

# MOBILIZING FOR ACTION

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## ***Assessment: CD tools***

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Survey - Sample AODA YRBS questions

## **Tools for the overall assessment process:**

Assessment Planning Sheet - Alcohol

Assessment Planning Sheet - Prescription and OTC Drug

Assessment Summary Form - Alcohol

Assessment Summary Form - Prescription and OTC Drugs

# Focus Groups – Youth AODA Survey

**DIRECTIONS** – Conduct three to four focus groups with six to eight youth in each group in your community.

**PREPARATIONS** – When organizing the groups, make sure that participants represent the racial and cultural makeup of your community. If possible, provide incentives such as food, beverages and transportation.

If funding is available, hire a person who has experience in conducting focus groups. Or, invite a coalition member who is comfortable working with small groups to help in this task.

**INTRODUCTIONS AND WARM UP** – Introduce yourself and the co-facilitator/recorder. Invite participants to introduce themselves by first name only. Explain why group members have been asked to participate, i.e., to learn their views and opinions on issues related to AODA use and to obtain their suggestions for solutions. Suggest the following ground rules for the discussion. (Write them on chart paper prior to the focus groups):

- Only one person should speak at a time. No “side conversations.”
- Be respectful of differing views. Every opinion and comment has value.
- Everyone in the group is encouraged to participate.
- Confidentiality – what is said in this room, stays in this room.

If the session is being taped, share that information with the group, adding that the tape will be destroyed after the information is transcribed. Point out that, participants will be identified by a number in the official transcription. No names or other identifying information will be included.

**QUESTIONS** – Below is a list of questions about AODA for use with focus groups. Prompts are included to help if participants cannot think of any response. Make sure to allow time before using a prompt. A good rule of thumb is to count to 10 under your breath before using a prompt or repeating the question. Other useful prompts are: “Let me repeat the question.”; “What do you think?”; “What’s your opinion?” and “We just want your ideas on this issue.”

**INSTRUCTIONS TO READ TO PARTICIPANTS** – I am going to ask you some questions about alcohol and other drug use. You will not be asked questions about your own behavior, but rather your views about what people your age in your community think and do.

## ALCOHOL

1. Do you think there are many youth your age that drink alcohol products?

**PROMPTS:**  Yes  No  Maybe

In the next few questions, when we talk about a “drink” of alcohol, we are not talking about communion wine or taking a few sips from someone’s drink.

2. Where do you think youth your age get alcohol?

**PROMPTS:**

- |  |   |
|--|---|
| <input type="checkbox"/> Parents provide it  | <input type="checkbox"/> Older brother/sister provide it                                |
| <input type="checkbox"/> Steal it from home  | <input type="checkbox"/> Steal it from store  |
| <input type="checkbox"/> Use a fake ID       | <input type="checkbox"/> Able to purchase from bar or convenience store                 |
| <input type="checkbox"/> Provided at a party | <input type="checkbox"/> Friend who works at convenience store willing to sell to minor |

3. Where do you think youth your age drink alcohol?

**PROMPTS:**

- At a house and parents allow the drinking
- At a house and parents are not aware of the drinking
- Before or during school or a community event
- While driving/riding in a car
- Other (List)

4. Why do you think youth your age might start to drink alcohol?

**PROMPTS:**

- Peer pressure
- Want to try it
- Want to forget their problems
- It is easily available
- To impress others
- Their parents do
- Because there is nothing else to do
- Other (List) \_\_\_\_\_

5. When do you think that youth your age drink alcohol?

**PROMPTS:**

- Weekends
- After School
- Summer
- Winter
- Anytime

6. What could we do to help prevent youth your age from starting to drink alcohol?

**PROMPTS:**

- Teach them about the legal consequences of underage alcohol use
- Teach them how it affects the body
- Parents disapproval of alcohol use
- Other (List) \_\_\_\_\_

7. If youth your age knew that, if caught for underage drinking, they would have to complete a formal screening, attend educational lectures, and do 20 hours of community service, and possibly complete a formal alcohol assessment would this prevent them from drinking?

**PROMPTS:**  Yes  No  Maybe

8. Where have you seen alcohol advertising locally?

**PROMPTS:**

- Billboards
- TV
- Beer tents
- Clothing/hat logos
- Restaurants
- Gas stations
- Grocery stores
- Bar windows

9. If a business that sells alcohol placed a sign on the front door stating that “We card everyone”, do you think that would prevent youth your age from trying to buy alcohol at that business?

**PROMPTS:**  Yes  No  Maybe

10. If a sign was placed on the front door of a bar that stated “We photograph anyone entering a bar that looks under the age of 21”, would that prevent youth your age from trying to buy alcohol at that establishment?

**PROMPTS:**  Yes  No  Maybe

**DRINKING AND DRIVING**

11. How much of a problem do you think drinking and driving is for youth your age?

**PROMPTS:**  Big problem  Not much of a problem  Not a problem

12. What do youth your age think will happen to them if they drink and drive?

**PROMPTS:**

- Police would catch them
- They would get a ticket and pay a fine
- Their parents would find out and punish them
- Nothing
- Other (List) \_\_\_\_\_

## TOBACCO

13. Do you think that many youth your age use tobacco products?

**PROMPTS:**  Yes  No  Maybe

14. Where do you think youth your age get cigarettes/tobacco products?

**PROMPTS:**

- Parents provide it
- Steal it from others
- Older brother/sister provide it
- Steal it from store
- Use a fake ID
- Friends
- Able to purchase without an ID from bar or convenience store
- Friend who works at a convenience store willing to sell to a minor

15. Why do youth think youth your age start to smoke cigarettes/use tobacco products?

**PROMPTS:**

- Peer pressure
- Want to try
- It looks cool
- It is easily available
- Parents smoke or use tobacco products
- Other (List) \_\_\_\_\_

16. What could we do to help prevent youth your age from starting to smoke/use tobacco products?

**PROMPTS:**

- Teach them about legal consequences of underage tobacco use
- Teach them how it affects the body
- Parents disapproval of using tobacco products
- Other (List) \_\_\_\_\_

## PRESCRIPTION DRUGS

In the next few questions, we'll be talking about prescription drugs. When we talk about "abusing" prescription drugs, it means that a person is using someone else's prescription or, a person is taking a larger dose than prescribed by a doctor, or taking the drug more often than prescribed.

17. Do you think there are many youth your age who abuse prescription drugs?

PROMPTS:  Yes  No  Maybe

18. What prescription drugs have you heard youth your age are abusing locally?

PROMPTS:  OxyContin  Demerol  Percocet  Vicodin  Xanax  
 Valium  Ritalin  Adderall  Fantanyl  Morphine  
 Methadone  Other (List) \_\_\_\_\_

19. Where do you think youth your age are getting prescription drugs to abuse?

PROMPTS:

Steal from home/someone's house

Buy from friends

Fake injury or condition to get prescription

Other (List) \_\_\_\_\_

20. Are local youth attending "pharm parties" (where many youth are abusing prescription drugs)?

PROMPTS:  Don't know what they are  Yes  No  Maybe

21. What could we do to help prevent youth your age from abusing prescription drugs?

PROMPTS:

Teach them about legal consequences of prescription drug abuse

Teach them how it affects the body

Let them know their parents disapproval

Other (List) \_\_\_\_\_

## OVER THE COUNTER DRUGS

In the next few questions, we'll be talking about over the counter drugs, or OTCs. Abuse occurs when a person uses an OTC for a reason other than it was created, takes a larger dose than is recommended, or takes the OTC more often than prescribed.

22. Do you think there is a problem with OTC drug abuse locally?

PROMPTS:  Yes  No  Maybe

23. What OTC drugs have you heard youth your age are abusing locally?

**PROMPTS:**

- Diet pills     Dramamine     Pseudoephedrine  
 Tylenol PM     Excedrin PM     DXM (Cold, cough medicine)

24. Where do you think youth your age who abuse OTC drugs are getting them?

**PROMPTS:**

- Steal from home/someone's house     Buy it themselves  
 Steal it from a store     Friends  
 Other (List) \_\_\_\_\_

**OTHER DRUGS**

25. Are there any other drugs, besides those that we have already discussed, that you've heard youth your age are abusing locally?

**PROMPTS:**

- Marijuana     Cocaine     Crack     Heroin     LSD     Ecstasy  
 Salvia     Inhalants     Methamphetamines

26. Where do you think youth your age are getting these drugs?

**PROMPTS:**

- School     Parties     Friends     Dealers in town     Dealers out of town  
 Other (List) \_\_\_\_\_

27. Do you think youth your age abuse more than one substance such as alcohol, marijuana and prescription drugs at a time?

- PROMPTS:**  Yes     No     Maybe

If yes, how often? \_\_\_\_\_

28. Are you aware that there is a tip line to report underage drinking parties?

- PROMPTS:**  Yes     No     Maybe

29. Are you aware that there is a new text tip line to report underage drinking parties?

- PROMPTS:**  Yes     No     Maybe

30. Are you aware of the Quick 50 program?

- PROMPTS:**  Yes     No     Maybe

31. If you were to report underage drinking or drug use among your peers which of the following options would you use?

**PROMPTS:**

Phone call    Text version    Web version    None

32. What can we do to help prevent younger students from engaging in risky behaviors?

33. What would make youth your age stop drinking/using drugs?

34. What else do you think adults need to know about risky behaviors that teens engage in?

35. What types of activities could the community provide to prevent the types of risky teen behaviors we have discussed?



# Analyzing Focus Group Information

Agency/Coalition Name: \_\_\_\_\_

Person Completing Form: \_\_\_\_\_

Completion Date: \_\_\_\_\_

*Use this summary sheet to help capture the general themes that emerged from all your focus groups, as well as differences that you noticed.*

How many focus groups did you conduct? \_\_\_\_\_

How many participants attended in total? \_\_\_\_\_

List the categories of people that attended the focus groups (Sectors that were represented):

What were the common themes?

What did you learn about your risk factors?

Were there any significant differences in among the various focus groups:  Yes  No  
*(If yes, please describe)*

# Community Perception Survey (Focus - Alcohol)

Before beginning our discussion, we would appreciate your opinions on the following questions.

Do not put your name on this form. Responses will be compiled and shared with the group.

1. How wrong would most adults in our community think it is for underage youth to drink?

Very wrong    Wrong    A little bit wrong    Not wrong at all

2. How easy or difficult is it for underage youth in our community to obtain alcohol from the following people:

a. Older siblings?    Very difficult    Difficult    Easy    Very Easy

b. Parents?    Very difficult    Difficult    Easy    Very Easy

c. Friends?    Very difficult    Difficult    Easy    Very Easy

d. Adult strangers?    Very difficult    Difficult    Easy    Very Easy

3. How easy or difficult do you think it would be for underage youth to get beer, wine, wine coolers, or liquor from home without their parents knowing it?

Very difficult    Difficult    Easy    Very Easy

4. How often do you think parents in our community provide alcohol at parties their children host?

Regularly    Occasionally    Rarely    Never

5. How serious a problem is alcohol consumption by underage youth (12-20 years old) at unsupervised, informal gatherings (e.g., parties, at friend's houses) in our community?

Very serious problem    Serious problem    Somewhat of a problem

Not a problem at all

6. How wrong would most adults in our community think it is for other adults to binge drink? (having five or more drinks within an hour or two)?

Very wrong    Wrong    A little bit wrong    Not wrong at all

7. How wrong would most adults in our community think it is for 18-20 year olds to binge drink?

Very wrong    Wrong    A little bit wrong    Not wrong at all

8. How wrong would most adults in our community think it is for young adults (age 21-25 years old) to binge drink?

Very wrong    Wrong    A little bit wrong    Not wrong at all

9. How wrong would most adults in our community think it is to drink and drive?

Very wrong    Wrong    A little bit wrong    Not wrong at all

10. How serious a problem are alcohol-related motor vehicle fatalities and injuries in our community?

- Very serious problem    Serious problem    Somewhat of a problem  
 Not a problem at all

11. How serious a problem is binge drinking in our community?

- Very serious problem    Serious problem    Somewhat of a problem  
 Not a problem at all

12. How serious a problem is underage drinking in our community?

- Very serious problem    Serious problem    Somewhat of a problem  
 Not a problem at all

# Community Perception Survey (Focus – High Risk Drinking)

Community: \_\_\_\_\_ Date: \_\_\_\_\_

1. Are you:  Female  Male

2. What is your age:  18 through 20  21 through 25  26 through 65  66 or older

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(Place a check in the box that best describes your perception)

1 = Not A Problem   2 = A Minor Problem   3 = A Significant Problem   4 = Don't Know

How much of a problem is alcohol use by .....  1  2  3  4  
persons aged 12 to 17 in our community?

How much of a problem is alcohol use by .....  1  2  3  4  
persons aged 18 to 25 in our community?

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## HIGH RISK DRINKING QUESTIONS:

To what extent does each of the following factors encourage, cause, or facilitate high-risk drinking behaviors such as drinking and driving or **\*binge drinking** (having five or more drinks within an hour or two) in our community?

(Place a check in the box that best describes your perception)

1 = Very little or none   2 = Some   3 = Quite a lot   4 = A great deal   5 = Don't know

### 1. In my community:

a. People accept or tolerate binge drinking\* .....  1  2  3  4  5

b. People think binge drinking\* is "normal/expected". .....  1  2  3  4  5

c. People accept or tolerate driving after drinking.....  1  2  3  4  5

### 2. Teens and young adults (to age 25):

a. Are unaware of health and safety .....  1  2  3  4  5  
consequences of binge drinking.

b. Think that negative consequences of .....  1  2  3  4  5  
binge drinking\* won't happen to them.

c. Think binge drinking\* is cool. ....  1  2  3  4  5

d. Are unaware of health and safety .....  1  2  3  4  5  
consequences of driving after drinking.

e. Perceive they are unlikely to be arrested/prosecuted .....  1  2  3  4  5  
for driving after drinking.

**3. Teens and young adults (to age 25) are influenced by:**

- a. Pervasive ads on radio, TV, billboards, and signage.....  1  2  3  4  5
- b. Price promotions such as “happy hours”,.....  1  2  3  4  5  
“two-for-one specials”, etc.
- c. Alcohol availability and advertising at.....  1  2  3  4  5  
community events (fairs, fests, etc.)

**4. Other reasons for high-risk drinking behavior:**

- a. Local laws are not enforced. ....  1  2  3  4  5
- b. Existing state laws/consequences.....  1  2  3  4  5  
for drinking and driving are weak.
- c. Inconsistent enforcement of laws.....  1  2  3  4  5  
related to drinking and driving.
- d. The belief that in my community high-risk .....  1  2  3  4  5  
drinking is not a priority/problem.
- e. The belief that in my community binge .....  1  2  3  4  5  
drinking is not a priority/problem.

Any other factors not mentioned above (please write in).

# Community Perception Survey (Focus – Underage Drinking)

Community: \_\_\_\_\_ Date: \_\_\_\_\_

1. Are you:  Female  Male
2. What is your age:  18 through 20  21 through 25  26 through 65  66 or older

## UNDERAGE DRINKING QUESTIONS:

To what extent does each of the following factors encourage, cause, or facilitate underage drinking in our community?

(Place a check in the box that best describes your perception)

1 = Very little or none    2 = Some    3 = Quite a lot    4 = A great deal    5 = Don't know

### 1. In my community:

- a. Families and parents allow underage persons to drink.....  1  2  3  4  5
- b. Underage drinking is viewed by .....  1  2  3  4  5  
adults as a “rite of passage”.
- c. Youth perceive drinking as cool or expected.....  1  2  3  4  5

### 2. Underage persons:

- a. Don't think they will get arrested. ....  1  2  3  4  5  
or prosecuted if caught.
- b. Don't think there will be serious consequences.....  1  2  3  4  5  
if they get caught drinking.
- c. Don't think drinking poses a .....  1  2  3  4  5  
risk to their health or safety.
- d. Don't stop to think about, or care about, .....  1  2  3  4  5  
possible negative consequences.

### 3. Underage persons are influenced by:

- a. Pervasive ads on radio, TV, billboards, and signage.....  1  2  3  4  5
- b. Alcohol availability and advertising .....  1  2  3  4  5  
at community events.

### 4. Reasons that underage persons are not cited:

- a. Local laws are not enforced.....  1  2  3  4  5
- b. Existing state laws for underage .....  1  2  3  4  5  
use of alcohol are weak.
- c. The belief that in my community that.....  1  2  3  4  5  
underage drinking is not a priority/problem.

**5. Reasons that underage persons are able to obtain/consume alcohol:**

- a. Able to purchase alcohol at .....  1  2  3  4  5  
restaurants or bars (IDs aren't checked).
- b. Able to purchase alcohol at store.....  1  2  3  4  5  
(Retailers don't check IDs).
- c. Get alcohol from their homes.....  1  2  3  4  5  
(parents do not monitor supply).
- d. Get alcohol from their homes.....  1  2  3  4  5  
(parents actually provide).
- e. Get older friends or siblings to buy alcohol.....  1  2  3  4  5
- f. Adults are unaware of penalties.....  1  2  3  4  5  
for providing alcohol to minors.
- g. Lack of monitoring at social events by law enforcement.....  1  2  3  4  5

**6. Underage persons:**

- a. Are not likely to be detected.....  1  2  3  4  5  
by police if they are drinking.
- b. Police are not likely to break up parties.....  1  2  3  4  5  
where alcohol is being consumed.
- c. Are not likely to be cited for drinking.....  1  2  3  4  5

Any other factors not mentioned above (please write in)

## Community Perception Survey Summary Form

**DIRECTIONS:** Utilize these questions as a beginning point for a Community Forum related to the issues covered by this survey. Invite representatives from multiple sectors of the community, including: youth and youth organizations, health care organizations or providers, business/industry, law enforcement, local government, and educators, parents and faith community leaders. Whenever possible, paper surveys can be distributed as part of a Community Forum, collected and tabulated. Results can then be described in progress reports.

Name of person completing this form \_\_\_\_\_

Describe from whom and how you collected this information:

Tabulate the results:

Summarize any themes that emerged:



# Community Norms Survey – Availability (Alcohol)

Community: \_\_\_\_\_

Date: \_\_\_\_\_

Event: \_\_\_\_\_

This survey helps explore the issue of community norms surrounding availability of alcohol at community events.

<i>(Please check the answer you feel is most appropriate).</i>	Is it acceptable for adults to get drunk at:	Do people drive home drunk from:	Is it acceptable for underage youth to drink at:
1. Graduation Parties	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
2. Family celebrations - (Baptisms, Births, Holidays, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
3. Wedding Dances	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
4. Funerals	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
5. Public Gatherings - (Fairs, Music Festivals, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
6. Other Community Events - (St. Patrick's Day Parades, Homecoming Games, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
7. Adult Sporting events - (Tailgate parties, Post game Celebrations, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
8. Youth Sporting Events - (Parents bring coolers into ball parks, city parks, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
9. Other [please describe]			
10. Comments			

# Community Scan (Focus - Alcohol)

Community: \_\_\_\_\_

Date: \_\_\_\_\_

Respondent: \_\_\_\_\_

**Directions:** Do a tour of your community to answer the following questions. As a general rule, if you have less than 10 bars, visit them all. If your community is large, you might conduct a sampling of 10 - 20 bars and provide a justification for your choices. Use similar reasoning when selecting how many of the other outlets to visit.

The first questions address how alcohol is sold. If the community does not have one of the sources mentioned, write "N/A" (not applicable) for Question 1 and skip the remainder of the column. If the community has a retail source but alcohol is not sold there, answer Question 1 and skip the remainder of the column.

	Bars	Restaurants	Liquor Stores	Convenience Stores	Grocery Stores
1. Is alcohol sold in these outlets in your community?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. How many of these alcohol outlets are there in your community?					
3. Are there restrictions on the days and/or hours they can sell alcohol/be open?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3a. Describe these restrictions.					
4. In general, what days and hours are these outlets open?					
5. Are there restrictions on where they can be (e.g., proximity to schools)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5a. Describe these restrictions.					
6. Are there restrictions on how many outlets can be in your community?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6a. Describe these restrictions.					
7. Do they sell alcopops (e.g. Mike's Hard Lemonade, Bicaidi Breezers, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

	Bars	Restaurants	Liquor Stores	Convenience Stores	Grocery Stores
8. Do they sell single unit sales (e.g., single cans of beer)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do they have happy hours with discounted drinks?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	---	---	---
10. Do they have "all you can drink" specials?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	---	---	---
11. Do they have "two for one" drink specials?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	---	---	---
12. Do they promote large serving sizes and/or pitchers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	---	---	---
13. Do they have "Must Be 21 to Purchase Alcohol," "No Sales to Minors," and/or "We ID" signs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Are alcohol products placed in an area that is near an entrance (which can encourage easy access to youth/shoptlifting especially in convenience stores)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

15. Where else (e.g., concert venues, festivals, sporting events, other community events) is alcohol sold in your community? What kind of alcohol is sold at these places (tap beer, Mike's Hard Lemonade, Wine, etc)?

16. Where are alcohol outlets and bars located (e.g., near schools, parks) in your community?

17. Is alcohol use permitted in public places in your community? (e.g., parks, concerts, sporting events, parking lots) Please describe.

18. Are people permitted to bring their own alcohol to community events? Please describe.

19. Do local bars (or the alcohol industry) sponsor community events? If yes, please describe.

20. Are beer kegs registered and tracked in your community?

Community \_\_\_\_\_ Respondent \_\_\_\_\_ Date \_\_\_\_\_

# Community Scan (Focus - Prescription and OTC Drugs)

**Directions:** Do a tour of your community to answer the following questions. If your community is large, conduct a sampling of businesses and provide a justification for your choices. As a general rule, if you have less than 10, visit them all. *Discuss the best approach with your evaluator prior to beginning data collection.*

**\*Note:** For questions 6 - 11, check "N/A" if the class of products in question is not available at the business you are visiting.

	Location # Name _____	Location # Name _____	Location # Name _____	Location # Name _____	Location # Name _____
1. In general, what days and hours is this business open?					
2. Does this business have a pharmacy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2a. If so, during what hours is the pharmacy open?					
3a. How often do people come to you to get rid of their old prescription medication?					
3b. Where do you direct them?					
4. Can you explain any restrictions on the quantity of medications purchased?					
5. How are IDs used by your business, with regards to medication purchases?					
6. Are you able to purchase acetaminophen products (e.g., Tylenol, Benadryl, Midol) off the shelf?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Comments:</b> Prompt: Restrictions & procedures					

	Location # Name _____	Location # Name _____	Location # Name _____	Location # Name _____	Location # Name _____
7. Are you able to purchase pseudoephedrine products (e.g., Sudafed and Claritin-D) off the shelf?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Comments:</b> Prompt: Restrictions & procedures					
8. Are you able to purchase DXM products (e.g., Robitussin, Nyquil, Vicks Formula 44, Coricidin HBP Cough & Cold tablets) off the shelf?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Comments:</b> Prompt: Restrictions & procedures					
9. Are you able to purchase diet pill products off the shelf?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Comments:</b> Prompt: Restrictions & procedures					

	Location # Name _____	Location # Name _____	Location # Name _____	Location # Name _____	Location # Name _____
10. Are you able to purchase sleep aid products (e.g., Excedrin PM, Tylenol PM) off the shelf?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Comments:</b> Prompt: Restrictions & procedures					
11. Are you able to purchase motion sickness products (e.g., Dramamine) off the shelf?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Comments:</b> Prompt: Restrictions & procedures					

# Community Scan - Environmental Scan (Focus - Alcohol)

Community: \_\_\_\_\_ Date: \_\_\_\_\_

Respondent: \_\_\_\_\_

**Directions:** Do a tour of your community to answer the following questions. As a general rule, if you have less than 10 bars, visit them all. If your community is large, you might only look at a sampling of 10-20 bars and provide a justification for your choices.

Number of Bars Visited \_\_\_\_\_ Number of Bars in Community \_\_\_\_\_

**RETAIL AVAILABILITY:** This section addresses how alcohol is bought and sold at bars in your community.

	Bar #1	Bar #2	Bar #3	Bar #4	Bar #5
1. What is the name of the bar?					
2. What is the bar's address?					
3. How many days a week is the bar open?					
4. How many hours a day is the bar open?					
5. What type of alcohol does the bar sell? (Check all that apply)	<input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Coolers <input type="checkbox"/> Liquor	<input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Coolers <input type="checkbox"/> Liquor	<input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Coolers <input type="checkbox"/> Liquor	<input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Coolers <input type="checkbox"/> Liquor	<input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Coolers <input type="checkbox"/> Liquor
6. Does the bar sell single units of alcohol (e.g., a can of beer, glass of wine, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Does the bar sell alco-pops? (e.g. Mike's Hard Lemonade, Bacardi Breezers, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



**PRICE:** The next several questions are related to the price of alcohol. For the questions that require a Yes/No response, please check the appropriate answer.

	Bar #1	Bar #2	Bar #3	Bar #4	Bar #5
1. Are happy hours with discounted drinks offered at this bar?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do prices increase to their normal level after happy hour is over?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are “all you can drink” specials offered at this bar?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are “two for one” drink specials offered at this bar?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does the bar promote larger serving sizes and/or pitchers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**PROMOTION:** The next several questions address advertising at each bar. For the questions that require a Yes/No response, check the appropriate answer.

	Bar #1	Bar #2	Bar #3	Bar #4	Bar #5
1. Is alcohol advertising visible from the outside of the store (e.g., neon signs)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is there alcohol advertising on the inside of the store?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does the bar offer free alcohol-related merchandise promotional gifts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are there “no sales to minors” signs posted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. How does this bar typically advertise?					
6. Does this bar sponsor community events?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

# Community Scan – Environmental Scan

## (Focus - Prescription Drugs)

**Directions:** Fill out this worksheet from your general community knowledge or simple research. When general knowledge and simple research do not suffice, collect the information by contacting the appropriate community sources.

	DATA COLLECTED			
1. What is the pharmacy density in your community? (Pharmacies/population and/or Pharmacies/sq. mile)	# of pharmacies Population		# of pharmacies Sq. miles	
2. What is the number of DEA licenses* held in your community?				
3. What is the number of doctors' offices in your community?				
4. What is the number of dentists' offices in your community?				
5a. What is the number of pharmacies in your community?				
5b. How many pharmacies are open during ONLY regular business hours?				
5c. How many pharmacies are open 24-hours?				
7a. How many nursing homes are in your community?				
7b. How many residents are in each nursing home?	Home #1	Home #2	Home #3	Home #4
8. How many colleges are in your community?				
8a. How many students are in each college?	College #1	College #2	College #3	College #4
9a. Is there access to a prescription drug drop-off facility? (If you answer "No", skip question 9b.)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
9b. Is there prescription drug drop-off facility within a 15, 30, 60 min. drive, or more? (Check one)	<input type="checkbox"/> 15 min. <input type="checkbox"/> 30 min. <input type="checkbox"/> 60 min. <input type="checkbox"/> Further than 60 min.			
10. What cessation support groups are available in your community? (List in the space)				

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**Questions to ask medical staff/EMT**

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- |   |  |
|---|--|
| 11. What is the number of ER visits attributed to prescription drugs?                 |  |
| 12. What is the number of treatment admissions for prescription drug abuse?           |  |
| 13. What is the number of unintentional overdose deaths involving prescription drugs? |  |
- 

**Questions to ask law enforcement**

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- |  |  |
|--|--|
| 14. What is the number of reports of violent and property crime associated with prescription drug criminal activity? |  |
| 15. What is the number of reports of insurance fraud reports stemming from prescription drug abuse?                  |  |
| 16. What are the statistics on usage of heroin?  |  |
- 

*\*The Drug Enforcement Administration (DEA) grants licenses to medical professionals that allow them to prescribe and dispense medication to individuals who need it.*

# Resource Gap Analysis – Assessing Community AODA Resources

## Assess availability of the following in your community:

1. Substance abuse prevention programs in the school.
2. Substance abuse prevention programs in the community.
3. Available support groups for adults (AA, NA, Alanon)
4. Available support groups for youth (Alateen, Alatot, AA for Teens, NA for teens)
5. Available substance abuse treatment for adults (Out patient, In patient)
6. Available substance abuse treatment for teens (Out patient, In patient)
7. School policies regarding AODA issues.
8. Workplace policies regarding AODA issues (for those businesses/industries that employ the age group identified by your identified priority.)
9. What gaps/weaknesses surfaced during this review of resources?
10. What are the challenges in overcoming these gaps/weaknesses (cultural, political, philosophical, educational, financial, etc.)?

*(Note: Revise as needed to address local needs before providing to law enforcement representative.)*

# Key Informant Interview – Law Enforcement (Focus - Alcohol)

Community: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Name/Title: \_\_\_\_\_

Interviewer: \_\_\_\_\_

A coalition representative should speak with law enforcement personnel to learn about their experiences and perspectives regarding alcohol related problems.

**Preparing and conducting the interview** – The interview should last about 20 – 30 minutes and follow a semi-structured format with a set of prepared questions. Only the interviewer and the participant should be present during the interview, and it should be conducted in a private location. If you will be recording the interview, seek permission from your participant and locate a tape recorder or video camera for use.

If possible, provide the person being interviewed a copy of the questions a short time before the interview to allow time for review and preparation.

1. What is your job, and how long have you been in your current position?

2. What alcohol-related problems do you see in our community?

3. What factors do you believe are causing these problems?

4. Are any officers assigned specifically to alcohol-related issues in the community?

Yes  No

If yes, how many officers are assigned? \_\_\_\_\_ What does their work consist of?

What special training do officers have in order to deal with alcohol-related offenses?

5. Have you conducted any compliance checks for sales to minors?

Yes  No

If yes, how many compliance checks for sales to minors in the past year? \_\_\_\_\_

What percentage of retailers failed the compliance checks? \_\_\_\_\_

	Sales of alcohol to minors	Adults buying alcohol for minors	Drinking and driving	Sales to intoxicated patrons
6. Number of violations issued in the past year in the community for:				
7. Is this an increase or decrease in the number of violations during the last two years?	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change
What is the punishment for:				
8a. First offense:				
8b. Second offense:				
8c. Third offense:				

9. How effective is your community at enforcing laws against drinking and driving? (Please check one option.)

Very effective    Effective    Ineffective    Very ineffective

On what data do you base your response? \_\_\_\_\_

10. What specific measures are being taken to enforce laws against drinking and driving? (Include efforts to catch people breaking the law, efforts to punish people and the severity of penalties associated with the offense.)

11. How effective is your community at enforcing laws against adults buying alcohol for minors? (Please check one option.)

Very effective    Effective    Ineffective    Very ineffective

On what data do you base your response? \_\_\_\_\_

12. What specific measures are being taken to enforce laws against adults buying alcohol for minors? (Include efforts to catch people breaking the law, efforts to punish people and the severity of penalties associated with the offense.)

13. How effective is your community at enforcing laws against sales of alcohol to minors? (Please check one option.)

Very effective    Effective    Ineffective    Very ineffective

On what data do you base your response? \_\_\_\_\_

14. What specific measures are being taken to enforce laws against sales of alcohol to minors? (Include efforts to catch people breaking the law, efforts to punish people and the severity of penalties associated with the offense.)

15. How effective is your community at enforcing laws against sales to intoxicated persons? (Please check one option.)

Very effective    Effective    Ineffective    Very ineffective

On what data do you base your response? \_\_\_\_\_

16. What specific measures are being taken to enforce laws against sales to intoxicated persons? (Include efforts to catch people breaking the law, efforts to punish people and the severity of penalties associated with the offense.)

17. Does your community prohibit alcohol consumption in public places such as parks, beaches, parking lots, community events and festivals (open container law)?

Yes  No

18. Does your community require community festivals to:

a. have a fenced-off drinking area?

b. require all servers at the event to receive training?

19. Does your community require responsible beverage server training?

Yes  No

20. Does your community have any restrictions on the ages of servers or sellers of alcohol?

Yes  No

21. How do you think law enforcement could better address the alcohol-related problems in our community?

22. How do you think the criminal justice system is helping reduce the alcohol problems in our community?

23. Do you have any additional comments that you feel would be helpful?

# Key Informant Interview – Law Enforcement

## (Focus – Prescription Drugs)

Community: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Name/Title: \_\_\_\_\_

Interviewer: \_\_\_\_\_

A coalition representative should speak with law enforcement personnel to learn about their experiences and perspectives regarding criminal activity related to prescription drug diversion.

**Preparing and conducting the interview** – The interview should last about 20 – 30 minutes and follow a semi-structured format with a set of prepared questions. Only the interviewer and the participant should be present during the interview, and it should be conducted in a private location. If you will be recording the interview, seek permission from your participant and locate a tape recorder or video camera for use.

If possible, provide the person being interviewed a copy of the questions a short time before the interview to allow time for review and preparation.

1. What is your job, and how long have you been in your current position?
  
2. What prescription drug-related problems do you see in our community?
  
3. What factors do you believe are causing these problems?
  
4. Are any officers assigned specifically to drug related issues in the community?  
 Yes  No
  - a. If yes, how many officers are assigned? \_\_\_\_\_
  - b. What does their work consist of?
  
  - c. What special training do officers have in order to deal with prescription drug-related offenses?



	Illegal possession of prescription drugs (Schedule I – IV)	Prescription drugs obtained by fraud (e.g. forging a prescription)	Distributing prescription drugs	Related violent & property crime	Drugged driving
5. Number of violations issued in the past year in the community for:					
6. Is there an increase, decrease, or no change in the number of violations during the last two years?	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> No change
7. What is the punishment for:					

8. Does your community do random locker checks at schools with a drug dog?

Yes  No

9. How do you think the criminal justice system is helping reduce the prescription drug related problems in our community?

10. How do you think law enforcement could better address the prescription drug related problems in our community?

11. What are the misconceptions about prescription drug related crimes that you hear from those you arrest? From the general public?

12. Do you have any other insights into prescription drug related crimes that you would like to share?

# Key Informant Interview – Pharmacist

## (Focus – Prescription Drugs)

Community: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Name/Title: \_\_\_\_\_

Interviewer: \_\_\_\_\_

A coalition representative should speak with a pharmacist to learn how prescription drug diversion is manifested in their line of work.

**Preparing and conducting the interview** – The interview should last about 20-30 minutes and follow a semi-structured format with a set of prepared questions. Only the interviewer and the participant should be present during the interview, and it should be conducted in a private location. If you will be recording the interview, seek permission from your participant and locate a tape recorder or video camera for use.

If possible, provide the person being interviewed a copy of the questions a short time before the interview to allow time for review and preparation.

1. What is your job, and how long have you been in your current position?
2. What prescription drug related problems do you see in our community?
3. What factors do you believe are causing these problems?
4. What are some of the things you as a pharmacist have identified as suspicious or drug seeking behavior in your patients?
5. Have you had formal training on recognizing these signs, or is it from experience?  
 Formal training    Experience
6. If you suspect someone has forged a prescription, what steps do you take?
7. If you suspect someone is abusing prescription drugs, what steps do you take?

8. Over the past six months, on average, how many instances of either of the two previously discussed situations have you experienced?

9. When you suspect prescription drugs are being diverted, do you have any method to communicate with...?

a. Law enforcement:

b. Health care:

10. In your opinion, what are some examples of issues within the current health care system that contribute to/prevent prescription drug diversion?

11. Do you have any ideas that could be implemented within the community and/or health care system that would help decrease prescription drug diversion?

12. What are the misconceptions about what type of patients engage in prescription drug diversion?

13. Do you ever receive inquires about how to dispose of unwanted/unused prescription drugs?

Yes  No

If yes, how do you advise customers to dispose of prescription drugs?

14. Are you interested in being a part of a communication network with law enforcement, the medical community and other pharmacists?

Yes  No

15. Do you have any other insights into prescription drug diversion in the health care field that you would like to share?

# Key Informant Interview – Prosecution (Focus – Prescription Drugs)

Community: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Name/Title: \_\_\_\_\_

Interviewer: \_\_\_\_\_

A coalition representative should speak with a county District Attorney or Assistant District Attorney to gain an understanding of the approach the court takes to prosecute those arrested with prescription drug diversion crimes.

**Preparing and conducting the interview** – The interview should last about 20-30 minutes and follow a semi-structured format with a set of prepared questions. Only the interviewer and the participant should be present during the interview, and it should be conducted in a private location. If you will be recording the interview, seek permission from your participant and locate a tape recorder or video camera for use.

If possible, provide the person being interviewed a copy of the questions a short time before the interview to allow time for review and preparation.

1. What is your job, and how long have you been in your current position?

2. Approximately how many cases related to prescription drugs are adjudicated (tried) each month in the circuit court level?

3. Is there a drug court?

Yes  No

If yes, how many cases are adjudicated through this course?

4. Are there any bench directives used to guide the adjudication process?

Yes  No

If yes, can you briefly describe?

5. Does the court permit pleading to a lesser offense?

Yes  No

How often is this done? Does this favor specific groups? What are some examples of lesser offenses?

6. What are the most severe penalties that can be imposed? Are these penalties ever imposed?

7. How are youth tried for prescription drug related crimes? What are some of the considerations taken in those cases?

8. Is there a drug treatment program offered as an alternative to incarceration program available?

9. Can you provide insight into factors in the community that might affect prescription drug diversion?

10. What are the misconceptions about prescription drug related crimes that you hear from those being tried in court? From the general public?

11. Do you have any other insights into prescription drug related crime that you would like to share?

# Key Informant Interview – Prosecution (Focus – Alcohol)

Community: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Name/Title: \_\_\_\_\_

Interviewer: \_\_\_\_\_

A coalition representative should speak with a county District Attorney or Assistant District Attorney to gain an understanding of the approach the court takes to prosecute those arrested with prescription drug diversion crimes.

**Preparing and conducting the interview** – The interview should last about 20-30 minutes and follow a semi-structured format with a set of prepared questions. Only the interviewer and the participant should be present during the interview, and it should be conducted in a private location. If you will be recording the interview, seek permission from your participant and locate a tape recorder or video camera for use.

If possible, provide the person being interviewed a copy of the questions a short time before the interview to allow time for review and preparation.

1. Approximately how many OWI cases are adjudicated (tried) each month at the municipal court level?

City/Village/Town \_\_\_\_\_

Number of cases \_\_\_\_\_

2. How many are adjudicated at the circuit court level? \_\_\_\_\_

3. Are there any bench directives used to guide the adjudication process?

Yes  No

If yes, can you briefly describe?

4. Does the court accommodate law enforcement officers so that a case is not dismissed because the officer is not present?

Yes  No

If yes, can you briefly describe?

5. Does the court permit pleading to a lesser offense?

Yes  No

a. How often is this done? Does this favor specific groups?

6. Are the most severe penalties ever imposed?

Yes  No

If yes, please describe the circumstances.

7. Are there variations in the sentencing behaviors of your judges?

Yes  No

If yes, please explain.

8. Does the county jail have facilities than can accommodate:

Women?  Yes  No

Adolescents?  Yes  No

9. How are cases involving non-English speaking persons handled?

10. How does the court handle cases involving minors arrested for drinking and driving?

11. Can you provide insight into factors in the community that might affect drinking and driving?

12. Can you provide insight into factors in the community that might affect underage use of alcohol?

13. Are there other issues that impact adjudication of OWI or underage use cases in the county?

14. If there is a military installation in this county, how do the courts work with the installation in dealing with military personnel arrested for OWI?

# Survey – Sample AODA YRBS questions

## Wisconsin 2011 Youth Risk Behavior Survey – High School Questionnaire

This survey is about health behaviors. It has been developed so you can tell us what you do that may affect your health. The information you give will be used to develop better health education for young people like yourself.

DO NOT write your name on this survey. The answers you give will be kept private. No one will know what you write. Answer the questions based on what you really do.

Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in this class. If you are not comfortable answering a question, just leave it blank.

The questions that ask about your background will be used only to describe the types of students completing this survey. The information will not be used to find out your name. No names will ever be reported.

Make sure to read every question. When you are finished, follow the instructions of the person giving you the survey.

***Thank you very much for your help.***

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### Directions

- Use a #2 pencil only.
- Make dark marks.
- To change your answer, erase completely.
- Choose only one answer for each question

**The next 9 questions ask about the use of tobacco products such as cigarettes, chewing tobacco, snus and snuff.**

1. How old were you when you first smoked a cigarette, even just a puff?
  - Never have
  - 10 years old or younger
  - 11 years old
  - 12 years old
  - 13 years old
  - 14 years old
  - 15 years old
  - 16 years old
  - 17 years old or older

2. How frequently have you smoked cigarettes during the past 30 days?

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

3. How many cigarettes have you smoked in a day on average over the past 30 days?

- None
- Less than 1 cigarette per day
- 1 to 5 cigarettes per day
- About one-half pack per day
- About one pack per day
- About one and one-half packs per day
- More than one and one-half packs per day



4. During the past 12 months, did you ever try to quit smoking cigarettes?
- I did not smoke during the past 12 months
  - Yes
  - No
5. During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits or Copenhagen?
- 0 days
  - 1 or 2 days
  - 3 to 5 days
  - 6 to 9 days
  - 10 to 19 days
  - 20 to 29 days
  - All 30 days
6. During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars?
- 0 days
  - 1 or 2 days
  - 3 to 5 days
  - 6 to 9 days
  - 10 to 19 days
  - 20 to 29 days
  - All 30 days
7. During the past 30 days, how did you usually obtain tobacco products? (Select only one response.)
- I did not use tobacco products during the past 30 days
  - I bought them in a store such as a convenience store, supermarket, discount store or gas station
  - I bought them from a vending machine
  - I gave someone else money to buy them for me
  - I borrowed (or bummed) them from someone else
  - A person 18 years old or older gave them to me
  - I took them from a store or family member
  - I got them some other way
8. How much do you think people risk harming themselves (physically or in other ways) if they use tobacco products daily?
- No risk
  - Slight risk
  - Moderate risk
  - Great risk
9. How wrong do your parents feel it would be for you to use tobacco products?
- Very wrong
  - Wrong
  - A little bit wrong
  - Not at all wrong
  - Not sure
- The next 9 questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.**
10. During your life, on how many days have you had at least one alcoholic beverage - more than just a few sips?
- 0 days
  - 1 or 2 days
  - 3 to 9 days
  - 10 to 19 days
  - 20 to 39 days
  - 40 to 99 days
  - 100 or more days
11. How old were you when you first had more than one sip or two of beer, wine or hard liquor (for example, vodka, whiskey or gin)?
- Never have
  - 10 years old or younger
  - 11 years old
  - 12 years old
  - 13 years old
  - 14 years old
  - 15 years old
  - 16 years old
  - 17 years old or older

12. During the past 30 days, on how many days (if any) have you had an alcoholic beverage (beer, wine or hard liquor) to drink - more than just a few sips?

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

13. During the past 30 days, on how many days did you have 5 or more alcoholic beverages in a row, that is, within a couple of hours?

- 0 days
- 1 day
- 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 or more days

14. During the past 30 days, how did you usually get the alcohol you drank?

- I did not drink alcohol during the past 30 days
- I bought it in a store such as a liquor store, convenience store, supermarket, discount store or gas station
- I bought it at a restaurant, bar or club
- I bought it at a public event such as a concert or sporting event
- I gave someone else money to buy it for me
- A person 21 years or older gave it to me
- I took it from a store or family member
- I got it some other way

15. How much do you think people risk harming themselves (physically or in other ways) if they drink one or two alcoholic beverages (beer, wine, liquor) nearly every day?

- No risk
- Slight risk
- Moderate risk
- Great risk

16. How much do you think people risk harming themselves (physically or in other ways) if they have 5 or more alcoholic beverages in a row within a couple of hours, once or twice each weekend?

- No risk
- Slight risk
- Moderate risk
- Great risk

17. How wrong do your parents feel it would be for you to drink beer, wine or hard liquor (for example, vodka, whiskey or gin regularly)?

- Very wrong
- Wrong
- A little bit wrong
- Not at all wrong
- Not sure

18. How long after you ingested alcohol did you operate a motor vehicle (car, motorcycle, scooter, ATV, snowmobile, boat etc.)?

- I have never ingested alcohol
- After ingesting alcohol, I have never operated a motor vehicle
- Less than 1 hour
- Between 1-3 hours
- Between 3-6 hours
- Longer than 6 hours

**The next 6 questions ask about marijuana use. Marijuana also is called grass, pot or weed.**

19. During your life, how many times have you used marijuana?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

20. How old were you when you first used marijuana?

- Never have
- 10 years old or younger
- 11 years old
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old or older

21. On how many days (if any) have you used marijuana during the past 30 days?

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

22. How long after you used marijuana did you operate a motor vehicle (car, scooter, motorcycle, ATV, snowmobile, boat etc.)?

- I have never used marijuana
- After using marijuana, I have never operated a motor vehicle
- Less than 1 hour
- Between 1-3 hours
- Between 3-6 hours
- Longer than 6 hours

23. How much do you think people risk harming themselves (physically or in other ways) if they use marijuana regularly?

- No risk
- Slight risk
- Moderate risk
- Great risk

24. How wrong do your parents feel it would be for you to use marijuana?

- Very wrong
- Wrong
- A little bit wrong
- Not at all wrong
- Not sure

**The next 15 questions ask about Prescription Drugs and Other Drugs.**

**\*Misused means ingesting drugs obtained from someone else, or using your own prescription in a way other than your doctor directed, such as taking a larger dose, taking more often than prescribed, snorting or injecting.**

25. During the past 30 days, how many times have you misused painkillers such as Oxycontin, Percocet or Vicodin?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

26. During the past 30 days, how many times have you misused a stimulant drug such as Ritalin, Adderall, or Concerta?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

27. During the past 30 days, how many times have you misused a depressant drug such as Xanax or Valium?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

28. If you misuse prescription drugs, how do you usually misuse them?
- I do not misuse prescription drugs
  - At school
  - At home
  - With friends (not at a party)
  - At a party
29. How do you usually get the prescription drugs that you misuse?
- I do not misuse prescription drugs
  - I buy it from someone
  - I steal it from someone
  - Someone shares it with me
  - A doctor prescribes it for me
  - I get it some other way
30. How long after you misused prescription drugs did you operate a motor vehicle (car, motorcycle, scooter, ATV, snowmobile, boat etc.)?
- I have never misused prescription drugs
  - After misusing prescription drugs, I have never operated a motor vehicle
  - Less than 1 hour
  - Between 1-3 hours
  - Between 3-6 hours
  - Longer than 6 hours
31. How much do you think people risk harming themselves (physically or in other ways) if they misuse prescription drugs?
- No risk
  - Slight risk
  - Moderate risk
  - Great risk
  - Not sure
32. How wrong do your parents feel it would be for you to misuse prescription drugs?
- Very wrong
  - Wrong
  - A little bit wrong
  - Not at all wrong
  - Not sure
33. During the past 30 days, how many times have you taken an over-the-counter drug (such as cough syrup or cold pills) to get high?
- 0 times
  - 1 or 2 times
  - 3 to 9 times
  - 10 to 19 times
  - 20 to 39 times
  - 40 or more times
34. During your life, how many times have you used any form of cocaine, including powder, crack or freebase?
- 0 times
  - 1 or 2 times
  - 3 to 9 times
  - 10 to 19 times
  - 20 to 39 times
  - 40 or more times
35. During the past 30 days, how many times did you use any form of cocaine, including powder, crack or freebase?
- 0 times
  - 1 or 2 times
  - 3 to 9 times
  - 10 to 19 times
  - 20 to 39 times
  - 40 or more times
36. During your life, how many times have you used methamphetamines (also called speed, crystal, crank or ice)?
- 0 times
  - 1 or 2 times
  - 3 to 9 times
  - 10 to 19 times
  - 20 to 39 times
  - 40 or more times

37. During your life, how many times have you used heroin (also called smack, junk, or China White)?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

38. During your life, how many times have you used ecstasy (also called MDMA, X, XTC)?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

39. During the past 12 months, have you or anyone offered, sold or given illegal drugs on school property?

- Yes
- No

40. During your life, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times

***This is the end of the survey.***

# Assessment Planning Sheet - Alcohol

Since not all persons in a target group use alcohol, efforts need to identify those who are involved. This worksheet assists in determining data sources a coalition can use to identify more specific details about who uses, when and where.

<p>Who are the 12 - 20 year olds in your community who participate in underage drinking?</p>	<p>Sources of data:</p> <p><input type="checkbox"/> Existing Survey Data</p> <p><input type="checkbox"/> Focus Groups</p> <p><input type="checkbox"/> Interviews</p> <p><input type="checkbox"/> Other (specify)</p>	<p>Who can obtain the info?</p>
<p>When does the drinking occur (day of week, time of day, celebratory, etc.)?</p> <p>How frequently are the 12-20 year olds consuming alcohol?</p>	<p>Sources of data:</p> <p><input type="checkbox"/> Existing Survey Data</p> <p><input type="checkbox"/> Focus Groups</p> <p><input type="checkbox"/> Interviews</p> <p><input type="checkbox"/> Other (specify)</p>	<p>Who can obtain the info?</p>
<p>Where does the drinking occur?</p>	<p>Sources of data:</p> <p><input type="checkbox"/> Existing Survey Data</p> <p><input type="checkbox"/> Focus Groups</p> <p><input type="checkbox"/> Interviews</p> <p><input type="checkbox"/> Other (specify)</p>	<p>Who can obtain the info?</p>

<p>What cultural considerations do you need to take into account when looking at this consequence and gathering data?</p>	<p>Comments:</p>
<p>How are you going to ensure that members of the targeted 12 - 20 year old population from all cultures within the community will be looked at equally and fairly?</p>	<p>Comments:</p>
<p>How are you going to examine data if you are addressing multiple communities? (For example, different towns in a county)</p>	<p>Comments:</p>
<p>What cultural considerations do you need to take into account when looking at this?</p>	<p>Comments:</p>

## Assessment Planning Sheet – Prescription and OTC Drugs

Since not all persons in a target group use prescription and OTC drugs, efforts need to identify those who are involved. This worksheet assists in determining data sources a coalition can use to identify more specific details about who uses, when and where.

It is important to not have a preconceived notion about who diverts prescription drugs. This worksheet assists in determining data sources a community can use to identify more specific details.

<p>Who do you see in your community diverting prescription drugs?</p> <p><i>Think about:</i></p> <ul style="list-style-type: none"> <li>- Youth vs. Adults</li> <li>- Socioeconomic groups</li> <li>- Stereotypes</li> </ul>	<p>Sources of data:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Law Enforcement</li> <li><input type="checkbox"/> Hospital staff/ EMS</li> <li><input type="checkbox"/> Pharmacy staff</li> <li><input type="checkbox"/> School staff</li> <li><input type="checkbox"/> Other (specify)</li> </ul>	<p>Who can obtain the info?</p>
<p>What causes this behavior?</p>	<p>Sources of data:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Law Enforcement</li> <li><input type="checkbox"/> Hospital staff/ EMS</li> <li><input type="checkbox"/> Pharmacy staff</li> <li><input type="checkbox"/> School staff</li> <li><input type="checkbox"/> Other (specify)</li> </ul>	<p>Who can obtain the info?</p>
<p>Where are the drugs obtained from?</p>	<p>Sources of data:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Law Enforcement</li> <li><input type="checkbox"/> Hospital staff/ EMS</li> <li><input type="checkbox"/> Pharmacy staff</li> <li><input type="checkbox"/> School staff</li> <li><input type="checkbox"/> Other (specify)</li> </ul>	<p>Who can obtain the info?</p>

<p>What cultural and social considerations do you need to take into account when looking at prescription drug diversion and gathering data?</p>	<p>Comments:</p>
<p>How will your coalition ensure that community members from all cultures within the community will be looked at equally and fairly?</p>	<p>Comments:</p>
<p>How will your coalition examine data if they are addressing multiple communities? (For example, different towns in a county)</p>	<p>Comments:</p>

# Assessment Summary Form – Alcohol

Community: \_\_\_\_\_ Priority \_\_\_\_\_

Person completing report: \_\_\_\_\_

1. What are the most significant things you learned (or confirmed) from the assessment activities?

2. Did you learn anything that was a surprise to you?

3. In the process of conducting these activities, did you meet/learn of anyone who could be invited to join in your efforts? If yes, provide names/titles.

Yes  No

4. What useful information did you obtain concerning Root Causes (“But Why?”) that could encourage, cause or facilitate the Identified Problem(s) in your community?

a. Retail availability – (density, compliance checks, product placement, product characteristics, etc.)

b. Pricing – (drink specials, competition between retailers, discount pricing for quantities, holiday specials, etc.)

c. Social availability – (friends/relatives provide, underage use allowed at community and family celebrations, adults unaware of laws regarding providing alcohol, availability of unsupervised and other drinking locations, etc.)

d. Enforcement and adjudication – (lack staff and training, law enforcement and judicial practices)



e. Social/ Community norms - (Ex: people hold on to unused prescriptions for future use instead of properly disposing them)

f. Promotion of alcohol - (Number, placement and content of ads and billboards, alcohol company sponsorship of events, etc.)

g. Low perceived risk - (Low perception of getting arrested/sentenced, little fear of parents setting/imposing consequences, inaccurate beliefs about safety of alcohol use, etc.)

5. Did you discover any gaps in resources related to the local conditions of "But Why Here?"?

6. As a result of the data collection, what local condition "But Why Here?" rose to the surface?

# Assessment Summary Form – Prescription and OTC Drugs

Community: \_\_\_\_\_ Priority \_\_\_\_\_

Person completing report: \_\_\_\_\_

1. What are the most significant things you learned (or confirmed) from the assessment activities?

2. Did you learn anything that was a surprise to you?

3. In the process of conducting these activities, did you meet/learn of anyone who could be invited to join in your efforts? If yes, provide names/titles.

Yes  No

4. What useful information did you obtain concerning the root causes “But Why?” that could encourage, cause or facilitate the problems in your community?

a. Retail availability -

b. Pricing -

c. Social availability - (friends/relatives do not monitor or lock up medications, people do not know where or how to dispose of unused medications)

d. Enforcement and adjudication - (lack staff and training, law enforcement and judicial practices, low monitoring of social events, lack parental enforcement, etc.)

e. Social/ Community Norms ( Ex: people hold on to unused prescriptions for future use instead of properly disposing them)

f. Promotion of Prescription & OTC Medications

g. Low perceived risk - (people think that prescription medications are safe because they are prescribed by a doctor, ext)

5. Did you discover any gaps in resources related to “Why Here?”? Any resources that can assist in either assessing or addressing local needs?

6. As a result of the data collection, what “Why here” rose to the surface?

# MOBILIZING FOR ACTION

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## *Planning: CD tools*

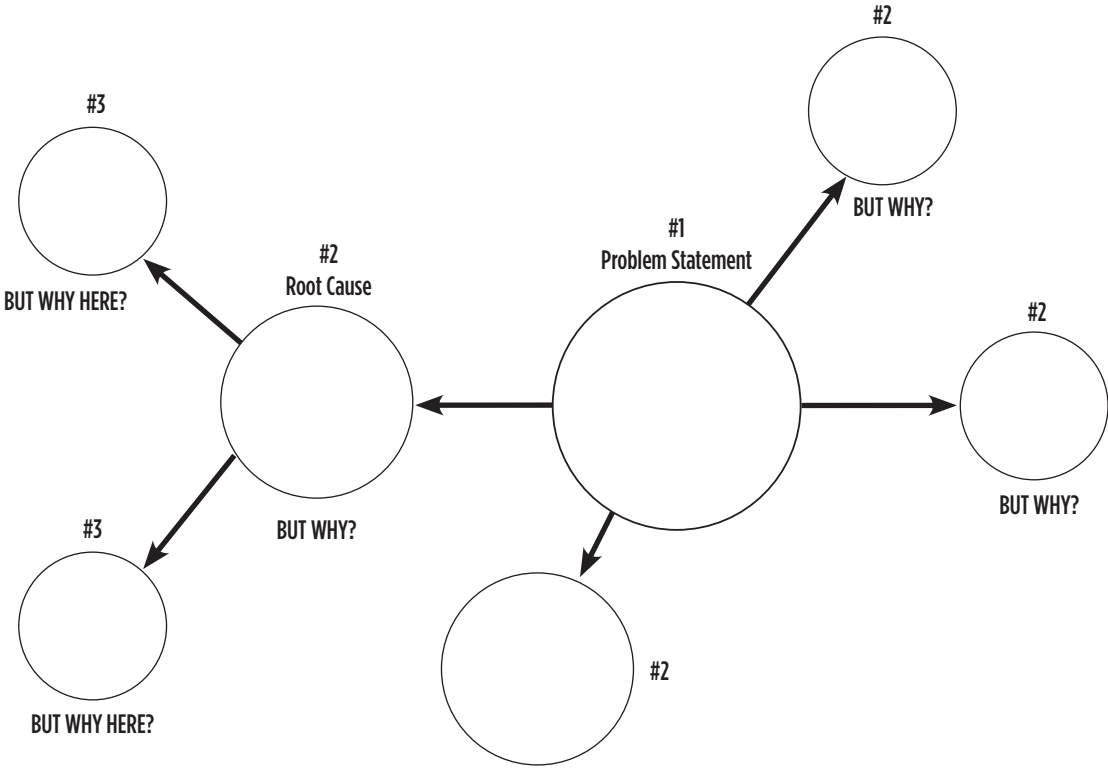
Problem Analysis Worksheet

Logic Model Template

Developing a Comprehensive Plan using the Eight Strategies Worksheet

Evaluating Strategies for Inclusion in the Plan

# Example Problem Analysis Worksheet

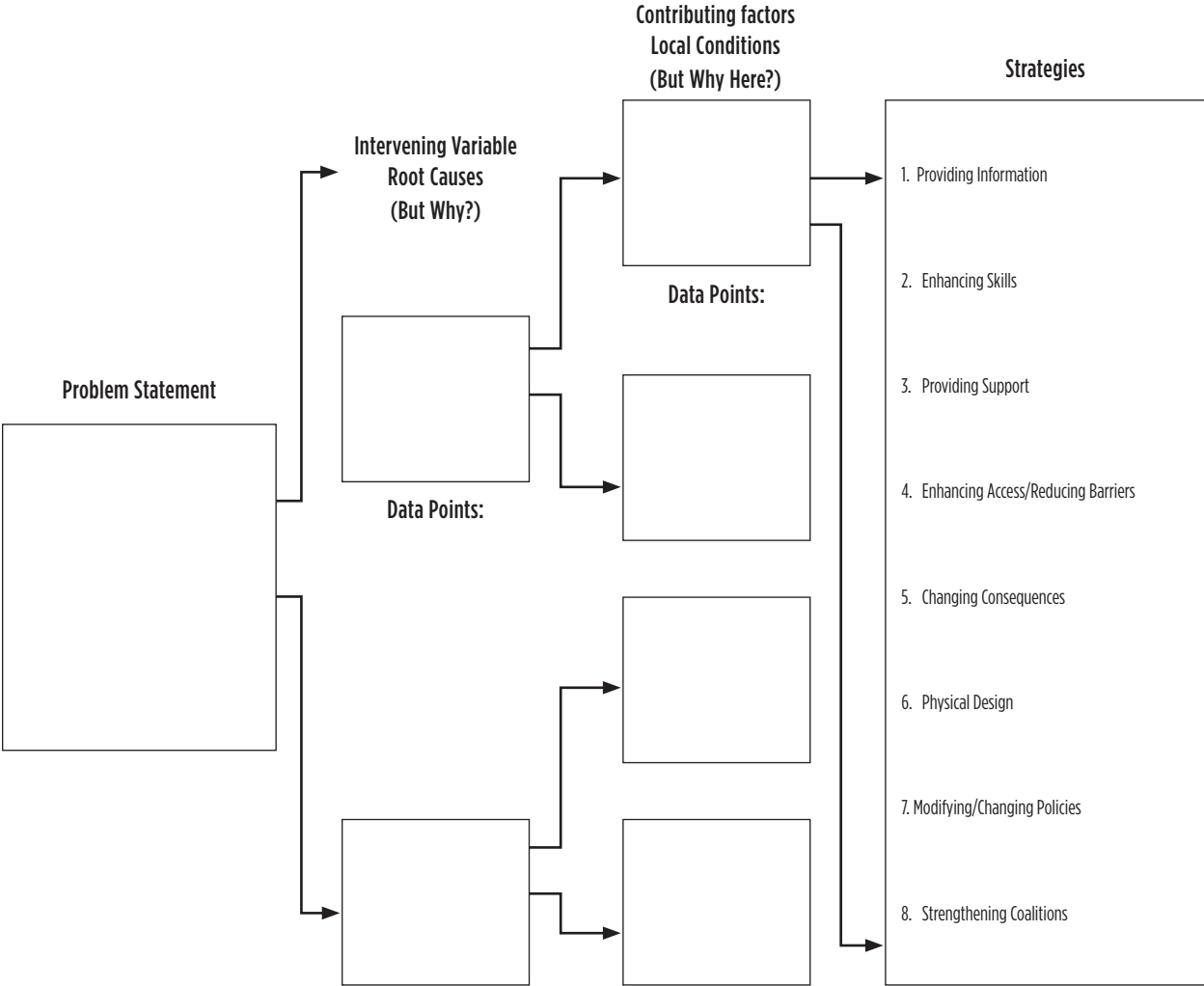


**Key Components:**

1. Problem Statement
2. Root Causes/Risk Factors (But Why?)
3. Local Conditions (But Why Here?):
  - Specific
  - Identifiable
  - Actionable

# Logic Model Template

Goal: \_\_\_\_\_



# Developing a Comprehensive Plan using the Eight Strategies Worksheet

**Problem Statement:** \_\_\_\_\_

**But Why?:** \_\_\_\_\_

**But Why Here?:** \_\_\_\_\_

Eight Strategies for Effective Community	Objectives (actions) to enhance the selected Strategy
1. Providing Information	
2. Enhancing Skills	
3. Providing Support	
4. Enhancing Access/Reducing Barriers Or Reducing Access/ Enhancing Barriers	
5. Changing Consequences (incentives/disincentives)	
6. Changing Physical Designs	
7. Modifying/Changing Policy	
8. Strengthening Coalitions	

# Evaluating Strategies for Inclusion in the Plan

Complete one worksheet for each strategy being considered for inclusion in your plan.

Coalition name \_\_\_\_\_

Strategy being considered \_\_\_\_\_

Is this strategy:	Yes	No	Unsure
1. Compatible with your coalition's current focus (problem statement)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. In line with resources available to the coalition (funding, staff, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Compatible with an existing strategy/activity in the community (enhances or reinforces)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Culturally relevant for your community and target group? If no, does your coalition have the resources available (people, funding, etc.) to make any necessary adaptations to meet local cultural needs (language, access, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Able to impact the underlying causes and contributing factors in a community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does your coalition:	Yes	No	Unsure
6. Support the implementation of this strategy (have the majority of members "bought in")?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Have the support of key stakeholders to help increase chances of success in implementing this strategy (police, political leaders, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Have the capacity to implement this strategy with fidelity (i.e. in the manner that it was designed)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Have the capacity to sustain this strategy over time (even after funding is no longer available)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is your community at the appropriate stage of readiness to accept/support this strategy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Comments

If a strategy the coalition is considering does not meet these components of a "good fit", carefully consider what is missing and how you might overcome these barriers and/or limitations. Or, select a different strategy.



# MOBILIZING FOR ACTION

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## *Implementation: CD tools*

Work Plan Template

# Work Plan Template

Long Term Objective: \_\_\_\_\_

Intermediate Objective: \_\_\_\_\_

Short Term Objective: \_\_\_\_\_

Strategy	Action Steps	Responsible Person	Timeline	Resources Required	Notes
Providing Information					
Enhancing Skills					
Providing Support					
Enhancing Access/ Reducing Barriers Or Reducing Access/ Enhancing Barriers					
Changing consequences (incentives/disincentives)					
Changing Physical Designs					
Modifying/Changing Policy					
Strengthening Coalitions					

# MOBILIZING FOR ACTION

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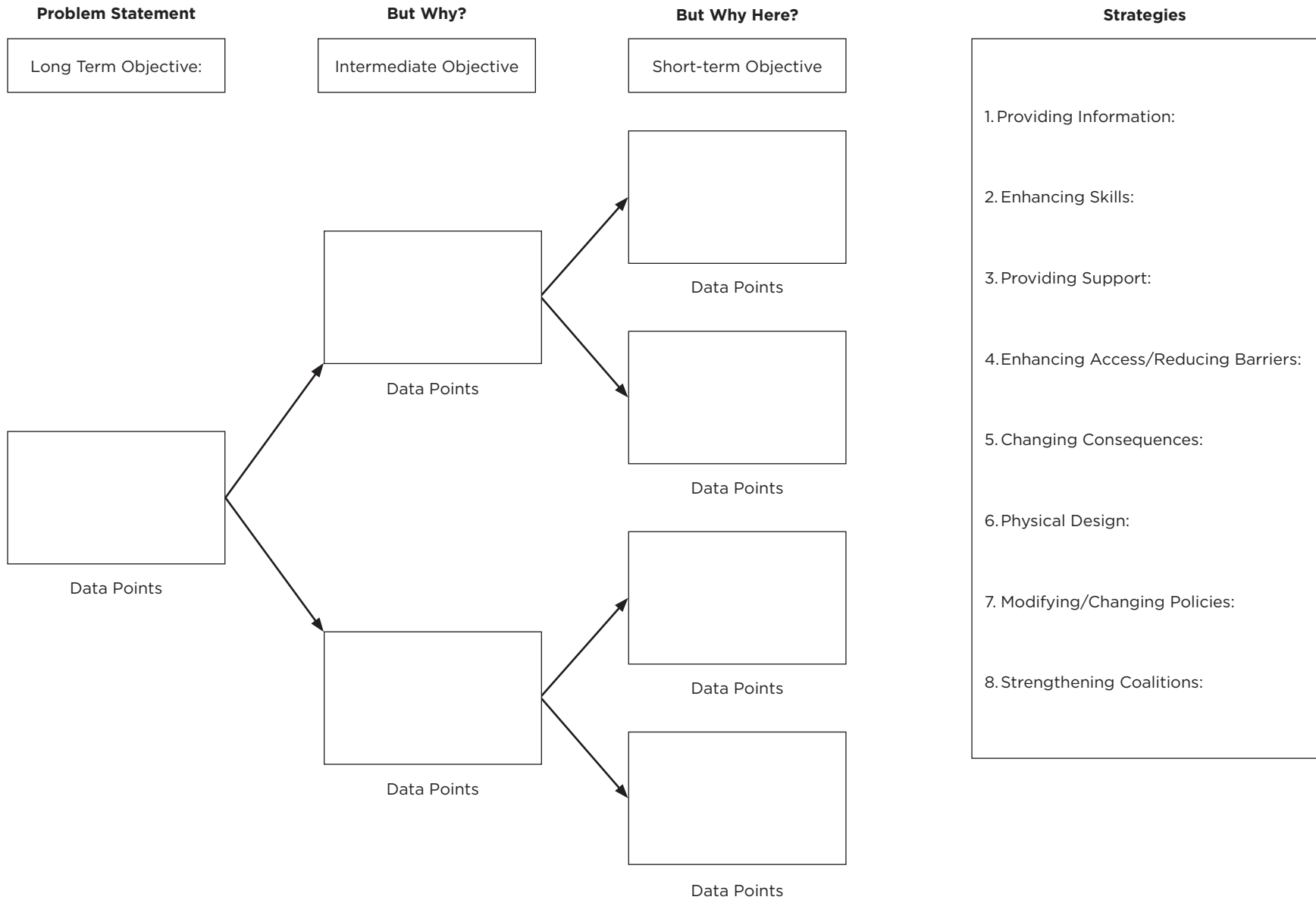
## *Evaluation: CD tools*

Logic Model Template with Objectives and Data Points

Evaluation Plan Worksheet

Sharing Your Results - Action Plan

# Logic Model Template with Objectives and Data Points



# Evaluation Plan Worksheet

Problem Statement: \_\_\_\_\_

Root Cause (But Why?): \_\_\_\_\_

Local Condition (But Why Here?): \_\_\_\_\_

Goal: \_\_\_\_\_

Strategy	Evaluation Plan
Providing Information	<ul style="list-style-type: none"> <li>• How will you measure?</li> <li>• Where will you get the data?</li> <li>• Who is responsible?</li> </ul>
Enhancing Skills	<ul style="list-style-type: none"> <li>• How will you measure?</li> <li>• Where will you get the data?</li> <li>• Who is responsible?</li> </ul>
Providing Support	<ul style="list-style-type: none"> <li>• How will you measure?</li> <li>• Where will you get the data?</li> <li>• Who is responsible?</li> </ul>
Enhancing Access/ Reducing Barriers Or Reducing Access/ Enhancing Barriers	<ul style="list-style-type: none"> <li>• How will you measure?</li> <li>• Where will you get the data?</li> <li>• Who is responsible?</li> </ul>
Changing consequences (incentives/disincentives)	<ul style="list-style-type: none"> <li>• How will you measure?</li> <li>• Where will you get the data?</li> <li>• Who is responsible?</li> </ul>
Changing Physical Designs	<ul style="list-style-type: none"> <li>• How will you measure?</li> <li>• Where will you get the data?</li> <li>• Who is responsible?</li> </ul>
Modifying/Changing Policy	<ul style="list-style-type: none"> <li>• How will you measure?</li> <li>• Where will you get the data?</li> <li>• Who is responsible?</li> </ul>
Strengthening Coalitions	<ul style="list-style-type: none"> <li>• How will you measure?</li> <li>• Where will you get the data?</li> <li>• Who is responsible?</li> </ul>

# Sharing Your Results – Action Plan

Coalition Name: \_\_\_\_\_

## Strategy:

1. Who cares? ( audience)

2. What do they care about? ( question)

3. Where is the information? (data)

4. How will we get it? ( method)

5. How will we share it? (report)