcohol (cirrhosis, fetal effects), drug overdose deaths, crime, and car crashes or suicides related to alcohol or drugs. Alcohol-related consequences are defined as the social, economic, and health problems associated with the use of alcohol. This section looks at consequences associated with underage drinking, which will help you consider the magnitude and extent of these problems in your community.

## 9. UNDERAGE DRINKING: CONSUMPTION

To understand the magnitude of substance use consequences it is important to understand the substance use, or consumption, itself. Consumption is comprised of both the amount and frequency at which a person consumes alcohol; for instance, a consumption measurement might be the percentage of individuals who had at least one drink of alcohol on one or more days during the past month. It is also important to understand when drinking becomes binge drinking. For the purposes of most of the data sources used in this workbook, binge drinking is defined for women as consuming four or more alcoholic drinks on a single occasion and defined for men as consuming five or more alcoholic drinks on a single occasion.

## 10. DEVELOPING A PROBLEM STATEMENT

By now, you have a pretty good idea of the consequences and consumption patterns available for underage drinking in your community based on the information you have collected. In the Strategic Prevention Framework, substance-related consequences are defined as the social, economic, and health problems associated with the use of alcohol and illicit drugs. In essence, consequences and related consumption patterns are your problem statements.

A problem statement is usually one or two sentences to explain the problem your efforts will address. In general, a problem statement will outline the negative points of the current situation and explain why this matters. It also serves as a great communication tool, helping to get buy in and support from others.

Effective problem statements:

- Identify one issue or problem at a time.
- Avoid blame. (e.g. the problem is “young people in our neighborhood do not have enough positive activities” rather than “the kids in Belmont have nothing to do and are trouble makers.”)
- Avoid naming specific solutions. (e.g. the problem is not “we don’t have a youth center”– the problem may be “young people in our neighborhood are getting into trouble during after-school hours” for which a new youth center may be one element of an overall solution.)
- Are specific enough to be measurable.
- Reflect community concerns as heard during the assessment process.

**10.1** Review the data you have collected and create a problem statement summarizing the issue you plan to address in the PFS project. (*This problem statement is what will be added to the “Problem” column of your community logic model.*)

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INPUTS/RESOURCES SPF STEP 2							
<i>What resources are available? What barriers can you identify? Type your answer here...</i>							
PROBLEM STATEMENTS			ENVIRONMENTAL STRATEGY	ACTIVITIES	GOAL STATEMENTS		
Problem	Intervening Variables	Local Conditions			Short-Term Outcomes	Intermediate Outcomes	Long-Term* Outcomes
<i>What is the problem or issue in your community?</i>	<i>Why is it a problem in your community?</i>	<i>What does the problem specifically look like in your community? What is the behavior?</i>	<i>What environmental change can you implement to impact your identified problem?</i>	<i>What are all the steps that must happen to implement the environmental change?</i>	<i>Measures the local condition – what are you doing to address the problem?</i>	<i>Measures the intervening variable – what you are doing to reduce access?</i>	<i>Measures the impact to the problem – are you seeing long-term behavior change?</i>

## 11. INTERVENING VARIABLES

Like a doctor, the goal is to understand the cause of the symptoms and attack the source—remember crime and drug abuse are symptoms. We analyze problems and goals to surface root causes. The theory behind outcomes-based prevention is that there are factors that “cause” substance-related consequences and consumption in communities. We call these factors intervening variables. The “but why” technique is a great exercise for identifying these intervening variables related to the problem (substance-related consequences and consumption in communities). It is through positively impacting intervening variables that we achieve population-level changes in substance consumption and consequences. The North Dakota PFS project focuses on the top four intervening variables identified through the SPF SIG community needs assessment prioritization:

- Retail Availability
- Social Availability
- Community Norms
- Enforcement

Intervening Variables = But Why? Local Conditions/ Contributing Factors = But Why Here?
--

Most answers to the but why exercise could be equally applied to any community—these are the generic intervening variables (causes). By asking “but why here?” your coalition can better identify and address how a root cause manifests itself in your community. Only local people or those familiar with the local context can truly answer the “But why here?” portion of this exercise. This technique requires your community to examine the data and information gathered during the assessment process and helps identify what additional data are needed. If the underlying factors were the same in every community, there would be no need for local community coalitions. The “but why here” exercise will compel your coalition to select strategies and initiatives that get to the unique root causes of substance abuse in your community.

Local conditions (the “but why here?”) must be:

- **Specific** – represents a behavior that occurs in the community – not an attitude or belief. (Not an intervening variable.) The local condition describes where, when, and on what occasions the behavior occurs.
- **Identifiable** – the behavior can be “seen” or observed by community members and occurs often enough to be measured in some way.
- **Actionable** – the behavior can be changed through the implementation of targeted strategies by the coalition and its community partners.

**RETAIL AVAILABILITY**

Alcohol is a product that requires a retail market. The easier it is to obtain alcohol through that market, the greater the consumption. Research shows that access restrictions are related to lower consumption rates and decreases in associated problems. The table below displays some example local conditions (the “but why here?”) related to retail availability.

<b>Examples of Local Conditions</b>	<b>(Contributing Factors) for Retail Availability</b>
ID issues	Use of fake IDs; failure of retailers to properly check IDs
Compliance with laws and regulations	Sales to minors; bootlegging; sales to intoxicated persons
Density	High-density package sales locations; high-density open-container sales locations
Product characteristics	Forty-ounce containers; keg registration tags are easy to remove; lack of lock caps on hard liquor bottles
Employees	Clerks have underage friends and sell to them
Product placement	Ease of shoplifting; alcohol placement in store; segregated sales; alcohol pops
Shoulder tapping	Youth approach an adult outside an alcohol establishment and ask the adult to purchase alcohol for them

**11.1** Summarize any retail availability data available for your service area (*news stories, review social media posts, key informant interviews, youth focus groups, arrests for underage drinking house parties, shoulder tap enforcement passes/failures, etc.*).

**11.2** Describe some unique behaviors and contexts specific to your community that impacts retail availability (ask yourself, “But why here?”). Identify at least two of these local conditions. Include the data/sources (qualitative and/or quantitative) that support the identification of these local conditions.

*(Utilize information gathered through stakeholder meetings conducted as part of Section 7. This information may provide qualitative support for the identification of local conditions.)*

**11.3** In a paragraph or more, describe how RETAIL AVAILABILITY is impacting underage drinking in your service area.



**SOCIAL AVAILABILITY**

This refers to obtaining alcohol from unlicensed sources such as friends, family, or at a party without the exchange of money. Research indicates that underage youth primarily receive their alcohol through these sources, rather than purchasing it directly from retail outlets. The table below displays some example local conditions (the “but why here?”) related to social availability.

<b>Examples of Local Conditions</b>	<b>(Contributing Factors) to Social Availability</b>
Provision of alcohol to minors	Parents provide alcohol to underage persons; older siblings or other relatives provide alcohol to underage persons; young adults provide alcohol to underage persons; strangers provide alcohol when asked by underage persons; older friends supply alcohol; parents do not monitor the alcohol in the home and children take it
Lack of awareness among adults that there are penalties for providing alcohol to minors	Adults do not know that they can be arrested for providing alcohol to a minor; adults do not know that they can go to jail for a felony for providing alcohol to a minor
Community celebrations	Alcohol is obtained by underage persons at community celebrations where there is little supervision; acceptance of binge drinking in many social settings
Availability of unsupervised and other drinking locations	Numerous party settings (e.g., sandpits, vacant lots, summer and winter camps); cell phones make it easy to create parties at the last minute; off-campus college parties; friends with their own apartments
Lack of parental monitoring of alcohol supply in the home	Minors take or steal alcohol from parents’ homes
Belief that lack of chemical-free activities leads to alcohol use	Belief that alcohol use is a substitute activity
Workplace promotion	Workplaces promote drinking as part of the culture (e.g., construction industry)
Provision of alcohol/permission by parents of underage drinking	Parents think it is safer for youths to drink in their homes (so they are not driving around)

**11.4** Summarize any social availability data available for your service area (*news stories, review social media posts, key informant interviews, youth focus groups, arrests for underage drinking house parties, shoulder tap enforcement passes/failures, etc.*).

**11.5** Describe some unique behaviors and contexts specific to your community that impacts social availability (ask yourself, “But why here?”). Identify at least two of these local conditions. Include the data/sources (qualitative and/or quantitative) that support the identification of these local conditions.

*(Utilize information gathered through stakeholder meetings conducted as part of Section 7. This information may provide qualitative support for the identification of local conditions.)*

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**11.6** In a paragraph or more, describe how SOCIAL AVAILABILITY is impacting underage drinking in your service area.

### ENFORCEMENT

Alcohol consumption is influenced by enforcement in two ways; actual enforcement, and the perception that the laws are being enforced. At first, the perception of enforcement is enough to make an impact in reducing problems associated with alcohol. With time, actual enforcement becomes essential because people must experience consequences in order to make an impactful difference. The table below displays some example local conditions (the “but why here?”) related to enforcement.

Examples of Local Conditions	(Contributing Factors) for Enforcement and Adjudication
Resources	Shortage of law enforcement personnel; lack of training on alcohol issues; lack of community support for alcohol enforcement efforts; few or no retail compliance checks
Law enforcement practice	Inconsistent application of underage drinking laws; inconsistent application of laws regarding selling to intoxicated persons; low number of arrests and citations for alcohol use by minors; don't hear about other kids getting caught; inconsistent application of social host laws; enforcement of alcohol laws is not a priority; campus security is inconsistent; alcohol is not a big issue relative to drugs and other issues
Judicial practice	No prosecution by district attorney of referred cases; inconsistent application of legal consequences; few first-offender consequences; short mandatory sentences (for drinking and driving)
Parental enforcement	Parents have few rules, if any, about drinking; parents don't enforce underage drinking laws

**11.7** Summarize any enforcement data available for your service area (*news stories, review social media posts, key informant interviews, youth focus groups, etc.*).

**11.8** Describe some unique behaviors and contexts specific to your community that impacts social availability (ask yourself, “But why here?”). Identify at least two of these local conditions. Include the data/sources (qualitative and/or quantitative) that support the identification of these local conditions. (*Utilize information gathered through stakeholder meetings conducted.*)

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**11.9** In a paragraph or more, describe how ENFORCEMENT is impacting underage drinking in your service area.

### COMMUNITY NORMS

This represents the general attitudes that govern the acceptability of a behavior within the community. Norms are often reflected in public policy, laws, and regulations, but not all norms coincide with legal restrictions. For instance, the legal age to drink is 21; however, there are norms that can govern whether underage drinking is acceptable under adult supervision. More permissive alcohol consumption norms are associated with the greater alcohol consumption and higher rates of associated problems. The table below displays some example local conditions (the “but why here?”) related to community norms.

Examples of Local Conditions	(Contributing Factors) for Community Norms
Acceptance	Parents permit underage drinking (or think it’s OK); parents do not care if teenagers drink; many adults think it’s OK for youths to drink; —he/she is 18 and can do what he/she wants; the more other drugs are an issue, the more alcohol is acceptable (i.e., lesser of two evils); some workplaces promote drinking as part of the culture
Rite of passage	Using alcohol and binge drinking are what kids do
Multigenerational use	Drinking is a normal pattern of parents and other relatives
Public alcohol use	Adults of all ages drink in public
Youths’ perceptions	Drinking is a bonding activity; binge drinking is normal and not harmful; drunkenness or excessive consumption of alcohol is OK, even cool; it’s not a party without alcohol; consequences of underage alcohol use are not a big deal
Cultural acceptability	Drinking is part of the everyday life of the community; heavy drinking or binge drinking may also be culturally acceptable in certain subpopulations (e.g., juveniles); popular culture often presents excessive alcohol use as normal
Availability in homes	Alcohol is available in the home and is often free at juvenile parties
Monitoring	Lack of supervision in the home may allow youth to obtain and drink alcohol in the home; lack of monitoring may allow freedom for juveniles to drink outside the home; lack of consequences for alcohol involvement

**11.10** Summarize any community norms data available for your service area (*news stories, review social media posts, key informant interviews, youth focus groups, etc.*).

**11.11** Describe some unique behaviors and contexts specific to your community that impacts social availability (ask yourself, “But why here?”). Identify at least two of these local conditions. Include the data/sources (qualitative and/or quantitative) that support the identification of these local conditions. (*Utilize information gathered through stakeholder meetings conducted.*)

**11.12** In a paragraph or more, describe how COMMUNITY NORMS is impacting underage drinking in your service area.

## 12. PRIORITIZING INTERVENING VARIABLES AND LOCAL CONDITIONS

Prioritizing intervening variables and local conditions is a crucial part of the Strategic Prevention Framework planning process. When prioritizing, it is important to consider these two areas: Importance and Changeability. We will prioritize for Importance in this Community Assessment Workbook. Prioritization by Changeability will occur in the Strategic Planning Workbook, following your work with the Capacity Building Workbook. Ultimately, you will want to select intervening variables and corresponding local conditions to address that are high in both importance and changeability.

Importance refers to how much an intervening variable and local condition impacts the substance abuse problem/priority in a community. When examining the data collected in this Community Assessment Workbook, ask yourself how important a particular intervening variable is in reducing the problem in your community. If the answer is “very important,” then this would be considered “high” importance; if it is not important, then it would be considered “low.”

When weighing the importance of intervening variables and local conditions, be sure to consider the following information as well:

- Will the intervening variable impact other behavioral health issues (i.e., shared risk and protective factors)?
  - *For example, having a parent with a substance abuse problem is known to be a risk factor for underage drinking, as well as other behavioral health issues such as depression. Therefore, focusing on this risk factor will impact both youth substance abuse and the associated mental health issues.*
- Does the intervening variable directly impact the specific developmental stage of the population group that is experiencing the problem?
  - *For example, if the problem is underage drinking among 18- to 20-year-olds, then the risk factor, parental monitoring around drinking behavior, would have less impact for this developmental stage than it would for a population group of 14- to 17-year-olds. Therefore, parental monitoring would be considered “low” importance.*

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**12.1** Place the local conditions (at least two local conditions per intervening variable) identified in the appropriate box in the matrix below.

*(This activity is most beneficial if done with a core group of community stakeholders).*

		INTERVENING VARIABLES			
		Retail Availability	Social Availability	Enforcement	Community Norms
IMPORTANCE	HIGH				
	LOW				

**12.2** In a paragraph or more, provide a summary of the local conditions for each intervening variable that were identified as HIGH importance. *The intervening variables will be added to the “But Why” column and the related local conditions will be added to the “But Why Here” column of your community logic model (highlighted below).*

### Summarize Findings and Communicate

## 13. SUMMARY

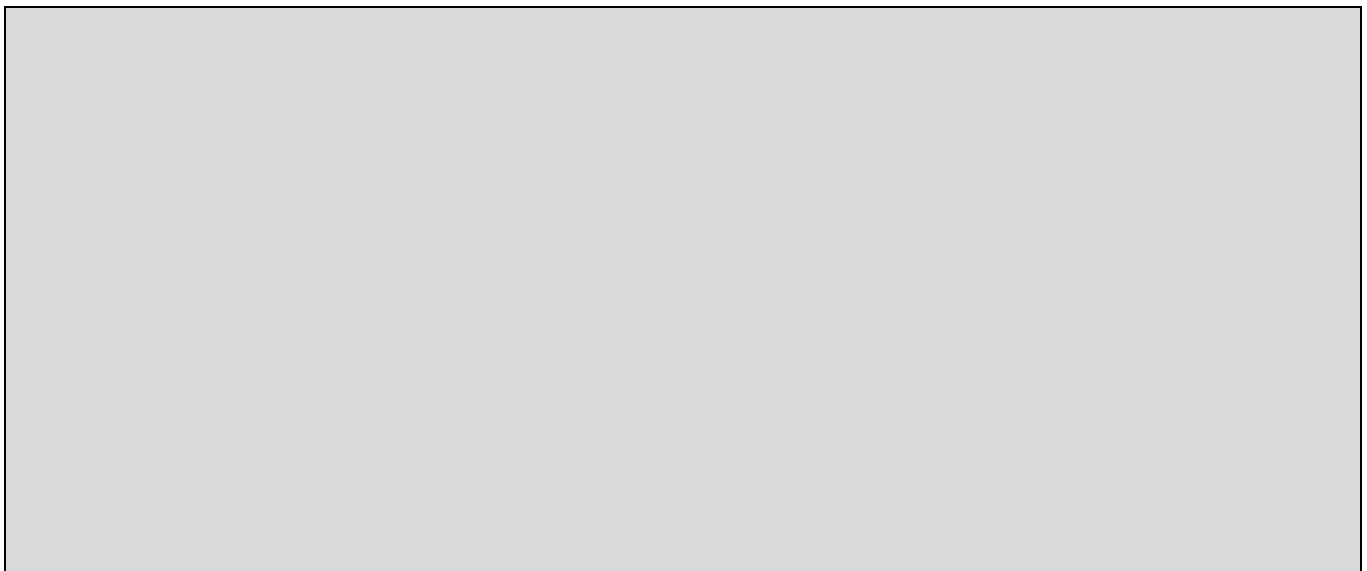
Developing an overall summary is an essential step of a community assessment process. This summary should provide a critical analysis of the data, highlighting the most important community needs and trends that should be considered. This summary should provide an overview of how all the data collected in this Community Assessment Workbook (demographic/culture, capacity, consequence and consumption, and intervening variable and local conditions) fits together to tell a story. Describe common themes identified when multiple data collection sources were used and provide possible explanations for differences between data sources. It may also be helpful to identify areas where additional data collection may be needed to fully understand an issue.

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Questions to ask when writing this section are:

- Based on the data, what underage drinking concerns are of greatest importance to the community? (This could be described by identifying issues that have an impact on the largest number of residents or disproportional impacts on specific populations. Trend data may also indicate important increases in underage alcohol use or changes in risk behaviors.)
  - How frequently the problem (or related behavior) occurs (e.g., number of youth reporting alcohol use in the past 30 days).
  - How many people are affected by the problem and the severity of its effects.
  - Possible impact and/or consequences of addressing the problem/goal.
- How do the community's current policies, environmental attributes, and social norms encourage/hinder prevention efforts related to these key areas? (Community context or situation that might make it easier or more difficult to address this issue.)
- What community strengths/assets can be used to address concerns in this area? (What resources and assets are available and how the group can tap into those resources to address the issue.)
- What challenges or areas of weaknesses will need to be addressed? (Barriers or resistance to solving the problem or achieving the goal [e.g., denial or discounting of the problem] and how they can be minimized [e.g., reframing the issue].)

**13.1 Following the guidance above, develop an executive summary of all the data and information collected in this Community Assessment Workbook.** *This executive summary should be close to but not exceeding one page. Do your best to answer the questions above while also being concise. You will utilize this summary as you communicate the results of this Community Assessment Workbook to your stakeholders and greater community.*



## 14. COMMUNICATION PLAN FOR SHARING RESULTS OF ASSESSMENT

Once you’ve gathered and analyzed data for your community, it’s time to share it with others. Putting together a communication plan ensures you are targeting your messaging accurately and provides structure to determine whom you need to reach and how.

Communication can take on many formats and methods and will depend on your target audience. You’ll want to be able to explain the results of the assessment, clearly, in everyday language accompanied by easy-to-understand charts, pictures, and/or graphs. Also consider engaging people in strategizing how to address the results found in the assessment. This presentation of findings doesn't have to be complicated or use technical language in order to be compelling. In fact, the more you can use the words of the community members who contributed their concerns and experiences, the more powerful your communication will be. Review the table below to assist you in identifying the methods appropriate for various audiences.

Choosing Appropriate Communication Methods								
AUDIENCE	METHODS							
	Town Meetings	Press Conference	Press Release	Abstracts & Briefings	Annual/Evaluation Reports	Fact Sheets	Brochures & Posters	Exhibits
Current/ Future Funder				★	★			
Administrator	★			★	★			
Board Members	★			★	★	★		
Community Groups	★					★	★	
General Public	★		★			★	★	★
Organizations						★	★	★
Media	★	★	★			★		

**14.1** Complete the table to outline your plan to communicate the Community Assessment results.

Target Audience	“WHY” What is Your Message and Purpose <i>(what do you want the target audience to know/do?)</i>	“WHAT” Method(s) of communication	“WHO” Individual Responsible	“WHEN” Frequency; Timeline

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### 15. ASSESSMENT CONTRIBUTIONS

**15.1** Complete the table below by adding all individuals who contributed to the completion of this Community Assessment Workbook.

Name	Organization	City	Contributions Made

**15.2** Provide the date the assessment was completed and reviewed by your project coordinators, stakeholders, and coalition:

[Click here to enter a date.](#)