Rhode Island Partnership for Success: A Guide to the Community Needs Assessment



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**Overview and Purpose**

Communities funded under the Rhode Island Partnership for Success (PFS) are required to conduct an assessment of population needs related to RI’s priority targeted problems of underage drinking and marijuana use among 12-17 year olds. This needs assessment guide provides tools and resources for communities as they undertake this process. The guide itself is divided into two (2) sections: quantitative data sources for alcohol/underage drinking and for youth marijuana use; and, qualitative data sources for the same.

**Diagram 1**

**Rhode Island Partnership For Success**

**Community Needs Assessment**

**OBJECTIVE:** Collect information on prevalence, risk and protective factors pertaining to underage substance use (Alcohol and/or Marijuana)

Quantitative Methods

Qualitative Methods

Survey Data

Archival Data

Key Informant Interviews

Focus Groups

**General Instructions**

Table 1 depicts the priority substance for each Partnership for Success community based on the community epidemiology profiles produced in 2013. The communities were identified as high need based on several years of data related to use of alcohol and marijuana by youth under 18. The community epidemiology profiles included multiple years of trend data and a number of social indicators linked to progression onto negative consequences of substance use from research literature.

Communities should focus initially on assessing their priority substance given the level of resources associated this needs assessment (see Table 1, below). In other words, Burrillville should focus primarily (or first) on assessing need related to underage drinking; Lincoln should focus primarily on marijuana use by youth 12-17; and Johnston can elect to assess both sets of problems. PFS resources may also be used by Burrillville, Cranston and Providence to see if there are shared risk or protective factors for marijuana use by youth that might also be addressed by the evidence based practices, policies or programs selected to address underage drinking but only after they have assessed need related to underage drinking. Cumberland, Lincoln, Little Compton and Scituate may use PFS resources to identify any shared risk or protective factors for underage drinking that might be addressed by the evidence based practices, policies or programs ultimately selected by them to address marijuana use by youth. Communities in the right column (“Both”) may elect to choose one priority for the needs assessment based on community capacity. The basis for this decision must be documented in the strategic plan if it limited the scope of the initial needs assessment.

|  |  |  |
| --- | --- | --- |
| **Table 1 – PFS Communities by Priority Substance** | | |
| **Underage Drinking** | **Marijuana Use by Youth**  **12-17** | **Both** |
| Burrillville | Cumberland | Foster |
| Cranston | Lincoln | Johnston |
| Providence | Little Compton | Newport |
| Westerly | Scituate | New Shoreham |

The needs assessment process is designed to increase the understanding of who is impacted by the problem, how the priority substance is being consumed and by whom, and what conditions within the community are contributing to the problem behavior (risk or protective factors). This process will be informed by both quantitative data sources (survey and archival data) and qualitative data sources (key informant surveys and focus groups).

Known sources of quantitative data are listed in Section 1 of this guide. A checklist is provided to assist you in identifying possible quantitative data sources. Not all data listed will be available to you. Please collect as many as you can to develop as deep an understanding of the problem behavior as possible. In any case where data is unavailable, the level of burden associated with acquiring the data is excessive, or suggested analyses don’t seem pertinent to your community, no further action is required. A prioritization tool to assist you in organizing and analyzing needs assessment data is provided.

PFS communities will be required to use additional qualitative data collection methods including the use of key informant surveys and focus groups to gain an understanding of the factors related to substance use in their communities. This guide provides a set of qualitative data collection tools and protocols for use by PFS communities. These qualitative data collection tools and related resources are listed in Section 2 of this guide.

The key informant surveys for the multiple sectors listed are required although substitution of key informants closely aligned with the recommended sectors may be permitted based on the culture or context of the community. Coalition members with the requisite skills can conduct the key informant surveys. Communities can identify other, additional sectors or stakeholders to include in the key informant survey.

Two focus groups must be conducted; one comprised of youth and one of parents. Coalitions MUST utilize a person who is EXPERIENCED in conducting focus groups. If you have a coalition member with this experience, they may perform this task. Otherwise, the coalition should hire a consultant for this purpose. Additional focus groups may be conducted to increase understanding of specific cultural perspectives or to increase the depth or breadth or responses.

Tips and tools for data analysis are provided as it will be necessary to identify the specific conditions and risk or protective factors that impact your community’s problem. It is likely that more than one condition or risk or protective factor exists within your community and you will need to prioritize them.

**Section 1A**

**UNDERAGE DRINKING QUANTITATIVE DATA**

**SOURCES**

**ARCHIVAL AND SURVEY DATA SOURCES FOR UNDERAGE DRINKING:**

**A COMMUNITY DATA CHECKLIST**

The following is a list of possible data sources related to underage drinking. The more information gathered, the more comprehensive the needs assessment. **However, if the data is unavailable or difficult to obtain, indicate that fact and move on to other questions or sources.** Incorporate this data as part of the strategic plan. Distribute the checklist to members of the coalition/organization or key members of the community and request their assistance. Links to data sources, where available, are provided at the end of the category.

1. **Demographics**

1. Population

Total population of city/town (circle one) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Don’t know/unavailable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Race breakdown (by %)

White \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

African American \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Asian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Native American \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Don’t know/unavailable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Ethnic breakdown (by %)

Hispanic/Latino \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other relevant cultural groups (e.g. Cape Verdeans) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Don’t know/unavailable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Under 21 youth

Number of youth (ages 0-14, 15-20) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

% of the total population \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Don’t know/unavailable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Source:* <http://quickfacts.census.gov/qfd/states/44000.html> ; select city/town for demographic data;

Also <http://www.rikidscount.org/matriarch/MultiPiecePage.asp_Q_PageID_E_269_A_PageName_E_cliks>

**B. Highway safety data**

Drinking and driving

Number of underage DWI/DUI arrests \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of underage DWI/DUI convictions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

% of total DWI/DUI arrests \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

% of total DWI/DUI convictions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Don’t know/unavailable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Source:* <http://www.risp.ri.gov/documents/UCR/2013.pdf>; for DUI (UCR Code 90D); other years’ data available; also *Police departments and courts for conviction rates*

**C. Liquor Law Violations**

Liquor law violations, which may be referred to by another name, indicate any acts committed by an underage youth or an adult in violation of the state’s and/or locality’s liquor laws and regulations.

Citations for underage attempts to purchase \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Citations for underage purchase \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Citations for underage possession \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Citations for underage consumption \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Citations for underage possession or use of a fake ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Citations for adult purchase for and/or providing alcohol to a minor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Don’t know/unavailable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Source: Police departments*

**D. Alcohol Sales**

Includes retail liquor establishments, restaurants, bars or any other licensed alcohol venue that sells alcohol to a minor.

Number of retail outlets \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Source: town/city clerk or licensing board*

Number of sales to minors \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of license suspensions for sales to minors \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of license revocations for sales to minors \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Don’t know/unavailable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Source: Police departments also Alcohol Purchase Survey to be provided by BHDDH.*

**E. School Data**

Number of alcohol-related suspensions, expulsions and other events \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of alcohol-related incidents of vandalism and campus disruptions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Don’t know/unavailable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Source:* SurveyWorks Data academic 2013-014: <http://infoworks.ride.ri.gov/search/schools-and-districts>; select one or more high schools within the district and then scroll ALL the way to the bottom

**F. Criminal Justice Data**

Number of parties to which police were called because of underage drinking\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Don’t know/unavailable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Source: Police departments*

Underage alcohol involvement in cases involving vandalism, property damage, rape, robbery, assault, murder, etc. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Don’t know/unavailable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Source: Courts, juvenile services, police departments, or hospitals*

**G. Injuries and Deaths Involving Alcohol (except those involving motor vehicles)**

Underage youth alcohol-related emergency room admissions/EMS data \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Don’t know/unavailable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Source: Hospital emergency rooms, volunteer fire departments, rescue runs*

**H. Alcohol Treatment**

Number of beds for underage youth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of beds filled by underage youth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of alcohol-related admissions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Waiting list for admission or other indication of need \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Don’t know/unavailable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Source: To be provided by BHDDH*

**I. Prevention Initiatives**

Number of parent programs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of alcohol-free programs and activities for youth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of substance abuse prevention organizations \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of youth substance abuse prevention organizations (SADD etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Don’t know/unavailable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Source: School systems, state substance abuse prevention agencies*

**J. Youth Risk or Protection**

Youth behavioral risk survey is available \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Youth behavior and attitude toward alcohol use survey is available \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Source: Survey Works, Health & Wellness Survey (current or former Drug Free Communities only), Rhode Island Student Survey*

*See next page for specific items from various surveys.*

**J. Alcohol Use**

1. Student report of skipping class due to be drunk or high use (school and state wide ) p. 11
2. Student past 30 day alcohol use (school and statewide) p. 18
3. Student report - under the influence of alcohol at school during the past year (school and statewide) p. 18

Source: SurveyWorks academic 2013-014: <http://infoworks.ride.ri.gov/search/schools-and-districts>; select one or more high schools within the district and then scroll ALL the way to the bottom; items at page numbers listed below.

**K. Parental monitoring**

1. Student report of parent engagement (proxy measure for monitoring) school and statewide/ Care about grades p. 22
2. Ask about what I am studying p. 22
3. Parent report of engagement / talk with my child about school p. 32

Source: SurveyWorks academic 2013-014: <http://infoworks.ride.ri.gov/search/schools-and-districts>; select one or more high schools within the district and then scroll ALL the way to the bottom; items at page numbers listed above.

**L. School climate and norms**

1. Teacher report of teaching life and social skills p.52
2. Teacher report of use of guidance counselor as a resource to guide students p.52
3. Teacher works with counselor(s) and/or health staff to help students obtain health and social services p. 52.

Source: SurveyWorks academic 2013-014: <http://infoworks.ride.ri.gov/search/schools-and-districts>; select one or more high schools within the district and then scroll ALL the way to the bottom; items at page numbers listed above.

**Section 1b**

**YOUTH MARIJUANA USE**

**QUANTITATIVE DATA**

**SOURCES**

**ARCHIVAL AND SURVEY DATA SOURCES FOR YOUTH MARIJUANA USE:**

**COMMUNITY DATA CHECKLIST**

The following is a list of possible data sources related to underage drinking. The more information gathered, the more comprehensive the needs assessment. **However, if the data is unavailable or difficult to obtain, indicate that fact and move on to other questions.** Incorporate this data as part of the strategic plan. Distribute the checklist to members of the coalition/organization or key members of the community and request their assistance. Links to data sources, where available, are provided at the end of the category.

**A. Demographics**

1. Population

Total population of city/county/area (circle one) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Don’t know/unavailable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Race breakdown (by %)

White \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

African American \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Asian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Native American \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Don’t know/unavailable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Ethnic breakdown (by %)

Hispanic/Latino \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other relevant cultural groups (e.g. Cape Verdeans) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Don’t know/unavailable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Under 21 youth

Number of youth (ages 0-14, 15-20) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

% of the total population \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Don’t know/unavailable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Source:* <http://quickfacts.census.gov/qfd/states/44000.html> ; select city/town for demographic data; also <http://www.rikidscount.org/matriarch/MultiPiecePage.asp_Q_PageID_E_269_A_PageName_E_cliks>

**B. Highway safety data**

1. Impaired driving (marijuana involved)

Number of underage OUI arrests \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of underage OUI convictions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

% of total OUI arrests \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

% of total OUI convictions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Don’t know/unavailable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Source: Police departments, state highway safety agencies, courts*

2. Motor vehicle crashes with marijuana involvement

Number of underage marijuana -related crashes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

% of total marijuana-related crashes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Don’t know/unavailable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Source: Police departments, state highway safety agencies*

3. Motor vehicle marijuana-related injuries

Number of underage marijuana -related injuries \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

% of total marijuana-related injuries \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Don’t know/unavailable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Source: Police departments, state highway safety agencies, hospital emergency rooms*

**C. State Law Violations**

Law violations, which may be referred to by another name, indicate any acts committed by an underage youth or an adult in violation of the state’s laws and regulations.

Citations for possession of marijuana \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Arrests for possession with intent to deliver \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Don’t know/unavailable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Source: Police departments, courts*

**E. School Data**

Number of marijuana-related suspensions, expulsions and other events \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of marijuana-related incidents of vandalism and campus disruptions\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Don’t know/unavailable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Source: SurveyWorks academic 2013-014: <http://infoworks.ride.ri.gov/search/schools-and-districts>; select one or more high schools within the district and then scroll ALL the way to the bottom; items at page numbers listed above.

**F. Criminal Justice Data**

Number of parties to which police were called because of youth marijuana use \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Don’t know/unavailable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Source: Police departments*

**G. Injuries and Deaths Involving Marijuana (except those involving motor vehicles)**

Underage youth marijuana-related emergency room admissions/EMS data \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Don’t know/unavailable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Source: Hospital emergency rooms*

**H. Drug Treatment**

Number of beds for underage youth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of beds filled by underage youth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of marijuana-related admissions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Waiting list for admission or other indication of need \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Don’t know/unavailable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Source: To be provided by BHDDH*

**I. Prevention Initiatives**

Number of parent programs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of substance-free programs and activities for youth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of substance abuse prevention organizations \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of youth substance abuse prevention organizations (SADD etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Don’t know/unavailable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Source: School systems, state substance abuse prevention agencies*

**J. Youth**

Youth behavioral risk survey is available \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Youth behavior and attitude toward marijuana use survey is available \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Source: Survey Works, Health & Wellness Survey (current or former Drug Free Communities only), Rhode Island Student Survey*

*See below for specific items from various surveys.*

**J. Use of Illicit drugs and marijuana**

1. Student report of skipping class due to be drunk or high use (school and state wide ) p. 11
2. Student report of use of drugs at school during past 12 months (school and state wide ) p. 19
3. Student report past 30 day marijuana use (school and state wide ) p. 19
4. Student report - under the influence of drugs at school during the past year (school and statewide) p. 19

*Source:* SurveyWorks Data academic 2013-014: <http://infoworks.ride.ri.gov/search/schools-and-districts>; select one or more high schools within the district and then scroll ALL the way to the bottom.

**K. Parental monitoring**

1. Student report of parent engagement (proxy measure for monitoring) school and statewide/ Care about grades p. 22
2. Ask about what I am studying p. 22
3. Parent report of engagement / talk with my child about school p. 32

*Source:* SurveyWorks Data academic 2013-014: <http://infoworks.ride.ri.gov/search/schools-and-districts>; select one or more high schools within the district and then scroll ALL the way to the bottom

**L. School climate and norms**

1. Teacher report of teaching life and social skills p.52
2. Teacher report of use of guidance counselor as a resource to guide students p.52
3. Teacher works with counselor(s) and/or health staff to help students obtain health and social services p. 52.

Source: SurveyWorks academic 2013-014: <http://infoworks.ride.ri.gov/search/schools-and-districts>; select one or more high schools within the district and then scroll ALL the way to the bottom; items at page numbers listed above.

**Section 2**

**QUALITATIVE DATA SOURCES**

**KEY INFORMANT INTERVIEWS**

* The key informant interview has a very specific purpose. It involves identifying different member of your community who are especially knowledgeable about a topic (who we call “key informants”), and asking them questions about their experiences working or living within a community. You will want to do 8-10 key informant interviews and seek out people with more than average knowledge to interview. These interviews are usually conducted face to face with your informants, using either an outside interviewer specifically hire to conduct the interviews, or by a member (or members) of your organization. The length of these interviews can vary, and will depend on the number of questions you decide to ask.
* There are several factors to consider in deciding who will conduct the interviews including:
* Time – Interviews will need to be scheduled, conducted, written up, and analyzed. Preparation and follow-up activities can easily take up to twice the time of the interview itself.
* Skills – The interviewer must possess specific skills such as the capacity to listen well, ability to write and take accurate notes, good memory, comfortable meeting new people, attentive to detail, and strong communication skills.
* Consistency – It is best to have one or two people conduct interviews so that knowledge and experience about how best to frame questions is built up. A limited number of interviewers greatly facilitates identification of themes since one or two people have heard all of the information.
* Cultural Competency – Interviewers should be individuals who key informants relate to. This could mean the interviewer shares attributes with the key informant (e.g. race/ethnicity, gender, age, etc.) or the interviewer is particularly familiar with the culture of the key informant.
* Coalition members with the right skill set can be recruited to conduct the key informant interviews. This will help with sustainability of this skill.
* Consider use of the Coalition Member/Leader Survey from CoalitionsWork <http://coalitionswork.com/wp-content/uploads/SKILLS-INVENTORY-WORKSHEET.pdf> to identify members whose self report of above average skills related to compiling or analyzing situations or data, interviewing, interpreting and writing/editing (or better yet a combination of all of these) may make them particularly suited for the task.
* Consider partnering two coalition members, one with above average skills for interviewing and writing/editing with one whose skills are interpreting and analyzing data, for the key informant interview team.
* There are five types of key informant groups for who will provide rich information on underage alcohol and marijuana. It is not necessary to interview every position described as these may vary from community to community: focus on representation of the group overall and the individual key informant’s connection to or familiarity the youth in the community. If the key informant group doesn’t exist in your community, you may substitute another that you deem knowledgeable about youth in your community.

**Required** key informant **groups** **for PFS**

* Community Leaders/Public and Elected Officials (town managers, city/town solicitor, department directors {especially recreation department}, town council and school committee)
* Law Enforcement (e.g. community policing officer, school resource officer, juvenile officer, patrol)
* School Based Personnel (school nurse, student assistance counselors, coaches/athletic directors, teachers or staff youth trust and confide in)
* Medical/Healthcare /Treatment Specialists (therapists, local counseling agency, pediatricians, nurses, emergency room physicians)
* Youth focused workers (Boys and Girls Club, YMCA/YWCA, sports coaches, truancy or juvenile hearing board members, community social workers)

Optional (but recommended)

* Local Business Leaders
* Faith Leaders

**Key Informant Interview Analysis and Reporting**

* Each interview should be recorded and thorough notes documenting the content of the interview should be written up within 24 hours of conducting the interview.
* Special notice should be given to direct quotes that are particularly effective at conveying a description or experience.
* After conducting several interviews, you will begin analyzing your results. This process involves comparing and contrasting what informants told you. Overall you will be looking for common themes among the informants. You will also look for key differences in responses across informants.
* After all key informant interviews and analyses are completed you should write a report of the findings which should include:

1. An explanation of why you conducted the research
2. Who you interviewed (e.g. provider, educator, etc.) and how many interviews you conducted over what period of time (see the list template in the appendix).
3. Describe the general focus of your questions (the actual questions used should be included).
4. Describe the themes that emerged including use of unattributed quotes.
5. Describe your conclusions—the big take-away messages.

**FOCUS GROUPS**

* A focus group is a small group of 6 to 10 people led through an open discussion by a skilled moderator. The group needs to be large enough to generate rich discussion but not so large that some participants are left out. FOR PFS, THE MODERATOR/FACILITATOR MUST HAVE PRIOR EXPERIENCE CONDUCTING FOCUS GROUPS. It is recommended that you use a moderator/facilitator who has done at least 2 prior focus groups, and preferably with youth and parents.
* The focus group moderator nurtures disclosure in an open and spontaneous format. The moderator’s goal is to generate a maximum number of different ideas and opinions from as many different people in the time allotted.
* The ideal amount of time to set aside for a focus group is anywhere from 45 to 90 minutes. Beyond that most groups are not productive and it becomes an imposition on participant time.
* A focus groups on underage substance use should be conducted for each of the following populations:

PFS required

* Parents (2: separate middle school and high school parent groups)
* Students (minimum of 2: one for girls and one for boys; also arrayed along cohort lines with a particular focus on 7-8th grade in Middle School, and/or 9-10th grades in high school)

PFS optional but recommended

* Any specific youth groups determined to be at high risk for substance use
* Any culturally-specific groups who are highly prevalent in the community
* In an ideal focus group, all the participants are very comfortable with each other but none of them know each other. Homogeneity is key to maximizing disclosure among focus group participants. Consider the following in establishing selection criteria for individual groups (e.g. youth or parents):
* Gender – will both men and women feel comfortable discussing the topic in a mixed gender group?
* Cliques – How influential might three cheerleaders be in a group of high school peers?
* Over-invite the number of participants to the focus group, expecting a no-show rate of 10 to 20 percent. You will never want a group of more than 10 participants.
* Offer an incentive. A monetary incentive of $25 per participant is probably the minimum you should consider. Other incentive ideas include coupons, gift certificates, or an opportunity to win a big-ticket item at a drawing conducted at the focus group.
* Arrange for a comfortable room in a convenient location with ample parking. The room should have a door for privacy and table and chairs to seat a circle of up to 12 people. Many public agencies (e.g. churches, libraries, etc.) have free rooms available.
* Focus groups participants can be recruited in any one of a number of ways. Some of the best include:
* Nomination – Key individuals nominate people they think would make good participants. Nominees are familiar with the topic, known for their ability to respectfully share their opinions, and willing to volunteer about 2 hours of their time.
* Random selection – If participants will come from a large but defined group (e.g. an entire high school) with many eager participants, names can be randomly drawn until the desired number of verified participants is achieved.
* All members of the same group – Sometimes an already existing group serves as an ideal pool from which to invite participants (e.g. PTO, after-school club, etc.).
* Volunteers – When selection criteria are broad, participants can be recruited with flyers (e.g. grocery stores, community centers, high schools, places of worship, etc.) and newspaper ads.
* Ideally, the focus group is conducted by a team consisting of a moderator and assistant moderator. The moderator facilitates the discussion; the assistant takes notes and runs the tape recorder. The ideal focus group moderator has the following traits:
* Can listen attentively with sensitivity and empathy
* Is able to listen and think at the same time
* Believes that all group participants have something to offer no matter what their education, experience, or background
* Has adequate knowledge of the topic
* Can keep personal views and ego out of the facilitation
* Is someone the group can relate to--shares attributes with the focus group participants (e.g. race/ethnicity, gender, etc.) or the interviewer is particularly familiar with the culture of the group participants.
* Can appropriately manage challenging group dynamics
* The assistant moderator must be able to do the following:
* Run a tape recorder during the session (please note that use of a tape recorder with youth may not be permitted; consider multiple note takers in lieu of taping)
* Take notes in case the recorder fails
* Note/record body language or other subtle but relevant clues
* Allow the moderator to do all the talking during the group
* It may be important to collect demographic information from participants if age, gender, or other attributes are important for correlation with focus group findings. Design a short half page form that requires no more than two or three minutes to complete. Administer it before the focus group begins. Questions to consider include:
* Age
* Gender
* Grade in school
* School attended
* After consent and any relevant demographic information have been collected, commence with the focus group introduction. The introduction should include the following:

**WELCOME**

Thanks for agreeing to be part of the focus group. We appreciate your willingness to participate.

**INTRODUCTION**

Moderator; assistant moderator

**PURPOSE OF FOCUS GROUP**

We have been asked by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to conduct the focus groups. The reason we are having these focus groups is to find out \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. We need your input and want you to share your honest and open thoughts with us.

**GROUND RULES**

1. We want you to do the talking. We would like everyone to participate. I may call on you if I have not heard from you in a while.
2. There are no right or wrong answers. Every person’s experiences and opinions are important. Speak up whether you agree or disagree. We want to hear a wide range of opinions.
3. What is said in this room stays here. We want folks to feel comfortable sharing when sensitive issues come up.
4. We will be recording the group. We want to capture everything you have to say. We don’t identify anyone by name in our report. You will remain anonymous.

**Focus Group Analysis and Reporting**

*Even though PFS communities are required to use an experienced focus group moderator or facilitator, It is still important that the task force and coalition members have an understanding of how the focus group analysis and reporting is done. The following is a guide to focus group analysis and reporting. Your focus group moderator or facilitator may use a different template or format to organize and report results but should generally follow the steps described below.*

* **STEP 1: TRANSCRIBE** - After each focus group, transcribe the tape and insert notes as needed. Clean up transcripts by stripping off nonessential words. Assign each participant comment a separate line on the page. Label each line with a participant ID number (e.g. 1, 2, 3 . . .).
* **STEP 2: COMPILE** – After transcription, themes can be identified using different colored highlighters (ideally, 5-6 different colors). Highlight recurrent themes to make compilation and analysis easier. Create a data base in Excel or enter into a table format. Here are some guidelines to help.

Each line should be entered into an Excel data base (or a table if no one is proficient in Excel):

1. Use a separate spreadsheet for each focus group
2. Within each spreadsheet, use one sheet per question
3. Label three columns (Coding, Participant ID, and Responses)
4. Fill in Participant ID and Responses for each question (coding will be done in analysis)

* **STEP 3: ANALYZE** – Once all comments have been entered, look for common categories or themes across responses for each question. It is ideal to have several people participate in this process. Once consensus has been achieved regarding the best categories for organizing the data, assign a number or letter for each category—assign the number/letter of the category that best fits each entry on the sheet in the “coding” column. Repeat this process for each question in each focus group. See a sample table next page.

**Sample Analysis Table**

|  |  |  |
| --- | --- | --- |
| FOCUS GROUP 1: YOUTH | | |
| QUESTION 3: What are the main reasons you think kids drink alcohol? | | |
|  | | |
| **Category Code** | **Participant ID** | **Responses** |
| B | 4 | “Some kids are just bored” |
| A | 3 | “Usually they are just trying to be cool” |
| C | 1 | “They might feel sad or depressed” |
| A | 4 | “Everyone does it” |
| B | 2 | “It’s fun” |
| C | 6 | “they want to escape their problems” |
| A | 5 | “want to fit in” |
| D | 4 | “their parents are okay with it” |
| B | 2 | “It feels good” |

\*Analysts determined coding categories: A – Peer influence, B – Enhancement, C – Coping, D – Parental influence

**NOTE:** the ‘sort’ function in Excel can be used to group entries by category. If some entries seem inconsistent for their category, consider re-categorizing or adding another category. It may also be apparent that one or more categories can be collapsed.

* **STEP 4: SYNTHESIZE** – Identify category heading titles. Write a short paragraph summarizing findings for each category, possibly noting similarities and differences across groups. Add powerful quotes to each section.

**Section 2A**

**UNDERAGE DRINKING**

**QUALITATIVE DATA SOURCES**

**KEY INFORMANT INTERVIEW QUESTIONS**

**Questions for Medical Providers and Youth Serving Groups**

**Alcohol**

1. Do you think underage drinking is a serious problem in this community?

Probe: Why? Why not?

1. Do you know youth in this community under the age of 21 who use alcohol?
2. *“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.”*

Are there certain sub-populations of kids under 21 who are more likely to drink alcohol in this community?

1. Do you know of parents or adults in this community who permit youth under the age of 21 to consume alcohol in their homes?
2. Where do you think minors under age 21 in this community obtain alcohol?
3. Under what circumstances is it acceptable for an adult to provide alcohol to minors under age 21?
4. What forms of media or advertising do you think influence alcohol use among minors under age 21 in this community?
5. If you were aware of a minor under the age of 21 who was consuming alcohol, what would you do?
6. What resources are available in your community to address alcohol use among minors under age 21?

**Questions for Law Enforcement**

**Alcohol**

1. Do you think underage drinking is a serious problem in this community?

Probe:Enforcing laws regarding sales of alcohol to minors? Enforcing laws regarding adults supplying alcohol to minors?

1. What specific measures are being taken in this community to enforce laws against underage drinking? Conducting party patrols? Other measures?
2. How effective do you think those measures are at enforcing laws against underage drinking? What would help make them more effective?
3. *“Health disparities adversely affect groups 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.”*

Are there certain sub-populations of kids who are more likely to drink alcohol in this in this community?

1. Do you think the legal consequences for underage drinking offenses are sufficient?
2. Do you think judges and the juvenile justice system are doing a good job with respect to underage drinking violations?

Probe: If yes, why? If no, why not?

1. Based on your view of this community, how acceptable is it for minors to drink alcohol?
2. Where do you think people under the age of 21 in this community get alcohol?
3. Where do you think people under the age of 21 in this community drink alcohol?

**Questions for School Based Personnel/Educators**

**Alcohol**

1. Do you think underage drinking is a serious problem in this community?

Probe: Why? Why not?

1. *“Health disparities adversely affect groups 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.”*

Are there certain sub-populations of kids who are more likely to drink alcohol in this community?

1. Does your school have an alcohol policy? If yes, is it enforced?
2. Is alcohol education part of the school’s curriculum? If yes, is it effective?
3. Does your school sponsor extra-curricular activities to prevent underage drinking?
4. Do you think parents understand the seriousness of the underage drinking problem?
5. What role do you think teachers and counselors can play in reducing underage drinking?
6. What is the most effective way to keep underage youth from drinking alcohol?
7. Does your school have a mechanism in place for identifying and assisting students who may have an alcohol problem?

**Questions for Community Leaders, Public and Elected Officials**

**Alcohol**

1. Do you think underage drinking is a serious problem in this community?

Probe: Why? Why not?

1. Do you think there are sufficient laws to reduce underage drinking?

Probe: If yes, what are the most effective laws? If no, what additional laws need to be passed to reduce underage drinking?

1. Do you think the public is aware of current underage drinking laws and regulations?
2. How would you improve underage drinking legislation in this state?
3. What is the role of public and elected officials in reducing underage drinking?
4. How would you improve local laws policies or procedures related to underage drinking?

**Questions for Health and Prevention/Treatment Specialists**

**Alcohol**

1. Do you think underage drinking is a serious problem in this community?

Probe: Why? Why not?

1. What are the barriers, if any, to reducing underage drinking in this community?
2. *“Health disparities adversely affect groups 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.”*

Are there certain sub-populations of kids who are more likely to drink alcohol in this community?

1. What is the role of health professionals in reducing underage drinking? Prevention specialists? Treatment personnel?
2. Do you think the general public understands the underage drinking problem in this community?
3. What can be done to solve the problem of underage drinking in this community?

**Optional: Questions for Business Leaders**

**Alcohol**

1. Do you think underage drinking is a serious problem in this community?

Probe: Why? Why not?

1. Do you think there are sufficient laws to reduce underage drinking? Probe: If yes, what are the most effective laws? If no, what additional laws need to be passed to reduce underage drinking?
2. Do you think local businesses are aware of current underage drinking laws and regulations?
3. What is the role of local business officials in reducing underage drinking?
4. How would you improve local laws, policies or procedures related to underage drinking?

**Optional: Questions for Faith Leaders**

**Alcohol**

1. Do you think underage drinking is a serious problem in this community?

Probe: Why? Why not?

1. What are the main reasons you think kids in this community drink alcohol?
2. What role can the church play in reducing underage drinking?
3. Do you think parents understand the seriousness of the underage drinking problem?
4. What is the most effective way to keep underage youth from drinking alcohol?
5. What resources are available in your community to address alcohol use among minors under age 21?

**YOUTH FOCUS GROUP QUESTIONS**

**ALCOHOL**

**Social Norms**

Is underage drinking a serious problem in (name of the community)?

Probe: If yes, why? If no, why not?

Do all youth engage in underage drinking or is it just a few?

Probe:What percentage of students at your school do you think drink alcohol?

How old are most kids when they started drinking alcohol?

How often do you believe kids drink alcohol?

What are the main reasons you think kids drink alcohol?

*A health disparity is a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. 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.*

Are there certain sub-populations of kids who are more likely to drink alcohol in this community?

**Perceptions of Harm**

What are the potential consequences of underage drinking?

Do you think underage drinking is harmful? If so, how or why?

What do you think should happen to a kid is caught drinking alcohol?

**Parental Monitoring**

How do parents feel about their kids drinking alcohol?

If kids in your community drink alcohol, how likely do you think it would be that people it would be that people would find out?

Probe:Parents? Family members? Police? Teachers?

**Access/Availability**

How do most kids get alcohol?

How easy would it be for people your age to get alcohol from those sources?

Where do kids go when they want to drink alcohol?

**Outreach/Programs**

What existing programs/services are in place to help students avoid drinking alcohol?

Are you aware of local resources that can help students with alcohol-related problems?

What’s happening in schools to educate students about alcohol?

How effective do you think our community is at enforcing laws against underage drinking?

What ideas/strategies could the Substance Abuse Prevention Coalition try to keep students from drinking alcohol?

**PARENT FOCUS GROUP QUESTIONS**

**ALCOHOL**

**Social Norms**

Is underage drinking a serious problem in (name of the community)?

Probe: If yes, why? If no, why not?

Do all youth engage in underage drinking or is it just a few?

Probe:What percentage of students do you think drink alcohol?

How often do you believe kids drink alcohol?

What are the main reasons you think kids drink?

*A health disparity is a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. 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.*

Are there certain sub-populations of kids who are more likely to drink alcohol in this community?

**Perceptions of Harm**

What are the potential consequences of underage drinking?

Do you think underage drinking is harmful? If so, how?

What do you think should happen to a kid who is caught drinking alcohol?

**Parental Monitoring**

How do parents feel about their kids drinking alcohol?

If kids in your community drink alcohol, how likely do you think it would be that people would find out?

Probe:Parents? Family members? Police? Teachers?

**Access/Availability**

How do most kids in your community get alcohol?

How easy would it be for kids to get alcohol from those sources?

Where do kids go when they want to drink alcohol?

**Outreach/Programs**

Are you aware of local resources that can help students with alcohol-related problems?

What’s happening in the community to educate parents about underage drinking?

How effective do you think our community is at enforcing laws against underage drinking?

What ideas/strategies could the Substance Abuse Prevention Coalition try to keep students from drinking alcohol?

**UNDERAGE DRINKING MARKET SURVEY OR COMMUNITY WIDE ADULT QUESTIONNAIRE (PFS Optional)**

1. What was your age on your last birthday?

\_\_\_\_\_\_\_\_\_\_\_ < 14 \_\_\_\_\_\_\_\_\_\_\_ 21-29 \_\_\_\_\_\_\_\_\_\_\_ 50-59

\_\_\_\_\_\_\_\_\_\_\_ 15-17 \_\_\_\_\_\_\_\_\_\_\_ 30-39 \_\_\_\_\_\_\_\_\_\_\_ 60+

\_\_\_\_\_\_\_\_\_\_\_ 18-20 \_\_\_\_\_\_\_\_\_\_\_ 40-49 \_\_\_\_\_\_\_\_\_\_\_ No response

2. What is your sex?

\_\_\_\_\_\_\_\_\_\_\_ Male \_\_\_\_\_\_\_\_\_\_\_ Female

3. What is your race/ethnicity?

\_\_\_\_\_\_\_\_\_\_\_ Asian \_\_\_\_\_\_\_\_\_\_\_ Hispanic \_\_\_\_\_\_\_\_\_\_\_ Other

\_\_\_\_\_\_\_\_\_\_\_ White \_\_\_\_\_\_\_\_\_\_\_ African-American \_\_\_\_\_\_\_\_\_\_\_ Refused

4. In 2013, what was your household income?

\_\_\_\_\_\_\_\_\_\_\_<$5,000 \_\_\_\_\_\_\_\_\_\_\_ $40,000-$49,999 \_\_\_\_\_\_\_\_\_\_\_ $100,000 +

\_\_\_\_\_\_\_\_\_\_\_$5,000-$19,999 \_\_\_\_\_\_\_\_\_\_\_ $50,000-$59,999

\_\_\_\_\_\_\_\_\_\_\_$20,000-$39,999 \_\_\_\_\_\_\_\_\_\_\_ $60,000-$99,999

5. Where do you live?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of city/town

6. If you are a parent, what is your child or children’s age(s)?

\_\_\_\_\_\_\_\_\_\_ <14 \_\_\_\_\_\_\_\_\_\_\_ 21+

\_\_\_\_\_\_\_\_\_\_ 15-17 \_\_\_\_\_\_\_\_\_\_\_ None

\_\_\_\_\_\_\_\_\_\_ 18-20

7. The current legal drinking age in the U.S. is age 21. Do you think...

\_\_\_\_\_\_\_\_\_\_This is the right age \_\_\_\_\_\_\_\_\_\_\_ Do not know

\_\_\_\_\_\_\_\_\_\_The age should be lowered to 18 \_\_\_\_\_\_\_\_\_\_\_ No response

8. Do you think alcohol use by minors is a...

\_\_\_\_\_\_\_\_\_\_\_ Serious problem \_\_\_\_\_\_\_\_\_\_\_ Minor problem \_\_\_\_\_\_\_\_\_\_\_ Do not know

\_\_\_\_\_\_\_\_\_\_\_ Somewhat serious \_\_\_\_\_\_\_\_\_\_\_ Not a problem

9. Do you know youth under the age of 21 who use alcohol?

\_\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_\_ No

10. Do you know someone with an alcohol problem?

\_\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_\_ No

10A. If the response to question 10 was “Yes,” what is their relationship to you?

\_\_\_\_\_\_\_\_\_\_\_ Relative \_\_\_\_\_\_\_\_\_\_\_ Both

\_\_\_\_\_\_\_\_\_\_\_ Non-relative \_\_\_\_\_\_\_\_\_\_\_ No response

11. Do you know someone who has been killed or injured in a drunk driving crash?

\_\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_\_ No

12. Do you know someone who has been arrested for drunk or impaired driving?

\_\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_\_ No

13. Do you know of parents or adults who permit youths under the age of 21 to consume alcohol in their homes?

\_\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_ Do not know

14. Do you know if your child(ren) has consumed alcohol in the last 30 days?

\_\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_\_ No

15. Do you talk to your child(ren) about alcohol?

\_\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_\_ No

16. Which of these is the primary source where minors under the age of 21 obtain alcohol?

\_\_\_\_\_\_\_\_\_\_\_ Parent’s home \_\_\_\_\_\_\_\_\_\_\_ Grocery/Convenience store

\_\_\_\_\_\_\_\_\_\_\_ Liquor store \_\_\_\_\_\_\_\_\_\_\_ Friends

\_\_\_\_\_\_\_\_\_\_\_ Bar/Restaurant \_\_\_\_\_\_\_\_\_\_\_ Other

17. Under what circumstances is it acceptable for an adult to provide alcohol to minors under age 21?

\_\_\_\_\_\_\_\_\_\_\_ Holidays \_\_\_\_\_\_\_\_\_\_\_ Never \_\_\_\_\_\_\_\_\_\_\_Other

\_\_\_\_\_\_\_\_\_\_\_ Special occasions \_\_\_\_\_\_\_\_\_\_\_ At meals

18. What forms of advertising do you think influence alcohol use among minors under age 21?

\_\_\_\_\_\_\_\_\_\_\_ Television \_\_\_\_\_\_\_\_\_\_\_ Music \_\_\_\_\_\_\_\_\_\_\_ Bus signs

\_\_\_\_\_\_\_\_\_\_\_ Magazines \_\_\_\_\_\_\_\_\_\_\_ Billboards

19. Does your school have an alcohol policy?

\_\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_ Do not know

20. If you were aware of a minor under the age of 21 who was consuming alcohol, what would you do?

\_\_\_\_\_\_\_\_\_\_\_ Talk with parents of minor \_\_\_\_\_\_\_\_\_\_\_ Contact school officials

\_\_\_\_\_\_\_\_\_\_\_ Speak to minor who was drinking \_\_\_\_\_\_\_\_\_\_\_ Do nothing

\_\_\_\_\_\_\_\_\_\_\_ Talk to friends of minor \_\_\_\_\_\_\_\_\_\_\_ Other

21.What do you think prevents society from eliminating alcohol use among minors under age 21?

\_\_\_\_\_\_\_\_\_\_\_ Acceptance by society \_\_\_\_\_\_\_\_\_\_\_ Lack of education/school

\_\_\_\_\_\_\_\_\_\_\_ Parental attitude \_\_\_\_\_\_\_\_\_\_\_ Lack of enforcement

\_\_\_\_\_\_\_\_\_\_\_ Peer pressure \_\_\_\_\_\_\_\_\_\_\_ Other

\_\_\_\_\_\_\_\_\_\_\_ Alcohol advertising

22. Are there resources available in your community that address alcohol use among minors under age 21?

\_\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_\_No

22A. If the response to question 22 was “Yes,” then what resources are available?

\_\_\_\_\_\_\_\_\_\_\_ Community-based prevention programs \_\_\_\_\_\_\_\_\_\_\_Law enforcement

\_\_\_\_\_\_\_\_\_\_\_ School-based prevention programs \_\_\_\_\_\_\_\_\_\_\_Parent groups

\_\_\_\_\_\_\_\_\_\_\_ Alcohol server/seller training \_\_\_\_\_\_\_\_\_\_\_Student/youth groups

\_\_\_\_\_\_\_\_\_\_\_Other

23. Would you favor new and/or stiffer penalties for...

\_\_\_\_\_\_\_\_\_\_\_ Parents who serve alcohol to minors under the age of 21?

\_\_\_\_\_\_\_\_\_\_\_ Peers over 21 who purchase alcohol for youth under the age of 21?

\_\_\_\_\_\_\_\_\_\_\_ Bars/restaurants/liquor stores that sell to minors under age 21?

24.Do you favor driver’s license suspension or revocation for minors under age 21 who violate underage drinking laws?

\_\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_Do not know

25. What government agencies should be involved in solving this problem?

\_\_\_\_\_\_\_\_\_\_\_ Youth service agencies \_\_\_\_\_\_\_\_\_\_\_ Police departments

\_\_\_\_\_\_\_\_\_\_\_ Health & human service agencies \_\_\_\_\_\_\_\_\_\_\_ Courts

\_\_\_\_\_\_\_\_\_\_\_ School systems \_\_\_\_\_\_\_\_\_\_\_ Other

26. Select the possible solution(s) that would be effective to combat underage drinking in your community?

\_\_\_\_\_\_\_\_\_\_\_ Tag beer kegs with ID of purchaser

\_\_\_\_\_\_\_\_\_\_\_ 800-number for citizens to report stores that sell to minors

\_\_\_\_\_\_\_\_\_\_\_ Server/seller training programs for places that sell alcohol

\_\_\_\_\_\_\_\_\_\_\_ A public awareness campaign

27. Are there programs in your community that address the issue of underage drinking? (Please specify)

**Section 2b**

**YOUTH MARIJUANA USE**

**QUALITATIVE DATA SOURCES**

**KEY INFORMANT INTERVIEW QUESTIONS**

**Questions for Medical Providers and Youth Serving Groups**

**Marijuana Questions**

1. Do you think marijuana use among is a serious problem in this community?

Probe: Why? Why not?

1. Do you know youth in this community who use marijuana?
2. *“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.”*
3. Are there certain sub-populations of kids who are more likely to use marijuana in this community?
4. Do you know parents or adults in this in this community who permit youth to use marijuana in their homes?
5. Where do you think minors in this community obtain marijuana?
6. Under what circumstances is it acceptable for an adult to provide marijuana to minors?
7. What forms of media do you think influence marijuana use among minors in this community?
8. If you were aware of a minor who was using marijuana, what would you do?
9. What resources are available in your community that addresses youth marijuana use?

**Questions for Law Enforcement**

**Marijuana**

1. Do you think youth marijuana use is a serious problem in this community?
2. What specific measures are being taken in this community to enforce laws against youth marijuana use?
3. Probe: Enforcing possession laws? Sales laws? Enforcing laws regarding adults supplying minors with marijuana?
4. *“Health disparities adversely affect groups 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.”*

Are there certain sub-populations of kids who are more likely to smoke marijuana community?

1. How effective do you think those measures are at enforcing laws against youth marijuana use? What would help make them more effective?
2. Do you think the legal consequences for youth marijuana use are sufficient?
3. Do you think judges and the juvenile justice system are doing a good job with respect to youth marijuana violations?
4. Probe: If yes, why? If no, why?
5. Based on your view of this community, how acceptable is youth marijuana use?
6. Where do you think youth in this community get marijuana?
7. Where do you think youth in this community use marijuana?

**Questions for School Based Personnel/Educators**

**Marijuana**

1. Do you think youth marijuana use is a serious problem in this community?

Probe: Why? Why not?

1. *“Health disparities adversely affect groups 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.”*

Are there certain sub-populations of kids who are more likely to use marijuana in this community?

1. Does your school have a marijuana policy? If yes, is it enforced?
2. Is marijuana education part of the school’s curriculum? If yes, is it effective?
3. Does your school sponsor extra-curricular activities to prevent marijuana use?
4. Do you think parents understand the of the youth marijuana problem?
5. What role do you think teachers and counselors can play in reducing youth marijuana use?
6. What is the most effective way to keep youth from using marijuana?
7. Does your school have a mechanism in place for identifying and assisting students who may have problems with marijuana?

**Questions for Community Leaders, Public and Elected Officials**

**Marijuana**

1. Do you think youth marijuana use is a serious problem in this community?

Probe: Why? Why not?

1. Do you think there are sufficient laws to reduce youth marijuana use? Probe: If yes, what are the most effective laws? If no, what additional laws need to be passed to reduce youth marijuana use?

3. Do you think the public is aware of current youth marijuana laws and regulations?

4. How would you improve youth marijuana legislation in this state?

5. What is the role of public and elected officials in reducing youth marijuana use?

6. How would you improve local laws, policies or procedures related to youth marijuana use?

**Questions for Medical/Health/Treatment Specialists**

**Marijuana**

1. Do you think youth marijuana use is a serious problem in this community?

Probe: Why? Why not?

1. What are the barriers, if any, to reducing youth marijuana use in this community?
2. *“Health disparities adversely affect groups 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.”*

Are there certain sub-populations of kids who are more likely to use marijuana in this community?

1. What is the role of health professionals in reducing youth marijuana use? Prevention specialists? Treatment personnel?
2. Do you think the general public understands the youth marijuana problem in this community?
3. What can be done to solve the youth marijuana problem in this community?

**Optional: Questions for Business Leaders**

**Marijuana**

1. Do you think youth marijuana use is a serious problem in this community?

Probe: Why? Why not?

1. Do you think there are sufficient laws to reduce youth marijuana use?

Probe: If yes, what are the most effective laws? If no, what additional need to be passed to reduce youth marijuana use?

1. Do you think local businesses are aware of current youth marijuana laws and regulations?
2. What is the role of local business officials in educing youth marijuana use?
3. How would you improve local laws, policies or procedures related to youth marijuana use?

**Optional: Questions for Faith Leaders**

**Marijuana**

1. Do you think youth marijuana use is a serious problem in this community?

Probe: Why? Why not?

1. What are the main reasons kids in this community smoke marijuana?
2. . What role can the church play in reducing youth marijuana use?
3. Do you think parents understand the seriousness of the youth marijuana problem?
4. . What is the most effective way to keep youth from using marijuana?

6. What resources are available in your community to address youth marijuana use?

**YOUTH FOCUS GROUP QUESTIONS**

**MARIJUANA**

Is youth marijuana use a serious problem in of the community (name of the community)?

Probe: If yes, why? If no, why?

Do all youth use marijuana or it is just a few?

Probe: What percentage of students at your school do you think use marijuana?

How old are most kids when they started smoking marijuana?

How often do you believe kids smoke marijuana?

What are the main reasons you think kids use marijuana?

*“Health disparities adversely affect groups 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.”*

Are there certain sub-populations of kids who are more likely to smoke marijuana in this community?

**Perceptions of Harm**

What are the potential consequences of marijuana use?

Do you think marijuana use is harmful? If so, how and why?

What do you think should happen to a kid who is caught smoking marijuana?

**Parental Monitoring**

How do parents feel about their kids smoking marijuana?

If kids in your community smoke marijuana, how likely do you think it would be that people would find out?

Probe:Parents? Family members? Police? Teachers?

**Access/Availability**

How do most kids get marijuana?

How easy would it be for people your age to get marijuana from those sources?

Where do kids go when they want to smoke marijuana?

**Outreach/Programs**

What existing programs/services are in place to help students smoking marijuana?

Are you aware of local resources that can help students with marijuana-related problems?

What’s happening in schools to educate students about marijuana?

How effective do you think our community is at enforcing laws against youth marijuana use?

What ideas/strategies could the Substance Abuse Prevention Coalition try to keep students from smoking marijuana?

**PARENT FOCUS GROUP QUESTIONS**

**MARIJUANA**

**Social Norms**

Is youth marijuana use a serious problem in (name of the community)?

Probe: If yes, why? If no, why?

Do all youth use marijuana or it is just a few? Probe: What percentage of students do you

think smoke marijuana?

How often do you believe kids smoke marijuana?

What are the main reasons you think kids smoke marijuana?

*“Health disparities adversely affect groups 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.”*

Are there certain sub-populations of kids who are more likely to smoke marijuana in this community?

**Perceptions of Harm**

What are the potential consequences of marijuana use?

Do you think marijuana use is harmful? If so, how?

What do you think should happen to a kid who is caught smoking marijuana?

**Parental Monitoring**

How do parents feel about their kids smoking marijuana?

If kids in your community smoke marijuana, how likely do you think it would be that people would find out?

Probe:Parents? Family members? Police? Teachers?

**Access/Availability**

How do most kids in your community get marijuana?

How easy would it be for kids to get marijuana from those sources?

Where do kids go when they want to smoke marijuana?

**Outreach/Programs**

Are you aware of local resources that can help students with marijuana-related problems?

What’s happening in the community to educate parents about youth marijuana use?

How effective do you think our community is at enforcing laws against youth marijuana use?

What ideas/strategies could the Substance Abuse Prevention Coalition try to keep students from smoking marijuana?

**YOUTH MARIJUANA USE MARKET SURVEY OR COMMUNITY WIDE ADULT QUESTIONNAIRE (PFS Optional)**

1. What was your age on your last birthday?

\_\_\_\_\_\_\_\_\_\_\_ < 14 \_\_\_\_\_\_\_\_\_\_\_ 21-29 \_\_\_\_\_\_\_\_\_\_\_ 50-59

\_\_\_\_\_\_\_\_\_\_\_ 15-17 \_\_\_\_\_\_\_\_\_\_\_ 30-39 \_\_\_\_\_\_\_\_\_\_\_ 60+

\_\_\_\_\_\_\_\_\_\_\_ 18-20 \_\_\_\_\_\_\_\_\_\_\_ 40-49 \_\_\_\_\_\_\_\_\_\_\_ No response

2. What is your sex?

\_\_\_\_\_\_\_\_\_\_\_ Male \_\_\_\_\_\_\_\_\_\_\_ Female

3. What is your race/ethnicity?

\_\_\_\_\_\_\_\_\_\_\_ Asian \_\_\_\_\_\_\_\_\_\_\_ Hispanic \_\_\_\_\_\_\_\_\_\_\_ Other

\_\_\_\_\_\_\_\_\_\_\_ White \_\_\_\_\_\_\_\_\_\_\_ African-American \_\_\_\_\_\_\_\_\_\_\_ Refused

4. In 2013, what was your household income?

\_\_\_\_\_\_\_\_\_\_\_<$5,000 \_\_\_\_\_\_\_\_\_\_\_ $40,000-$49,999 \_\_\_\_\_\_\_\_\_\_\_ $100,000 +

\_\_\_\_\_\_\_\_\_\_\_$5,000-$19,999 \_\_\_\_\_\_\_\_\_\_\_ $50,000-$59,999

\_\_\_\_\_\_\_\_\_\_\_$20,000-$39,999 \_\_\_\_\_\_\_\_\_\_\_ $60,000-$99,999

5. Where do you live?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of city/town

6. If you are a parent, what is your child or children’s age(s)?

\_\_\_\_\_\_\_\_\_\_ <14 \_\_\_\_\_\_\_\_\_\_\_ 21+

\_\_\_\_\_\_\_\_\_\_ 15-17 \_\_\_\_\_\_\_\_\_\_\_ None

\_\_\_\_\_\_\_\_\_\_ 18-20

7. Do you think marijuana use by minors is a...

\_\_\_\_\_\_\_\_\_\_\_ Serious problem \_\_\_\_\_\_\_\_\_\_\_ Minor problem \_\_\_\_\_\_\_\_\_\_\_ Do not know

\_\_\_\_\_\_\_\_\_\_\_ Somewhat serious \_\_\_\_\_\_\_\_\_\_\_ Not a problem

8. Do you know youth under the age of 18 who use marijuana?

\_\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_\_ No

9. Do you know someone with a marijuana problem?

\_\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_\_ No

9A. If the response to question 10 was “Yes,” what is their relationship to you?

\_\_\_\_\_\_\_\_\_\_\_ Relative \_\_\_\_\_\_\_\_\_\_\_ Both

\_\_\_\_\_\_\_\_\_\_\_ Non-relative \_\_\_\_\_\_\_\_\_\_\_ No response

10. Do you know someone who has been killed or injured in a crash where marijuana was involved?

\_\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_\_ No

11. Do you know someone who has been arrested for impaired driving after using marijuana?

\_\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_\_ No

12. Do you know of parents or adults who permit youths under the age of 18 to use marijuana in their homes?

\_\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_ Do not know

13. Do you know if your child(ren) has consumed marijuana in the last 30 days?

\_\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_\_ No

14. Do you talk to your child(ren) about marijuana use?

\_\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_\_ No

15. Does your school have a marijuana policy?

\_\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_ Do not know

16. If you were aware of a minor under the age of 18 who was using marijuana, what would you do?

\_\_\_\_\_\_\_\_\_\_\_ Talk with parents of minor \_\_\_\_\_\_\_\_\_\_\_ Contact school officials

\_\_\_\_\_\_\_\_\_\_\_ Speak to minor who was using \_\_\_\_\_\_\_\_\_\_\_ Do nothing

\_\_\_\_\_\_\_\_\_\_\_ Talk to friends of minor \_\_\_\_\_\_\_\_\_\_\_ Other

17.What do you think prevents society from eliminating marijuana use among minors under age 18?

\_\_\_\_\_\_\_\_\_\_\_ Acceptance by society \_\_\_\_\_\_\_\_\_\_\_ Lack of education/school

\_\_\_\_\_\_\_\_\_\_\_ Parental attitude \_\_\_\_\_\_\_\_\_\_\_ Lack of enforcement

\_\_\_\_\_\_\_\_\_\_\_ Peer pressure \_\_\_\_\_\_\_\_\_\_\_ Other

\_\_\_\_\_\_\_\_\_\_\_ Advertising

18. Are there resources available in your community that address marijuana use among minors under age 18?

\_\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_\_No

18A. If the response to question 22 was “Yes,” then what resources are available?

\_\_\_\_\_\_\_\_\_\_\_ Community-based prevention programs \_\_\_\_\_\_\_\_\_\_\_Law enforcement

\_\_\_\_\_\_\_\_\_\_\_ School-based prevention programs \_\_\_\_\_\_\_\_\_\_\_Parent groups

\_\_\_\_\_\_\_\_\_\_\_Student/youth groups \_\_\_\_\_\_\_\_\_\_Other

19. Would you favor new and/or stiffer penalties for...

\_\_\_\_\_\_\_\_\_\_\_ Parents who provide marijuana to youth?

\_\_\_\_\_\_\_\_\_\_\_ Peers over 21 who provide marijuana for youth?

\_\_\_\_\_\_\_\_\_\_\_ Adults (non-parents) who permit use of marijuana by youth in their home?

20. Do you favor driver’s license suspension or revocation for minors under age 18 who violate state laws related to impaired driving due marijuana use?

\_\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_Do not know

21. What government agencies should be involved in solving this problem?

\_\_\_\_\_\_\_\_\_\_\_ Youth service agencies \_\_\_\_\_\_\_\_\_\_\_ Police departments

\_\_\_\_\_\_\_\_\_\_\_ Health & human service agencies \_\_\_\_\_\_\_\_\_\_\_ Courts

\_\_\_\_\_\_\_\_\_\_\_ School systems \_\_\_\_\_\_\_\_\_\_\_ Other

22. Are there programs in your community that address the issue of youth marijuana use? (Please specify)

**PULLING IT ALL TOGETHER - PRIORITIZATION**

Now you have some quantitative data from surveys and qualitative data from key informants and focus groups. Maybe you have more than you wanted and have to figure out how to prioritize needs. What’s the next step?

Here are some suggestions for was of analyzing and comparing the data to help you to prioritize:

**Trends**

Is any of the quantitative data, especially for risk or protective factors, available for multiple years? For example can you look across multiple years of data to see if things are getting worse, staying the same, or getting better?

**Magnitude**

Does any of the data suggest that the contribution of one risk or protective factor to the problem behavior is much bigger than another (for example, either the quantitative or the qualitative data suggest that a low perception of risk or harm exists for BOTH youth and adults).

**Benchmarks or Comparisons**

Is any of the quantitative data available at the state or sub-state level (county or municipal) so that your community’s rates might be compared with the state, county or a comparable community?

**Relation to Other Behavioral Health Conditions or Outcomes**

Is the risk or protective factor related to or shared with other behavioral health conditions or social issues? If that factor were targeted by the community, might there be other benefits such as decrease in youth suicide attempts or increased academic achievement? A brief synthesis of shared behavioral health risk and protective factors is contained in an easy to read matrix entitled “Risk and Protective Factors for Mental, Emotional and Behavioral Disorders Across the Lifecycle” from National Resource Council and Institute of Medicine. (2009) *Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities.* Washington, DC: The National Academies Press. This document is available on the password protected section of RIPRC.org web site.

**Group Comparisons/Sub-Populations and Health Disparities**

Are any data available that might help describe impacts across groups or sub-populations who may be vulnerable to health disparities (e.g., variations based on age, gender, race, ethnicity, socio-economic status, geography, sexual orientation, gender identity or disability status)? For example, is access and availability of alcohol more prevalent in a specific urban neighborhood than another; are there gender differences in use patterns or with respect to risk or protective factors?

**Triangulation or Congruence of Quantitative and Qualitative Data Sources**

Do the themes or responses from key informant surveys or focus groups confirm or support the quantitative data? Does any of the qualitative data shed additional insight into why the problem exists or who experiences it?

**Changeability**

Is one condition, risk or protective factor more changeable than another? Does the community have the necessary resources and readiness to address the risk or protective factor? Can the change be measured within the funding period?

**Importance**

How much is the risk factor contributing to the problem? How strong is the evidence that points to it in quantitative or qualitative data? How strong is the research about its’ association with the problem?

**RI Partnership for Success Prioritization Tool**

Purpose: This tool is designed to assist RI Partnership for Success (PFS) communities in prioritizing priority problems and risk or protective factors. Communities must explain how the priority problem was selected and which factors were considered in prioritization in their strategic plan. This tool takes you through this process. Foster, Johnston, Newport and New Shoreham had high levels of use of both underage drinking and youth marijuana use and may seek to either (1) identify shared risk or protective factors for these problem behaviors, or (2) target the one where the community’s capacity is greatest. For these four communities, they may need to use this tool twice: once for underage drinking; and again for youth marijuana use.

**FIGURE 1**

This tool will take you through the following types of analyses to assist you with each type of prioritization (e.g., consequences, consumption, and risk or protective factors):

* Magnitude
* Trend
* Benchmarking/Comparisons
* Group Comparisons/Sub-Populations and Health Disparities
* Relation to Other Behavioral Health Conditions or Outcomes
* Changeability & Importance

The **consequence** prioritization addresses questions related to the type or severity of problem associated with use of the substance; **consumption** tells us who, what, when and where related to how the substance is being used; and **risk or protective factors** describes why the consumption is happening. Different types of analyses are applied to each as some are more or less applicable to a given circumstance or prioritization exercise. Both quantitative and qualitative data collected are included in this tool. Please note that YOU MAY NOT BE ABLE TO COMPLETE ALL ANALYSES since the data may not be available and SOME COMPARSIONS WILL NOT BE APPLICABLE to your community. If either of these circumstances apply simply select N/A and move on. You need do NOTHING further.

This tool contains fillable fields and check boxes. You may choose from different possible categories and add your own entries in the fillable fields.

**CONSEQUENCE PRIORITIZATION**

We will begin by looking at the consequence or problems associated with the use of the priority substance in your community. The following analyses are important in determining the types of possible problems or consequences associated with the use of the priority substance. This may prompt you to examine a particular consumption pattern contributing to the problem or consequence and whether a related risk or protective factor must be addressed to reduce the consumption and associated consequence. See Figure 1, prior page.

For example, if there are numerous school suspensions for substance related use (either alcohol or marijuana), it will become important to understand who is using, where they’re using (on school grounds, at the bus stop, in a car with a driving student, at home) as the risk or protective factor related to the consumption may differ depending on the condition or circumstance, and, the strategy or intervention to address it will need to be tailored to it.

Identifying possible consequences or problems associated with substance use becomes important in identifying the potential partners, collaborators or stakeholders within the community to assist in efforts to address the problem. It is also instructive as part of the process of identifying needed resources or activities to increase readiness of key stakeholders to implement interventions.

It is also possible that no particular consequence will emerge as more important than another. If this is the case, select not applicable (N/A) at the end.

**PRIORITY SUBSTANCE**: Click here to enter text.

*Note: The priority substance identified by the state is noted at Table1 on page 3. In some cases you may have two and can elect to select one for needs assessment.*

***MAGNITUDE/CONSEQUENCES***

This analysis explores or examines negative outcomes commonly associated with substance use. For the purpose of this analysis, we are combining the results of the qualitative data collection with archival or survey data. The time frame to examine would be most recent year available for any quantitative data. It would be a single point in time. For the purpose of this analysis, **frequently** would be that the consequence or problem was mentioned by half or more of the participants; **moderately** would be less than half but more than one quarter; **infrequently** would be less than one quarter and include not being mentioned at all. A response of “**yes**” to “Supported by Quantitative Data” means there was quantitative data available that supported for findings from the qualitative data. “**No or N/A**” means that quantitative data is unavailable or the analysis is not applicable to your community.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CONSEQUENCE** | **Mentioned During Key Informant Surveys or Focus Groups** | | | **Supported by Quantitative Data?** | |
| **Frequently** | **Moderately** | **Infrequently or not at all** | **Yes** | **No or N/A** |
| **Traffic Safety** | | | | | |
| arrests |  |  |  |  |  |
| convictions |  |  |  |  |  |
| **Law violations** | | | | | |
| Click here to enter text. |  |  |  |  |  |
| Click here to enter text. |  |  |  |  |  |
| **School Related** | | | |  |  |
| School suspensions |  |  |  |  |  |
| Other school incidents |  |  |  |  |  |
| **Injuries/ER/EMS** |  |  |  |  |  |
| **Need for Treatment** |  |  |  |  |  |
| Click here to enter text. |  |  |  |  |  |
| **Other themes re: Consequences** |  | | |  |  |
| Click here to enter text. |  |  |  |  |  |
| Click here to enter text. |  |  |  |  |  |

***TREND/CONSEQUENCE***

Trend analysis looks at the problem over time. You must have at least two data points to compare in order to conduct a trend analysis. A response of **increasing** suggests that your community’s rates are increasing over time (at least two sequential data points or with the majority of years increasing); **same** means it’s reasonably close to the sequential data point(s); **decreasing** means your rates are decreasing over time (at least two sequential data points or with the majority of years decreasing); and, **N/A** means that either the data is unavailable, analysis is not applicable or you are otherwise unable to make any comparison.

**YEARS OF DATA or DATA POINTS REVIEWED**: Click here to enter text.

*If different data categories contain different data points, please note that in the notes section below each category.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CONSEQUENCES** | | | | |
|  | Increasing | Same | Decreasing | N/A |
| **Traffic Safety** | | | | |
| arrests |  |  |  |  |
| convictions |  |  |  |  |
| *Notes on traffic safety data:* Click here to enter text. | | | | |
| **Law violations** | | | | |
| Click here to enter text. |  |  |  |  |
| Click here to enter text. |  |  |  |  |
| Click here to enter text. |  |  |  |  |
| *Notes on law violation data:* Click here to enter text. | | | | |
| **School Related** | | | | |
| School Suspensions |  |  |  |  |
| Other school incidents |  |  |  |  |
| *Notes on school related data:* Click here to enter text. | | | | |
| **Injuries/ER/EMS** |  |  |  |  |
| *Notes on injury data:* Click here to enter text. |  |  |  |  |
| **Treatment Admissions** | | | | |
| Click here to enter text. |  |  |  |  |
| Click here to enter text. |  |  |  |  |
| Click here to enter text. |  |  |  |  |
| *Notes on data:* Click here to enter text. | | | | |

***BENCHMARKING or COMPARISON/CONSEQUENCE***

A response of **higher** suggests that your community’s rates are higher than your comparator (state or community); **same** means it’s reasonably close to the comparator; **lower** means your rates are less than the comparator; and, **N/A** means that either the data is unavailable, analysis is not applicable or you are otherwise unable to make any comparison. Please note below whether you are comparing the rates to state overall or a comparable community.

**SOURCE OF COMPARISON**: Click here to enter text.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CONSEQUENCES** | | | | |
|  | Higher | Same | Lower | N/A |
| Traffic Safety | | | | |
| arrests |  |  |  |  |
| convictions |  |  |  |  |
|  | | | | |
| Law violations | | | | |
| Click here to enter text. |  |  |  |  |
| Click here to enter text. |  |  |  |  |
| Click here to enter text. |  |  |  |  |
|  | | | | |
| School Suspensions |  |  |  |  |
| Other school incidents |  |  |  |  |
|  | | | | |
| Injuries/ER/EMS |  |  |  |  |
|  |  |  |  |  |
| Treatment Admissions | | | | |
| Click here to enter text. |  |  |  |  |
| Click here to enter text. |  |  |  |  |
| Click here to enter text. |  |  |  |  |

***GROUP COMPARISONS/SUB-POPULATIONS and HEALTH DISPARITIES***

Are there different types of consequences experienced across sub-populations, especially those vulnerable to health disparities based on results from your qualitative date collection?Click here to enter text.

***QUALITATIVE DATA COLLECTION RESULTS***

Click here to enter text.

Did any themes related to the consequences associated with use of the PFS priority substance come out in either the key informant surveys or in the focus groups with youth and adults? Click here to enter text.

**CONSUMPTION PRIORITIZATION**

The following set of analyses informing prioritization are designed to address questions regarding the way in which the substance is being consumed, by whom, where and when. This is important because a full understanding of consumption patterns is needed in order to identify the associated risk or protective factors.

***MAGNITUDE/CONSUMPTION***

This analysis explores or examines consumption patterns associated with substance use. For the purpose of this analysis, we are combing the results of the qualitative data collection with archival or survey data. For the purpose of this analysis, **frequently** would be that the consumption pattern was mentioned by half or more of the participants; **moderately** would be less than half but more than one quarter; **infrequently** would be less than one quarter and include not being mentioned at all. A response of “**yes**” to “Supported by Quantitative Data” means data existed to support findings from the qualitative data collection. “**No or N/A**” captures a lack of available data or inapplicability of analysis.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CONSUMPTION** | **Mentioned During Key Informant Surveys or Focus Groups** | | | **Supported by Quantitative Data?** | |
| **Frequently** | **Moderately** | **Infrequently or not at all** | **Yes** | **No or N/A** |
| **Driving after substance use** | | | | | |
| DUI/OUI |  |  |  |  |  |
| **30 Day Prevalence Data** | | | | | |
| Use of priority substance described as high |  |  |  |  |  |
| **School Related Consumption** | | | |  |  |
| Students skipping class due to being drunk or high past year |  |  |  |  |  |
| Student under the influence at school in past year |  |  |  |  |  |
| Click here to enter text. |  |  |  |  |  |
| **PFS Priority Substance as Primary Substance** | | | | | |
| Perceived treatment need/ primary substance |  |  |  |  |  |

***TREND/CONSUMPTION***

**YEARS OF DATA or DATA POINTS REVIEWED:** Click here to enter text.

*If different data categories contain different data points, please note that in the notes section below each category. Please note that some of this trend data can be found in the* ***Community Profile*** *developed by the State Epidemiology and Outcomes Workgroup. These are available at RIPRC.org.*

(See additional instructions for categorizing responses in the consequences section).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CONSUMPTION** | | | | |
|  | Increasing | Same | Decreasing | N/A |
| **Driving after substance use** | | | | |
| DUIs/OUI |  |  |  |  |
| *Notes on data:* Click here to enter text. | | | | |
| **30 Day Prevalence Data** | | | | |
| Past 30 day use of PFS priority substance |  |  |  |  |
| Click here to enter text. |  |  |  |  |
| Click here to enter text. |  |  |  |  |
| *Notes on data:* Click here to enter text. | | | | |
| **School Related Consumption** | | | | |
| Students skipping class due to being drunk or high past year |  |  |  |  |
| Student under the influence at school in past year |  |  |  |  |
| Click here to enter text. |  |  |  |  |
| *Notes on data:* Click here to enter text. | | | | |
| **PFS Priority Substance as Primary Substance** | | | | |
| PFS Priority Substance as Primary Substanceat time of Treatment Admission |  |  |  |  |
| Click here to enter text. |  |  |  |  |
| Click here to enter text. |  |  |  |  |
| *Notes on data:* Click here to enter text. | | | | |

***BENCHMARKING or COMPARISON/CONSUMPTION***

A response of **higher** suggests that your community’s rates are higher than your comparator (state or community); **same** means it’s reasonably close to the comparator; **lower** means your rates are less than the comparator; and, **N/A** means that either the data is unavailable, analysis is not applicable or you are otherwise unable to make any comparison.

**SOURCE OF COMPARISON**: Click here to enter text.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CONSUMPTION** | | | | |
|  | Higher | Same | Lower | N/A |
| **Driving after substance use** | | | | |
| DUIs/OUI |  |  |  |  |
| Click here to enter text. |  |  |  |  |
| **30 Day Prevalence Data** | | | | |
| Past 30 day use of PFS priority substance |  |  |  |  |
| Click here to enter text. |  |  |  |  |
| Click here to enter text. |  |  |  |  |
| **School Related Consumption** | | | | |
| Students skipping class due to being drunk or high past year |  |  |  |  |
| Student under the influence at school in past year |  |  |  |  |
| Click here to enter text. |  |  |  |  |
| **PFS Priority Substance as Primary Substance** | | | | |
| PFS Priority Substance as Primary Substanceat time of Treatment Admission |  |  |  |  |
| Click here to enter text. |  |  |  |  |
| Click here to enter text. |  |  |  |  |

***GROUP COMPARISONS/SUB-POPULATIONS and HEALTH DISPARITIES***

Are there any differences in consumption patterns among sub-populations especially those vulnerable to health disparities? Click here to enter text.

***QUALITATIVE DATA COLLECTION RESULTS***

Did any themes related to the how, when and who consumes the PFS priority substance come out in either the key informant surveys or in the focus groups with youth and adults? Click here to enter text.

Does the qualitative data support the quantitative data collection or provide additional detail that should be considered in prioritizing the consumption pattern to be addressed? Click here to enter text.

**RISK OR PROTECTIVE FACTOR PRIORITIZATION**

***MAGNITUDE/ RISK OR PROTECTIVE FACTORS***

This analysis explores or examines risk or protective factors associated with substance use. For the purpose of this analysis, we are combing the results of the qualitative data collection with archival or survey data. A response of **frequently** would be that the risk or protective factor was mentioned by half or more of the participants; **moderately** would be less than half but more than one quarter; **infrequently** would be less than one quarter and include not being mentioned at all. A response of “**yes**” to “Supported by Quantitative Data” means there was data existed related to the risk or protective factor being experienced or strongly influences conditions in the community. “**No or N/A**” captures unavailability of data, an absence of indication that the risk or protective factor is a strong influencer of conditions in the community, or that the analysis is not applicable to your community.

There are additional spaces for other themes that emerged. Please refer to the CAPT Decision Support Tool on Binge Drinking and Youth Marijuana Use for additional evidence based risk or protective factors (available on the password protected section of the RIPRC.org site).

**UNDERAGE DRINKING**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **MAGNITUDE**  **Risk or Protective Factor** | **Mentioned During Key Informant Surveys or Focus Groups** | | | **Supported by Quantitative Data?** | |
| **Frequently** | **Moderately** | **Infrequently or not at all** | **Yes** | **No or N/A** |
| Low perception of risk or harm |  |  |  |  |  |
| Ineffective family management or parental monitoring |  |  |  |  |  |
| Youth Access Commercial |  |  |  |  |  |
| Youth Access Social |  |  |  |  |  |
| Click here to enter text. |  |  |  |  |  |
| Click here to enter text. |  |  |  |  |  |
| Click here to enter text. |  |  |  |  |  |
| Click here to enter text. |  |  |  |  |  |
| Click here to enter text. |  |  |  |  |  |
| Click here to enter text. |  |  |  |  |  |

**Other comments from qualitative data collection:** Click here to enter text.

**YOUTH MARIJUANA USE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **MAGNITUDE Risk or Protective Factor** | **Mentioned During Key Informant Surveys or Focus Groups** | | | **Supported by Quantitative Data?** | |
| **Frequently** | **Moderately** | **Infrequently or not at all** | **Yes** | **No or N/A** |
| Low perception of risk or harm |  |  |  |  |  |
| Ineffective family management or parental monitoring |  |  |  |  |  |
| Perceived peer approval or actual peer use |  |  |  |  |  |
| Community Norms Supporting Use |  |  |  |  |  |
| Click here to enter text. |  |  |  |  |  |
| Click here to enter text. |  |  |  |  |  |
| Click here to enter text. |  |  |  |  |  |
| Click here to enter text. |  |  |  |  |  |

**Other comments from qualitative data collection:** Click here to enter text.

***GROUP COMPARISONS/SUB-POPULATIONS and HEALTH DISPARITIES***

Are there any differences in risk or protective factors experienced among sub-populations especially those vulnerable to health disparities? Click here to enter text.

***RISK OR PROTECTIVE FACTORS - QUALITATIVE DATA COLLECTION RESULTS- Other considerations***

Did any themes related to the risk or protective factors related to the PFS priority substance come out in either the key informant surveys or in the focus groups with youth and adults? Click here to enter text.

Does the qualitative data support the quantitative data collection or provide additional detail that should be considered in prioritizing the risk or protective factors to be addressed? Click here to enter text.

***TREND/ RISK OR PROTECTIVE FACTORS***

**YEARS OF DATA or DATA POINTS REVIEWED**: Click here to enter text.

*If different data categories contain different data points, please note that in the notes section below each category. Please note that the specific items contained in this table are derived from Survey works and specific items and location of the items are described in “Rhode Island Partnership for Success: A Guide to the Community Needs Assessment” available on the password protected section of RIPRC.org web site.*

(See additional instructions for categorizing responses in the consequences section).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **RISK OR PROTECTIVE FACTORS** | | | | |
|  | Increasing | Same | Decreasing | N/A |
| **Parental Monitoring** | | | | |
| Student report of parent caring about grades |  |  |  |  |
| Student report of parent asks about subjects studied |  |  |  |  |
| Parent report of talking with child about school |  |  |  |  |
| *Notes on data:* Click here to enter text. | | | | |
| **School Climate and School Norms/Behavioral Health** | | | | |
| Teacher report of teaching life and social skills. |  |  |  |  |
| Teacher report of use of guidance counselor as resource to guide students. |  |  |  |  |
| Teacher report of working with counselor or health staff to help students obtain health or social services. |  |  |  |  |
| *Notes on data:* Click here to enter text. | | | | |

***BENCHMARKING or COMPARISON/ RISK OR PROTECTIVE FACTORS***

A response of higher suggests that your community’s rates are higher than your comparator (state or community); same means it’s reasonably close to the comparator; lower means your rates are less than the comparator; and, N/A means that either the data is unavailable, analysis is not applicable or you are otherwise unable to make any comparison.

SOURCE OF COMPARISON: Click here to enter text.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **RISK OR PROTECTIVE FACTORS** | | | | |
|  | Higher | Same | Lower | N/A |
| **Parental Monitoring** | | | | |
| Student report of parent caring about grades |  |  |  |  |
| Student report of parent asks about subjects studied |  |  |  |  |
| Parent report of talking with child about school |  |  |  |  |
| **School Climate and School Norms/Behavioral Health** | | | | |
| Teacher report of school climate related to helping students. |  |  |  |  |
| Teacher report of working with counselor or health staff to help students obtain health or social services. |  |  |  |  |
| Teacher report of identifying and referring students in need of health and social services. |  |  |  |  |

***RELATION TO OTHER BEHAVIORAL HEALTH CONDITIONS OR OUTCOMES/ RISK OR PROTECTIVE FACTORS***

The following analysis investigates whether a particular risk or protective factor is associated with other behavioral health conditions or outcomes. Please refer specifically to the matrix document entitled “Risk and Protective Factors for Mental, Emotional and Behavioral Disorders Across the Lifecycle” from National Resource Council and Institute of Medicine. (2009) *Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities.* Washington, DC: The National Academies Press. This document is available on the password protected section of RIPRC.org web site.

Please note that the terminology and titles associated with the various risk and protective factors may vary by discipline or disorder and may not be phrased in exactly the same way. Look for similarities rather than mirrored titles or definitions. If the risk or protective factor was IDENTIFIED during: quantitative or qualitative data collection, analyses of magnitude, trend or benchmarking AND is also associated with another behavioral health condition or disorder CHECK the box. The N/A category applies if the risk or protective factor did NOT emerge as an issue during the needs assessment; fell out during the course of analyses for magnitude, trend or benchmarking; or data is unavailable.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SHARED RISK OR PROTECTIVE FACTORS –**  **OTHER BEHAVIORAL HEALTH CONDITIONS (from IOM Document)** | | | | | |
|  | Depression | Anxiety | Shizo-  phrenia | Conduct Disorder | N/A |
| **Individual Behaviors** | | | | | |
| Underage drinking |  |  |  |  |  |
| Youth use of marijuana |  |  |  |  |  |
| Substance use (generally) |  |  |  |  |  |
| Click here to enter text. |  |  |  |  |  |
| Click here to enter text. |  |  |  |  |  |
| **Parental Monitoring/Family Management** | | | | | |
| Ineffective family management or parental monitoring |  |  |  |  |  |
| Effective family management techniques and parental monitoring |  |  |  |  |  |
| Parent communication about school and grades |  |  |  |  |  |
| Favorable attitudes towards substance use by parents (family norm) |  |  |  |  |  |
| Click here to enter text. |  |  |  |  |  |
| Click here to enter text. |  |  |  |  |  |
| **SHARED RISK OR PROTECTIVE FACTORS – Continued** | | | | | |
|  | Depression | Anxiety | Shizo-  phrenia | Conduct Disorder | N/A |
| **Peer Use/Peer Influence** | | | | | |
| Perceived peer approval or actual peer use of substances |  |  |  |  |  |
| Healthy peer relationships |  |  |  |  |  |
| Click here to enter text. |  |  |  |  |  |
| Click here to enter text. |  |  |  |  |  |
| **Academics and School Climate** | | | | | |
| Positive school climate |  |  |  |  |  |
| Effective classroom management |  |  |  |  |  |
| Academic failure |  |  |  |  |  |
| Low school bonding or engagement |  |  |  |  |  |
| Click here to enter text. |  |  |  |  |  |
| Click here to enter text. |  |  |  |  |  |
| **Community Norms** | | | | | |
| Community norms supporting substance use |  |  |  |  |  |
| Positive community norms (non-use) |  |  |  |  |  |
| Click here to enter text. |  |  |  |  |  |

**RISK and PROTECTIVE FACTORS /CHANGEABILITY AND IMPORTANCE**

For each risk or protective factor identified during needs assessment, enter the risk or protective factors reviewed into the applicable boxes using the following definitions:

* Importance: How much is the risk or protective factor contributing to or buffering against the problem?
* Changeability: Does the community have the necessary resources and readiness to address the risk or protective factor within a three year time frame?

**CHANGEABILITY**

HighLow

|  |  |
| --- | --- |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |

High

**IMPORTANCE**

Low

**FINAL PRIORITIZATION**

Please use the fillable fields to briefly summarize major findings from the various analyses contained in the tool. If circumstances arise such that no specific consequence or consumption pattern emerges, you may enter N/A (not applicable). However, you MUST CHOOSE a priority risk or protective factor.

**CONSEQUENCES**

After reviewing magnitude, trend and benchmarking, did any particular consequence emerge as the priority? Click here to enter text. If NO, skip to consumption section.

Is the consequence or problem amenable to change (e.g., is the related consumption pattern and associated risk protective factors changeable, especially the risk protective factors)? Click here to enter text.

Did findings from key informant surveys or focus groups suggest that the community overall or key stakeholders/leaders say this as a big problem? Click here to enter text.

If no, to changeability and community concern, consider a different consequence.

***ENTER FINAL CONSEQUENCE HERE:*** Click here to enter text.

**CONSUMPTION PATTERN**

After reviewing magnitude, trend and benchmarking, which consumption pattern (if any) emerged as the priority? Click here to enter text.

Who is consuming (age, gender, race/ethnicity, other demographic factors)? Click here to enter text.

What are they consuming?Click here to enter text.

Where are they consuming? Click here to enter text.

When are they consuming? Click here to enter text.

Are there any group or sub-population differences in consumption patterns? If so, describe here: Click here to enter text.

***ENTER FINAL CONSUMPTION PATTERN HERE:*** Click here to enter text.

**RISK OR PROTECTIVE FACTORS**

After reviewing magnitude, trend and benchmarking, relation to other behavioral health conditions or disorders, and changeability/importance which risk or protective factor(s) emerged as the priority? Click here to enter text.

Are there any group or sub-population differences in the way risk or protective factors are experienced? Click here to enter text.

Do you have the resources needed if you have chosen more than one risk or protective factor? Click here to enter text.

* If so, describe how you plan to further assess needed resources? Click here to enter text.

**REFERENCES**

“Guidelines for Conducting a Focus Group.” Office of Assessment. Duke Trinity College of Arts & Sciences. 2005 Eliot & Associates. <http://assessment.aas.duke.edu/documents/How_to_Conduct_a_Focus_Group.pdf>

Getting the Lay of the Land on Health: A Guide for Using Interviews to Gather Information (Key Informant Interviews). The Access Project 1999. <http://www.accessproject.org/downloads/final%20document.pdf>

“Community how to guides on underage drinking prevention.” The National Association of Governor’s Highway Safety Representatives. National Highway Traffic Safety Administration.

<http://www.nhtsa.gov/people/injury/alcohol/community%20guides%20html/Guides_index.html>

UCLA Center for Health Policy Research: Performing a Community-Based Assessment

<http://healthpolicy.ucla.edu/programs/health-data/trainings/Pages/community-assessment.aspx>

The Community Tool Box. Work Group for Community Health and Development at the University of Kansas.

<http://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/develop-a-plan/main>

US Department of Health & Human Services, Administration for Children & Families. Compassion Capital Fund/Strengthening Communities Fund Tools Conducting a Community Assessment. <http://www.acf.hhs.gov/programs/ocs/resource/conducting-a-community-assessment-1#needsandassets>

**Appendices & Templates**

**RI Partnership for Success - Key Informant Interview Planning Tool**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Key Informant Invitee Name** | **Key Informant Type (e.g. Educator, Law Enforcement, etc.)** | **Phone** | **Able to Participate?** | | | **Interview Complete?** | | **Completion Date** |
| **YES** | **NO** | **COMMENTS** | **YES** | **NO** |
|  |  |  |  |  |  |  |  |  |  |
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**Sample Focus Group Synthesis Table (format is optional)**

***Example****. You can create one table each for each of discrete focus group questions (e.g., one table each for each of questions posed to the focus group).*

|  |  |  |
| --- | --- | --- |
| FOCUS GROUP 1: YOUTH | | |
| QUESTION 3: What are the main reasons you think kids drink alcohol? | | |
|  | | |
| **Category Code** | **Participant ID** | **Responses** |
| B | 4 | “Some kids are just bored” |
| A | 3 | “Usually they are just trying to be cool” |
| C | 1 | “They might feel sad or depressed” |
| A | 4 | “Everyone does it” |
| B | 2 | “It’s fun” |
| C | 6 | “they want to escape their problems” |
| A | 5 | “want to fit in” |
| D | 4 | “their parents are okay with it” |
| B | 2 | “It feels good” |

\*Analysts determined coding categories: A – Peer influence, B – Enhancement, C – Coping, D – Parental influence

**Risk or Protective Factor**

**Changeability and Importance**

**CHANGEABILITY**

HighLow

|  |  |
| --- | --- |
|  |  |
|  |  |

High

**IMPORTANCE**

Low

Importance: How much is the risk or protective factor contributing to or buffering against the problem?

Changeability: Does the community have the necessary resources and readiness to address the risk or protective factor?