

District of Columbia Epidemiological Outcomes Workgroup (DCEOW)

Community Conversations Workbook

October 2016

Prepared for

District of Columbia Department of Behavioral Health (DBH)

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Acronyms and Abbreviations

ATOD	alcohol, tobacco, and other drugs
DBH	Department of Behavioral Health
DCEOW	District of Columbia Epidemiological and Outcomes Workgroup
DCPC	District of Columbia Prevention Centers
LGBTQ	lesbian, gay, bisexual, transgendered, and questioning
SPF	Strategic Prevention Framework

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WELCOME

The District of Columbia Department of Behavioral Health's (DBH) prevention services are designed to:

- Reduce priority risk factors that place District children, youth, families and communities at risk for substance use disorders and interrelated problems; and
- Prevent the onset of and delay the progression of substance use in youth ages 8-18 through implementation of culturally-sensitive prevention policies, programs, and practices.

This *Community Conversation* workbook will assist you in the Strategic Prevention Framework (SPF) planning process by

- describing some of the information you may want to gather through Community Conversation activities;
- helping you to understand the Community Conversation process, including how to conduct conversations with key leaders and partners, larger community groups, and smaller groups of youth and adults; and
- guiding your collection and reporting of Community Conversation data related to substance use outcomes and related risk and protective factors.

Effective Community Conversations should support the creation of realistic logic models, development of sustainable action plans, and implementation of prevention initiatives that meet the communities' needs.

If you have questions at any time throughout the process, please contact one of the people listed in **Appendix A**. We look forward to working with you!

1 Purpose of Community Conversations

The SPF outlines five steps that communities in the District of Columbia should implement to build evidence-based, sustainable substance abuse prevention initiatives. **Exhibit 1** displays the five SPF steps. The first SPF step, to “assess prevention needs based on epidemiological data,” highlights the importance of using data to plan prevention interventions. The District of Columbia Epidemiological Outcomes Workgroup (DCEOW) collected and described related epidemiological data at the District and Ward levels in numerous documents (**Exhibit 2**). While providing a thorough epidemiological perspective, these data cannot provide a full picture of what substance use looks like at the neighborhood and community levels, nor do they provide an understanding of the available resources to prevent substance use at those local levels. Community Conversations fill these data gaps by helping to identify the local conditions contributing to substance use in particular communities and neighborhoods, along with the community readiness and resources needed to address substance use issues.



Community Conversations range in size from conversations that involve a large number of individuals, such as town hall or large group meetings, to those that include a smaller

Community Participation- A bottom-up approach

The term bottom-up approach refers to programs or research that begin at the community level. Similar to a plant that grows from a seed, bottom-up approaches grow from the seeds of community input. Research indicates that engaging communities in decision-making and program planning helps ensure that programs more accurately address community needs and are sustainable over time.

number of individuals, such as an interview or focus group. Regardless of the size, Community Conversations obtain community feedback from the bottom up. They allow the community to answer the question: “But why here?” That is, what particular conditions influence substance use in that community?

This workbook outlines the steps District of Columbia Prevention Centers (DCPCs) can take to collect community-level

feedback to fill in the gaps in the epidemiological data and provide a more local perspective on substance use prevention in the District.

Exhibit 2: Epidemiological Data Provided and Summarized by the Department of Behavioral Health and the District of Columbia Epidemiological Outcomes Workgroup

Data Document	Data Description
2015 District Highlights Report 35 pages	Alcohol, Marijuana and Other Drug Consumption, Consequences and Risk Factors at the District and Ward levels —Detailed tables, graphs, and descriptive text about the District and its Wards
District-Level Epidemiological Report 2012 280 pages	Alcohol, Tobacco, and Other Drug Consumption, Consequences, and Risk Factors in the District of Columbia —Detailed tables, graphs, and descriptive text for more than 100 different indicators
Ward-Level Epidemiological Reports 2012 8 separate reports, ~110 pages each	Alcohol, Tobacco, and Other Drug Consumption, Consequences, and Risk Factors in the District of Columbia, Ward 1 (through Ward 8) —Detailed tables, graphs, and descriptive text for more than 60 different indicators, focused on comparing the particular Ward with the District overall
Ward Epidemiological Profiles 2015 8, 2-page profiles	Ward 1 District of Columbia Key Indicators at a Glance (also Wards 2 through 8) —Easy-to-review estimates and graphs of Ward-level demographics (age, race/ethnicity), consumption (alcohol, marijuana, other illicit drugs, and pain relievers), consequences (alcohol, marijuana, and narcotics arrests; alcohol and illicit drug dependence/abuse), and risk/protective factors (perception of risk, perception of parent/peer disapproval, and adult consumption of alcohol and marijuana use; communication with parents about alcohol, tobacco, and other drug use; pregnancies and parents in treatment; family disturbance calls; unemployment; poverty, median income; alcohol retailers and compliance rates)
NSDUH 2013–2014 Handout 2 pages* *National Survey on Drug Use and Health	Alcohol, Marijuana, Prescription Drug, and Other Drug Use, Impacts of Risks and Protective Factors at the District level —National data on rates of past-month drug use and perceptions of risk from drug use are compared with those of the District of Columbia. The handout also breaks down current drug use indicators by age group and illustrates the trend for each age group since 2002.
Youth Prevention Survey Handouts, 2016 9, 2 pages	Alcohol, Marijuana, Prescription Drug, and Other Drug Use, Impacts of Risks and Protective Factors at the Ward and District levels —Data from a telephone survey conducted in the District with youth 12 to 17 years old. These handouts report overall frequencies of demographics of the respondents and of risk and protective factors asked in the survey. This information is particularly valuable to identify youth risk and protective factors that may influence youth substance use in a given Ward and across the District.
Adult Prevention Survey Handouts, 2016 2 pages	Alcohol, Marijuana, Prescription Drug, and Other Drug Use, Impacts of Risks and Protective Factors at the Ward level —Data from a telephone survey conducted in the District with adults (18 and older). This handout reports overall frequencies of demographics of the respondents and of the 16 risk and protective factors asked in the survey. This information is particularly valuable for identifying community and family risk and protective factors that may influence youth substance use.

Data Document	Data Description
Youth Risk Behavior Survey (YRBS) Data Sheets 2012 4, 2-page data sheets	Alcohol, Marijuana and Binge Drinking Among Youth at the District of Columbia Prevention Center level —Local data on District of Columbia high school student alcohol and marijuana use. The data on use of marijuana and alcohol among students are broken down by demographics such as race, gender, sexual orientation, and grade level.
Epidemiological Data Dashboard	Alcohol, Marijuana, Prescription Drug, and Other Drug Use, Impacts of Risks and Protective Factors at the Ward and District levels —Interactive, Web-based dashboard with up-to-date epidemiological data on substance use consumption, consequences, and risk and protective factors

2 Focus of Community Conversations

This guide can help DCPCs find out information on local conditions related to those issues. It also can be used to assess additional prevention concerns related to use of alcohol, tobacco, and other drugs (ATOD). For example, Community Conversations were one of the ways DCPCs and DBH became aware of the emerging issue of synthetic marijuana in the District in 2012. Community Conversations should act as one piece of DBH's early warning system, by providing information on new or emerging drugs, substance use patterns, and factors that influence substance use.

Whatever the focus, Community Conversations should revolve around the following core topics:

- Consumption patterns for alcohol, marijuana, and other drugs
- Consequences of substance use and abuse in your community
- Geographic or target population differences
- Risk and protective factors that influence substance use
- Prevention resources and infrastructure

The topics you choose to include and the audience you choose to engage in your data collection activities should reflect the purposes of those conversations. For example, are you more interested in engaging community members affected by substance use to make decisions about where to focus your resources (consumption/consequences, population, or specific risk factor) or do you want to find out about ongoing prevention efforts in your community by engaging representatives from community resource organizations?

Appendix B provides a sample list of key Community Conversation questions.

2.1 Consumption Patterns

Knowing what community members think are the most consumed substances in your community can combine with data from other sources (e.g., national or district surveys) to help you decide what substances you should address. Asking questions about consumption also begins providing a picture of who uses alcohol, marijuana, tobacco, and other substances in your community, along with when and where they consume these substances.

Epidemiological data from national and local District agencies lets us know that alcohol and marijuana are the two substances used the most by youth and young adults in the District of Columbia. These data allow us to identify broad areas within the District where underage drinking and marijuana use are higher than others, but they don't tell us the specifics—where more substance use takes place or who is more likely to be involved. Knowing the who, when, and where helps target efforts against problem substances in your community.

Questions that address consumption patterns include the following examples:

- What substance abuse problems do you see in your Ward, if any?

- What is the biggest ATOD challenge for youth in your community?
- How do you see [NAME SPECIFIC SUBSTANCE HERE] being used within your community?

It is really important for Community Conversations to focus on the general problem of substance use **in your community** rather than on any individual's specific problems. You should avoid questions about the participants' own substance use, as you do not want them to feel compelled to confess to their own activities, which may be illegal (e.g., drinking alcohol if they are under age 21).

The definition of problem substance can vary by population and substance. For example, among youth younger than 21 years old, **any** alcohol use is illegal. It negatively affects brain development, results in other serious health consequences (e.g., alcohol poisoning, risky sexual behaviors, and addiction), and leads to safety consequences from driving under the influence, poisonings, and other injuries. Underage drinking places youth at increased risk for violence perpetration and victimization along with social or emotional consequences (e.g., low self-esteem, depression, anxiety, lack of self-control, stigmatization by peers), academic consequences (e.g., poor academic performance, truancy, suspension or expulsion from school), and family consequences (e.g., poor relationships with parents). Among adults, problem alcohol can be defined as "either in the form of heavy drinking (drinking 15 or more drinks per week for men or 8 or more drinks per week for women), or binge drinking (drinking 5 or more drinks on an occasion for men or 4 or more drinks on an occasion for women)."¹ Take care to avoid sending mixed messages through your Community Conversations in the definitions you use for problem substance use. Although a District law effective in February 2015 legalized the limited possession and cultivation of marijuana by adults who are 21 or older, any marijuana use poses risks for youth and young adults: disrupted learning and memory, increased anxiety and depression, long-term impairment of the developing brain, and possible addiction.

Before you hold your Community Conversation, we recommend that you identify working definitions of substance use and abuse among the population that is the key focus of your Community Conversation. These definitions will help you frame the conversations you want to have and the questions you want to ask your community.

Community Conversations Used to Identify Consumption Patterns—Synthetic Marijuana

In 2012, Community Conversations helped DCPCs, DBH, and the District leadership become aware of the growing use of synthetic marijuana in the District's communities. As a result of ongoing community feedback, DCPCs supported neighborhood walk-throughs to confirm the number of stores selling synthetic marijuana, DBH implemented a major media campaign to increase community and youth awareness of the dangers of synthetic marijuana (K2 Zombie campaign), and the DC council approved legislation to restrict the sale of synthetic marijuana in the District.

¹ Centers for Disease Control and Prevention. (2014, November). *Alcohol and public health: Data, trends and maps*. Retrieved from www.cdc.gov/alcohol/data-stats.htm

2.2 Consequences of Substance Use and Abuse

Holding Community Conversations about the consequences of substance use and abuse will help you to hone in on the specific ways in which substance use and abuse problems show up in your community.

This knowledge will help inform decisions about where to target prevention resources and messages. Discussions about consequences can also allow you to see what aspects of substance use your community members find risky. Depending on the type of data collection and the participants in those conversations, you may decide to ask more broad questions to obtain a general perception of consequences, or instead focus on very specific consequences to find out more detail about them (e.g., asking law enforcement about substance use-related arrests).

Consequence-related questions include the following:

- What are the alcohol-related problems in your community? What about for marijuana (or tobacco, other drugs, etc.)?
- What have been some of the effects of underage ATOD use in your neighborhood?
- What percentage of arrests result from alcohol-related offenses in your community?

2.3 Geographic and Target Population Differences

You can use these Community Conversations to assess whether specific locations in your community, or subgroups of residents, disproportionately suffer from the impacts of underage alcohol use, youth marijuana use, or other substance use and abuse. These might be the places where you see the most substance use taking place or among those groups in which you see the highest rates of substance abuse and related consequences. Counts from archival data may provide more precise information in helping you decide which locations or groups to target; however, Community Conversations can provide rich and detailed information on *why* those locations or individuals require added prevention efforts.

Questions addressing geographic or target population differences include the following:

- Are the substance abuse problems located within a particular community within your Ward?
- What locations are known for alcohol-related incidents?
- Where is marijuana consumed in your community? (by youths and by adults)
- Which subpopulations within your community face disproportionate consequences of substance use? (e.g., males or females, particular racial or ethnic groups)

2.3.1 Health Disparities

A health disparity is “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage.”² For example, the higher rates of stroke, adult onset diabetes, infant mortality, and HIV/AIDS in African American than in White populations in the U.S. all represent health disparities. Addressing health disparities related to substance use, especially underage drinking and marijuana use by youth and young adults is important for prevention in the District. The District needs to consider whether particular groups face challenges with access to or availability of interventions to prevent substance use.

Some minority groups, particularly African Americans, are less likely to use alcohol and other substances than are their counterparts in other ethnic and racial groups in the U.S. However, ethnic and minority youth in particular may face increased risk of alcohol- and other drug-related consequences due to a higher likelihood of living in unstable conditions and experiencing socioeconomic hardships. Compared with their heterosexual counterparts, lesbian, gay, bisexual, transgendered, and questioning (LGBTQ) youth experience higher risks for alcohol use or abuse due to victimization and psychological distress. Gender, race/ethnicity, LGBTQ status, immigrant status, and economic status all may play a role in how local conditions affect youth substance use in your target communities.³

You can use Community Conversations to assess whether specific subgroups within your community disproportionately suffer from the impacts of underage alcohol use, youth marijuana use, or other substance use or abuse. Community Conversations also may help you explore how particular risk and protective factors and local conditions for substance use affect those subgroups in your community.

2.4 Risk and Protective Factors

So far you have focused on the consumption of alcohol, marijuana, and other substances along with related consequences. Next you should think about the underlying (or root) causes of substance use. Your Community Conversations can help you do this by collecting information on the risk and protective factors that influence substance use. Risk factors predict an increased likelihood of substance use or abuse and other problem behaviors (see **Exhibit 3**), whereas protective factors help buffer those risks (see **Exhibit 4**).

Prevention science has identified 19 key risk factors and classified them under four domains: community, family, individual/peer, and school. These key risk factors cross

² Healthy People 2020. (2015, March). *Disparities*. Retrieved from <http://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities>

³ Addiction Prevention and Recovery Administration, Department of Behavioral Health. (2015, February). *Risk and protective factors for alcohol, tobacco, and other drug use by urban and diverse youth and young adults*. Submitted to the DCEOW.

multiple problem behaviors for children and youth, such as substance abuse, delinquency, teen pregnancy, school dropout, violence, depression, and anxiety. Of these 19 key risk factors, 17 have been shown to be related to substance abuse.

Several generalizations can be made about risk:

- *Risks exist in multiple domains (community, family, individual/peer, and school).* Because risk factors exist in all areas of a young person's life, changing a single risk factor in a single domain may not significantly reduce problem behaviors.
- *The more risk factors present, the greater the risk.* Although exposure to one risk factor does not condemn a child to problems later in life, research shows that exposure to a greater number of risk factors increases a young person's risk exponentially.
- *Common risk factors predict diverse behavior problems.* The presence of a common set of risk factors predicts a growing number of problem behaviors for children and youth. Reducing a given risk will affect a number of problem behaviors. This effect is similar to risk reduction in cardiovascular disease prevention. Reducing one risk factor, such as smoking, decreases the risks not only for emphysema and heart disease but also for lung, throat, and mouth cancer.
- *Risk factors show consistency in effects across different races, cultures, and classes.* Although levels of risk factors may vary in different racial, cultural, or socioeconomic groups, the risk factors appear to operate in the same way in different groups.
- *Protective factors may buffer exposure to risk.* Protective factors protect young people from the negative consequences of exposure to risks by changing the way a person responds to the risk. Sometimes this protection comes from being low on a risk factor—for example, having parents with pro-alcohol attitudes (high risk) compared with having parents with anti-alcohol attitudes (high protection). At other times protection can come from an independent factor, such as providing youth with the opportunity to participate in pro-social activities.

Exhibit 3: Key Risk Factor Domains, Risk Factors, and Related Problem Behaviors for Children and Youth

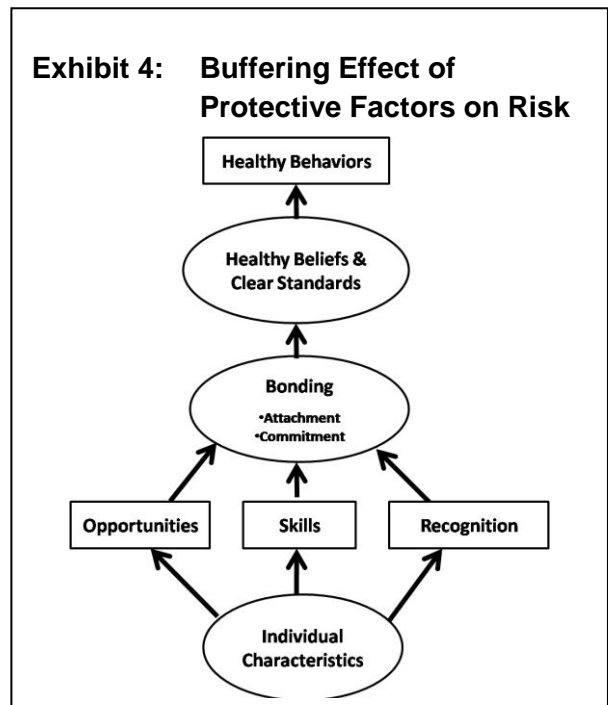
Risk Factors	Substance Abuse	Delinquency	Teen Pregnancy	School Dropout	Violence	Depression and Anxiety
Community						
Availability of drugs	✓				✓	
Availability of firearms		✓			✓	
Community laws and norms favorable toward drug use, firearms, and crime	✓	✓			✓	
Media portrayals of violence					✓	
Transitions and mobility	✓	✓		✓		✓
Low neighborhood attachment and community disorganization	✓	✓			✓	
Extreme economic deprivation	✓	✓	✓	✓	✓	
Family						
Family history of the problem behavior	✓	✓	✓	✓	✓	✓
Favorable parental attitudes and involvement in the problem behavior	✓	✓			✓	
Family management problems	✓	✓	✓	✓	✓	✓
Family conflict	✓	✓	✓	✓	✓	✓
Individual/Peer						
Friends who engage in the problem behavior	✓	✓	✓	✓	✓	
Favorable attitudes toward the problem behavior	✓	✓	✓	✓		
Early initiation of the problem behavior	✓	✓	✓	✓	✓	
Early and persistent antisocial behavior	✓	✓	✓	✓	✓	✓
Rebelliousness	✓	✓		✓		
Constitutional factors	✓	✓			✓	✓
School						
Academic failure beginning in late elementary school	✓	✓	✓	✓	✓	✓
Lack of commitment to school	✓	✓	✓	✓	✓	

The identification of risk factors specific to the urban and multicultural populations like those in the District or in your communities indicates what to focus on but not necessarily how to reduce risk. Prevention science shows that some children exposed to multiple risk factors manage to avoid behavior problems later, even though they are exposed to the same risks as children who develop problems.

Some protective factors that may buffer exposure to risk include

- individual characteristics (e.g., gender, resilient temperament, intelligence, and positive orientation such as being good-natured and eliciting positive attention),
- bonding (e.g., strong, warm, supportive relationships that are pro-social, attachment to positive family members, positive friends, school, and community),
- healthy beliefs and clear standards (e.g., families, school, and communities have clearly stated policies and expectations for young people about ATOD use),
- protective processes (e.g., age-appropriate opportunities to become involved and contribute to family, school, and community),
- skills (e.g., skills for successfully completing tasks, getting along with others, and resisting substance use offers, along with thinking and solving problems), and
- recognition for skillful performance.

Protective factors help individuals recognize substance use situations, provide positive skills to help them navigate these situations, provide social support for decisions not to use substances, and even provide opportunities to avoid substance use. Going back to our cardiovascular disease prevention and smoking scenario, individual characteristics such as a resilient temperament, being intelligent, and having a positive orientation help individuals recognize situations where they may be encouraged to smoke, provide a foundation of skills to communicate their decision not to smoke, and help get them opportunities for pro-social activities where they can avoid smoking offers. In turn, the recognition, skills, and opportunities to avoid smoking allow individuals to become more strongly bonded with positive, anti-smoking family, peers, and community groups. This bonding further reinforces healthy beliefs and clear standards against smoking and helps individuals continue their healthy behavior of avoiding smoking.



Many risk factors contribute to substance use in your community, but some act more directly on the occurrence and magnitude of substance use than others. You can also influence some risk factors more easily and directly than others. For example, community substance use prevention organizations can work on the availability of retail locations that sell the substance more easily than they can address extreme economic deprivation (i.e., poverty). Either limit your conversation to these more directly affected factors or discuss others only as time allows. To get at a more general perception of risk and protective factors in your community, you may want to ask questions like the following:

- What conditions in your community increase the risk of ATOD use and related consequences?
- What do you think are the underlying causes of substance use and related consequences in your community?
- What factors in your community protect youth from ATOD use and related consequences (e.g., clear standards and messages about use; opportunities for pro-social activities)?

More direct risk factors include retail availability, social availability, law enforcement, social/community norms, and low perceived risk (a favorable attitude risk factor). The next section covers these in more detail, but DBH and the DCEOW can help you develop specific questions related to other risk or protective factors from **Exhibits 3 and 4** (see **Section 2.4.6**).

2.4.1 Availability—Retail

Retail availability refers to where alcohol, marijuana, tobacco, and other drugs can be purchased in your community and to how easily they can be obtained through these sources. In some cases you can use archival data to assess retail availability—for example, through information on alcohol and tobacco licenses or licenses for medical marijuana dispensaries. However, archival sources will not provide information on other types of marijuana sales or on the sales of other drugs. Instead, key leaders, community members, and youth will likely supply better information on these types of retail availability through Community Conversations. In addition, these conversations can provide information on how underage youth obtain alcohol from retail establishments.

For example, you can ask youth in focus groups where other individuals like them can purchase marijuana and other drugs in their communities. You may also want to ask them what types of alcohol kids their age are most likely to consume and where they might purchase it. You may find that youth purchase alcohol by using fake IDs or by going to certain establishments that they know do not check for IDs. On the other hand, they may use shoulder taps—that is, approach adults outside alcohol establishments and ask the adults to purchase the alcohol on their behalf.

2.4.2 Availability—Social

Social availability includes obtaining alcohol, marijuana, and other substances from friends, associates, and family members, but it also refers to the availability of these substances at gatherings such as parties and other social events. These social sources of ATOD are *no more acceptable* than the retail sources described in **Section 2.4.1**. Some local conditions in your community that may affect the social availability of alcohol, marijuana, and other drugs include

- provision of alcohol, marijuana, and other substances to youth by parents, other adults, other family members, and friends;
- lack of awareness among adults that there are penalties for providing alcohol to minors;

- community celebrations that include alcohol, marijuana, or other drugs;
- availability of unsupervised and other locations for drinking alcohol and using other substances;
- lack of parental monitoring of alcohol or other drug (e.g., prescription drug) supply in the home;
- beliefs that a lack of chemical-free activities leads to alcohol and other substance use (i.e., that substance use is an appropriate substitute behavior when there is “nothing better to do”); and
- workplace promotion of alcohol and other substance use.

To learn about the social availability of alcohol, marijuana, and other drugs in your community, you can ask general questions about where individuals get those substances. Then you can follow up with more specific questions to get at where individuals use alcohol or other drugs (e.g., celebrations, unsupervised locations) or to cover other issues (such as parental or community monitoring of alcohol and other drugs).

2.4.3 Law Enforcement

Law enforcement may play an important role in preventing substance abuse, but they may be hampered by a number of circumstances, including the following:

- A lack of resources or training on substance use issues
- A lack of community support for law enforcement efforts
- Inconsistent applications of laws related to substance use (e.g., drunk driving laws, marijuana possession laws)
- Inconsistent application of legal consequences (e.g., lack of prosecution)
- Limitations in the legal consequences available (e.g., new laws decriminalizing marijuana possession)

Interviews with specific law enforcement personnel and community members can provide information on these circumstances. In addition, perceptions of law enforcement practices may play an important role in substance abuse. If youth in the community believe that they will not face punishment for underage drinking, marijuana use, or other substance use, they will be much more likely to participate in those activities. Focus groups with youth provide a useful tool in uncovering these perceptions.

2.4.4 Social and Community Norms

Social norms refer to the acceptability or unacceptability of certain behaviors in a community, in a family, or by individuals. Community conversations best target general community norms, although they also may address community perceptions of family norms. To explore the status of social and community norms, you can use your data collection activities to look at some specific areas such as

- favorable attitudes or acceptance (e.g., parents permitting underage drinking; adults thinking it is okay for youth to smoke marijuana because it is “natural”);

- perception of alcohol or other substance use as a rite of passage;
- multigenerational use—by parents and other relatives (family history);
- public alcohol use;
- youths' perceptions of drinking as a bonding activity that is normal, not harmful, or even cool; and
- cultural acceptability in particular subpopulations or as presented in the popular culture (media portrayals).

2.4.5 Low Perceived Risk

Individuals who express low perceived risk believe that they will not face negative consequences if they use alcohol, marijuana, or other drugs. This low perceived risk usually concerns two specific areas: penalties and health. The low perceived risk of penalties can include the belief that there is low risk of getting caught or arrested; a belief that the penalties of getting caught are not serious; or a lack of knowledge of the penalties, for example, for providing alcohol to minors. The low perceived risk to health shows up in beliefs such as that alcohol is safer than other drugs, that marijuana is safe because it is “natural,” and that substance use is safe as long as you are not driving. To learn more about the low perceived risk in your community, you can conduct Community Conversations or focus groups with adults (including parents of adolescents) as well as with youth.

2.4.6 Additional Risk and Protective Factors

The risk and protective factors listed in **Sections 2.4.1–2.4.5** provide several ideas for topics for discussion in your data collection activities. You may want to think about these as a starting point for the many other risk and protective factors that you may want to discuss. Think about other factors that might play an important role in the substance use or abuse that occurs in your community. On the risk side, these factors can include low neighborhood attachment and residential instability in the community, a lack of youth commitment to schools and academic achievement, high rates of family conflict, and early substance use initiation. On the protective side, it might be useful to include questions about opportunities for pro-social involvement in communities, schools, and families.

Because you may not have the time to discuss all of the factors you want, think carefully about *prioritizing factors you can change with your prevention efforts*. The individuals listed in Appendix A can assist you with developing questions related to these additional risk and protective factors as needed.

2.5 Prevention Resources and Infrastructure

In addition to information on consumption, consequences, and risk and protective factors, your data collection activities can provide an ideal opportunity to assess community perceptions of existing prevention resources, as well as to identify additional prevention policies, practices, and programs in your community that address substance use and abuse. In addition, you can use the opportunity to find out about prevention needs in your community and perceptions of where new resources might be most effective.

2.5.1 Definitions of Policies, Practices, and Programs

Policies are defined as standards for behavior that are formalized to some degree (i.e., written) and embodied in rules, regulations, and organizational procedures. Government regulations are an example of policies, but policies can also include nongovernmental regulations put into place at institutions like schools, colleges, liquor stores, bars, restaurants, and workplaces.

Practices are defined as procedures or courses of action that support existing policy and help to change or sustain behavior. Examples of practices include activities such as stores' checking IDs before selling alcohol, parents' calling other parents to substantiate monitoring of alcohol-free events, and parents' monitoring youth as they return home to gauge the youths' using or non-using behaviors.

Programs (including environmental strategies) are defined as structured interventions designed to change individual attributes or environmental conditions within a defined geographic area or for a defined population. For example, an individually focused program could consist of skill-building lessons for adolescents so that they can better resist offers to consume alcohol. Environmental strategies change the behavior of populations by targeting the environment in which people live, work, and play. For example, an environmental strategy could include responsible alcohol service training or a media campaign to influence norms surrounding marijuana use. Evidence-based programs and strategies have been evaluated formally and shown to change individuals or environmental conditions.

3 Conducting Your Community Conversation

Collecting information from the community forms a vital part of the first SPF step—assessment. Information about some substance use consumption, consequences, risk and protective factors, and prevention services in your community is available from various sources, including existing data and reports (see **Exhibit 2** for the epidemiological data reports and other documents developed by the DCEOW and available for your use). Community Conversations, on the other hand, help you focus on topics and areas for which you need more detailed information (e.g., why use of a particular substance is higher in your community—local conditions) or can't get the information in any other way (e.g., cultural norms surrounding alcohol use among youth in your community).

Exhibit 5: Community Conversation Steps

1. Identify the Data Gap
2. Consider What Audiences/Populations Can Fill that Data Gap
3. Determine the Community Conversation Format
4. Select Questions to Ask
5. Strategically Invite Your Audience
6. Record Community Feedback
7. Report Community Feedback

Conducting a Community Conversation involves seven key steps, which are outlined in **Exhibit 5**. **Step 1, Identify the data gap**, may begin with information from any of three different sources: (1) informal conversations with community members that highlight emerging or intense substance use issues; (2) examination of the epidemiological data that the DCEOW collects and reports, to look for high rates of use or problematic risk factors; and (3) DBH requests for more information on particular substances or emerging trends. This initial information should contribute to a list of data gaps that you want to address during your Community

Conversation. Identified data gaps often lead to questions like, “Who?”, “Where?”, and “But why here?” Select a few data gaps from the list and center your Community Conversation on those.

Step 2: Consider what audiences can best help you fill your data gap. You should strategically consider the audiences or populations that can inform you and help fill in the gaps in your data. This decision may involve reviewing race, ethnic, and gender data to understand which populations face the most consequences from that particular substance. It also may involve further informal discussions with community leaders and stakeholders or advice from DBH or the DCEOW. For example, if your epidemiological data show an increase in marijuana use among Hispanic youth in your community and you want to understand why, you may convene a Community Conversation and invite the target population—Hispanic youth. If DCEOW feedback informs you that gender differences may play a stronger role in Hispanic marijuana use, you may decide to invite males and females in separate groups.

Step 3: Determine the format for the Community Conversation. Choose between three main formats of Community Conversations. You can conduct one-on-one interviews with community leaders or stakeholders; hold large-group Community Conversations, such as town hall meetings; or hold small-group discussions such as focus groups. Selecting the type of Community Conversation you want to conduct should tie directly to the data you want to obtain. If you are hoping to get very detailed feedback about substance use and abuse among a particular age, race, or ethnic group, you may consider conducting a conversation with a smaller group. For broader feedback, you may consider a town hall or other large-group format that includes diverse community members. Interviews could allow the DCPCs to gain insight on specific issues from stakeholders in the community (e.g., a District of Columbia Metropolitan Police Department member in charge of the narcotics division in the local Police Service Area may provide insights on why marijuana-related arrests increased in that particular community).

Step 4: Select the Questions You Want to Ask.

The sample protocols in **Appendices B–G** present a list of questions you can use during the Community Conversation. However, you should try to cover only a subset of those questions in any one Community Conversation. Depending on the size of the group and the time allotted, it may prove difficult to ask all of the questions outlined in the sample protocols. Also, by selecting a subset of questions to ask during the Community Conversation, you can focus your data collection on the critical issues and data gaps that need to be filled. By focusing the discussion on these issues, you will be able to gain a more detailed perspective of what is truly taking place at the community level. Again, your goal is not to obtain answers to all the questions in the protocol, but rather to

receive detailed feedback about topics most relevant to your identified data gaps. DBH and the DCEOW can provide suggestions for which questions to select.

Legalization of Marijuana—The Challenge of Providing a Clear Message

On November 4, 2014, District voters approved the legalization of limited possession and cultivation of marijuana by adults who are 21 or older. From a legal perspective, marijuana use by adult community members is now acceptable. However, research shows that marijuana use among youth has detrimental impacts on neurological and mental development. Community Conversations in the District need to take care not to send mixed messages to youth and other community members. It is still illegal for youth to possess or smoke marijuana, and marijuana use by youth continues to pose risks to their health and well-being. DCPCs need to present this message consistently to their communities.

Step 5: Strategically invite Community Conversation participants. Once your data needs are clear, you should be strategic about who is invited to the Community Conversation. You may want to target different types of participants to get a clearer picture of what is going on in your community. For example, if you plan to conduct a focus group with parents, think strategically about which parents will have the best perspective on substance use and abuse issues in the community. Would parents of young adults be the best audience? Or parents of young children? Or all parents of school-age children?

Step 6: Record your Community Conversation. Whether you use an audio-recording device or have someone take notes, you must capture the dialogue shared during the

Community Conversation. As the sample report shows (see **Appendix H**), your notes do not have to include every single comment made in the Community Conversation. However, you should note and describe the major themes or points discussed for each of the questions that you ask. Including illustrative quotes for particular questions or themes in your report provides more depth and allows readers to get a better feel for the information provided by your participants. Identifying places where the community has consensus helps the reader see where all or almost all of your participants provided similar input on a particular question or theme. Identifying areas of disagreement also can be important. It may show an area in which you don't have community support, highlight issues in which particular community groups have opposing needs, or represent some individual participants' unique perspectives—any of which may need to be considered as prevention programs are developed. In such cases, providing general identifying information about the opposing groups or individual participants is very important (e.g., a long-time resident of a gentrifying neighborhood, a community advocate).

Step 7: Report your Community Conversation. DBH expects its subrecipients to conduct Community Conversations and upload a Community Conversation report to DBH's Data Infrastructure and Reporting System (DIRS). The report should begin with a description of the time, setting, and participants in the conversation. These reports should include major conversational themes for each question; illustrative quotes from community members; and, for town halls or focus groups, notes about community consensus or disagreement on a particular issue, along with descriptions of individuals or groups providing unique perspectives. The notes should provide enough detail to allow those implementing Community Conversations the opportunity to use their data in future grant applications and planning documents. These notes also will be consolidated across DBH subrecipients by the DCEOW to provide DBH with a rich picture of existing and emerging substance use issues in the District of Columbia.

The following sections describe the methods in more detail, and you can find specific examples of questions and protocols in the appendices. To find a Community Conversation matrix that relates specifically to the key data collection questions found in **Appendix B**, please go to **Appendix C**.

3.1 Interviews—Community Leaders and Stakeholders

One method of conducting a Community Conversation is face-to-face interviews with community leaders or stakeholders. With this method, you talk to each participant individually. This can be done in the participant's workplace, in your office, or in another private place. Interviewing community leaders and stakeholders can provide a better picture of their observations and concerns about substance use prevention systems, substance use, underage drinking, and youth marijuana use in your community.

Interviews take place one on one and not in a group setting. Conducting interviews becomes especially useful in the following situations:

- **The topic is more complicated and you want specific information.** For example, you want more detail on the prevention activities sponsored by a particular community group.
- **It is a sensitive topic.** For example, people may not be comfortable talking about alcohol use or DUI in front of a group.
- **The people you want to talk to cannot come together in one geographical location or time.** For example, if the people you want to talk to work in different areas or on different schedules, it may not be convenient to get them together in a group.

An Example of When a Stakeholder Interview Would Be Helpful

You want to understand where youth are obtaining and using heroin in your community. Given that heroin use is illegal, community members may find it difficult to publically discuss who provides access to heroin in their community or describe where dealers sell it. Instead, you may want to conduct interviews with a few different knowledgeable community stakeholders including local narcotics police officers, treatment providers, and key community leaders in areas identified for heroin sales. Interviews allow for more open and confidential conversations with these individuals about the topic.

We recommend that you use a semistructured interview format—that is, your questions are prepared in advance, but

you may add clarification and follow-up questions as the interview proceeds. By asking general questions and having your participants provide answers in their own words, you may gain more complete information than if you used very specific questions. The interview is structured so that you cover what you need to, but it is not so structured that it doesn't allow participants to freely discuss substance use in their communities.

Although face-to-face interviews are a valuable way to collect data, they are not without drawbacks. The appearance and demeanor of the interviewer may affect the responses of the participants. Subtle changes in the way an interviewer asks a question may elicit different answers. Also, be aware that the interviewer may not respond similarly to all participants. For example, interviewers may respond differently to participants they know than to participants they've never met before.

Here are some tips to assist you in conducting interviews:

- Try to interview a variety of community members. If you have a list of people in your community, randomly pick people from the list to interview.
- Make sure you select interviewers who are trusted among the community.
- Arrange a time and place to meet with the individual you are interviewing. Try to do this in a setting where the person will feel comfortable.
- During the interview process, you may need to ask follow-up questions that are not part of a tool to clarify what a respondent says. This is okay. A good interview should be like a conversation, not a question-and-answer session. Here are some examples of general probes that may be useful:
 - Please tell me more about that.
 - Can you give me an example?

- Why do you think that?
- Are there other things that I haven't asked you about that you think are important?
- Record notes as best you can during the interview. Once you are done, review your notes as soon as you can and complete them as needed.

3.1.1 Choosing the Interviewer

Fundamental to the interview is an interviewer who leads the discussion. This person should feel at ease speaking in a one-on-one conversation. The interviewer's goals are to make participants feel comfortable expressing themselves openly, remain unbiased, and keep the discussion on track. It is recommended that you use someone who has conducted face-to-face interviews before. The interviewer should be able to ask the questions the same way for each participant and be able to read the questions in a neutral manner. The interviewer should also be practiced in active listening techniques that encourage participants to respond honestly and openly to the interview questions.

3.1.2 Choosing the Participants

Select participants in a strategic fashion by first identifying your data needs and then considering who in the community is best equipped to provide you with related insights. One thing to consider when you choose your participants may include the length of time they have lived or worked in the community or held their current positions. Be careful not to choose someone who is too new to be able to answer your questions accurately. Keep in mind the questions that you are trying to answer, and be creative in how you choose participants. Identify a minimum of four to six individuals in your community who are connected in some way to your priority topic (e.g., underage drinking, youth marijuana use). Try to find people who represent different segments of your community.

To choose your participants, you may want to begin by listing organizations that play a role in your community or Ward, such as these:

- | | |
|--|---|
| ■ Resident/neighborhood councils
(Advisory Neighborhood
Commissions [ANC]) | ■ Government agencies |
| ■ Faith-based organizations | ■ Law enforcement |
| ■ Universities | ■ Social services |
| ■ Health and medical professionals | ■ Mental health and treatment
services |
| ■ Business organizations | ■ Youth-based or youth-serving
organizations |
| ■ Media organizations | ■ Other community groups |

You will also want to list different subgroups of individuals that your DCPC wants to target in your Ward (e.g., specific groups of youth). Next, contact these organizations and groups to recruit one or more leaders or members of the organization to participate in a conversation about their community. You may want to make presentations at larger meetings and invite participation. Keep track of this recruitment process, including all contacts, acceptances,

and refusals. You can use this information in your reports to describe whom you attempted to interview and demonstrate how this group represented your community.

3.1.3 Conducting the Interview

Interviews should last about 30–60 minutes and follow a semistructured format. The interviewer should ask the questions and let the participant respond without interrupting, allow the participant to talk freely but not ramble about unrelated issues, and make every attempt to find a balance between keeping the conversation on track and allowing it to flow naturally. To accomplish this, a “funnel” structure is often used. This approach is best outlined as a series of questions that move from general to specific (see **Appendix D** for an example of a Community Leader Interview). Sometimes more general questions are followed by specific probes to encourage the interviewer to ask the respondent if he or she has thought about specific responses to the question.

- **Introductory Questions:** These are questions that introduce the topic for discussion. They should make the participant feel at ease with the interviewer. Usually they are not critical to your issue; rather, they are intended to foster conversation and get the participant to start thinking about the topic.
- **Key Questions:** These are questions that drive your look at the issue. Their answers provide the best data for later analysis. They should be focused on the topic of interest, and they should be open ended. The interviewer’s goal with these questions is to elicit comprehensive responses from the participant. You should avoid questions that allow for short answers as well as questions that can be answered with a yes or a no.
- **Ending Questions:** These questions bring closure to the discussion and enable the participant to look back upon previous comments. Participants should be asked to summarize their thoughts.

You also need to make sure that the interviewees feel safe answering the questions. You should find ways to ensure confidentiality of their answers—that no one will be able to connect what they say with their names:

- Provide them with a letter of **informed consent** explaining the steps you will take to keep their information confidential. This letter should also let them know that they do not have to answer any question that makes them uncomfortable and that they can stop the interview at any time and for any reason. **Appendix I** provides an example of a letter of informed consent.
- Only the interviewer and the participant should be present during the interview.
- Conduct the interview in a private place so no one can overhear what you are saying.

3.1.4 Recording and Using the Information

In addition to taking notes, make every effort to audio-record the interview, but seek permission from the participant first. The use of recording equipment is important because it allows you revisit the conversation and remember the exact words used by the participant. This recording can also be transcribed or at least listened to for quotes and general ideas.

We suggest using a data matrix like the one found in **Appendix C** to keep track of major themes and quotes from the discussion. Please feel free to modify the matrix as needed to reflect the topics and specific questions you include in your interview. **Appendix H** provides an example of a completed Community Conversation report. This example, from a large group meeting/community town hall, includes only a subset of questions because the conversation leader strategically selected key questions that she felt the community members could effectively answer and that were most applicable to filling the data gap she had.

The information gathered from these interviews should be used to complement data or information you get through other sources. As the example illustrates, use of participant quotes and the grouping of ideas helps you describe what you found through the interviews. The grouping of ideas refers to categorizing participants' attitudes, feelings, or beliefs toward the topic. An idea grouping may simply involve information from the discussion of a single question. In other cases, idea groupings may involve outlining the major overall topics brought up during the interview (i.e., topics raised across questions).

3.1.5 Key Partner Interviews

One type of interview that is useful in understanding community beliefs is the **key partner interview**. Key partners are people in the community who have special knowledge, status, or access to observations unavailable to others and who are willing to share their knowledge and skills. For example, teachers or staff of organizations that work with adolescents (e.g., Boys and Girls clubs) may have insights on substance use or drinking and possession by adolescents and could provide important information on the beliefs and needs of the target population. You may want to interview police officers assigned to your community, emergency room staff, or treatment facility administrators about their interactions with the justice system. Sample questions for a law enforcement interview can be found in **Appendix E**; similar sets of questions can be developed for other types of key partners.

The process of interviewing key partners is the same as interviewing other members of the community, with the addition of some questions related to their special knowledge. The individuals listed in **Appendix A** can provide assistance in developing additional questions for these interviews.

3.2 Large Community Groups

Community conversations with large groups have also been called town hall meetings. Many of the general tips associated with interviews (**Section 3.1**) also apply to town hall meetings; additional tips can be found in **Appendix F**. A town hall meeting occurs when members of the community get together to discuss their opinions on a given topic or

An Example of When a Large Community Group Would Be Helpful

Data demonstrate a surge in use of a new drug within a particular Ward. You want to understand why so many use the drug in this particular community and why the number of people using this drug increased. Having a conversation with community members could provide you with more information on who is using the drug, how they get access to it, why some consider using it acceptable, and why people in that community consider use of that drug low risk. Convening a Community Conversation with a large group of community members can provide you with multiple answers to those questions and give you a better picture of the local conditions that surround use of that drug in your community.

NOTE: You may find it helpful to begin your conversation with a 10- to 15-minute presentation of information about the drug by an expert or panel. However, most of the conversation should be spent asking questions and listening to your audience to get community insight on the drug. Otherwise the session becomes less of a Community Conversation and more of a community education session.

problem. It can provide a first step toward understanding the community's needs and resources. Town hall meetings are good to use with groups of 30 or more participants.

You should aim to include a cross-section of community members. For example, participants from different racial and ethnic categories should be included, as well as people in different age groups. In addition, members of existing community groups working on these issues should be included. Town hall meetings are also a good place to share information with the community about what you are doing. The meetings give you an opportunity to gain buy-in from the community to support your future efforts.

Following are some suggestions for organizing a town hall meeting. A sample protocol with more detailed instructions for the town hall meeting and ideas on how to gather and analyze qualitative data from this meeting can be found in **Appendix F**.

- If possible, hold meetings at more than one site and time to be sure that different people from the community can be involved.
- Schedule each meeting at an easy-to-find, public location that is accessible and comfortable—for example, a library, community center, or religious center.
- If possible, hold the meeting in the evening to avoid time conflicts with work and school.
- Publicize the meeting as widely as possible. Flyers, advertisements, public service announcements, and press releases can be used. Make sure the date, time, location, and purpose of the meeting are included.

- Personally recruit community leaders and diverse community members to attend the meetings. Ask them to recruit others as well.
- Serve light refreshments, if possible, to encourage mingling and set a friendly tone.

To conduct a town hall meeting, consider the following:

- Assign a discussion leader whom the community knows and respects. This person should know something about the topic, be a good listener, and be able to keep the conversation moving through the questions.
- Break up your conversation so that you present 10- to 20-minute segments of information or data collection. For example, you may focus on one particular topic for no more than 20 minutes and then move onto the next topic. Before you start each topic, announce the focus of the discussion and how long the group has for the discussion on that particular topic.
- Agree on an ending time, and stick to it.
- Provide information about DBH resources, if appropriate.
- During the meeting, tape paper to the walls and record the discussion on each of the topics so participants can keep track of what has been discussed. To do this, you will need to identify a note-taker to record the meeting (you can copy these “wall notes” to your data collection matrix for that conversation).
- Conclude with a summary of what was achieved and inform participants how you plan to use this information. Announce the next meeting, if one will be taking place.
- To provide you with information on who attended the meeting, distribute the Post-Conversation Questionnaire found in **Appendix F**. This questionnaire also allows individuals to provide information they may not have felt comfortable sharing during the town hall meeting.

3.3 *Small Groups*

You may decide that the questions you want to ask will be better answered in a small group setting. Small group data collection activities can also be called focus groups. Focus groups are similar to town hall meetings but are smaller (approximately six to eight people). They are usually easier to plan and less expensive to conduct. Focus groups are a good way to get a sense of what members of the community know and feel about an issue. Because of the smaller number of participants, focus groups allow for a more in-depth discussion than would be possible in a town hall meeting. We recommend that you hold at least four focus groups on any one topic

An Example of When a Small Group Would Be Helpful

Data show that youth in your Ward participate in underage drinking more than do youth in other Wards. You want to understand why these youth drink, what sources provide them access to alcohol, and what resources might help in that community to prevent underage drinking. In this situation you may want to hold a series of Community Conversation focus groups with youth age 16 to 20 years old. You may want to hold separate groups by demographics (race, ethnicity, or gender) or focus on subgroups in your Ward known to participate in underage drinking at higher rates (like college undergraduates).

and make an effort to represent different population subgroups within each focus group. The focus groups may be especially applicable for youth.

Focus groups can give you an opportunity to explore how factors such as social availability, retail availability, social and community norms, and perceived risks affect underage alcohol use, youth marijuana use, and other substance use. A sample protocol for youth focus groups and tips on how to plan for, run, and report data from these conversations can be found in **Appendix G**. You can also use the focus group instructions in **Appendix G** to help you conduct focus groups with adults, but you may want to substitute the questions included in the community leader interviews or large group (town hall) meetings. Remember that you should always use the questions or subset of questions that best address your identified data gap, your target population, and your participants.

The individuals listed in **Appendix A** can provide assistance in developing additional questions for focus groups, depending on your chosen topics.

4 Resources

Best Practices for Conducting a Needs and Resource Assessment: Tip Sheet:

http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/training/tip_sheets/needs-assessment-508.pdf

Faith-Based Coalitions and Collaborative Partnerships:

<http://www.samhsa.gov/faith-based-initiatives/training-technical-assistance/coalitions-collaboratives>

SAMSHA Checklist for Assessing Readiness to Undertake Community Collaboration:

<http://captus.samhsa.gov/access-resources/checklists-assessing-readiness-undertake-community-collaboration>

SAMSHA Planning for Policy: Assessing Community Factors:

<http://captus.samhsa.gov/access-resources/planning-policy-assessing-community-factors>

Appendix A: Contact Information

Contact Information:

DBH

64 New York Avenue, NE,
3rd Floor,
Washington, DC 20002
drugfreeyouthdc.com

Appendix B: Key Data Collection Questions

SAMPLE LIST OF KEY DATA COLLECTION QUESTIONS

This list of data collection questions can work with as a template for a general community audience. Please focus the items as needed for your specific audience or purpose (e.g., target the items to youth substance use in general OR to a particular substance such as alcohol). Please contact the individuals in Appendix A for help with modifying the questions or developing new questions (e.g., questions that cover additional risk factors). Use only those questions you need to meet the needs of this Community Conversation. Facilitators need to be aware of the demographics of the audience when planning the community conversation. The questions need reflect education level, language barriers, cultural competency and socio economic status of the audience.

NOTE: Where you see [SUBSTANCE] you can replace it with either “alcohol, tobacco, or other drugs” OR name a specific substance, such as “alcohol”, “marijuana”, “K2/Spice”, etc., depending on the focus of your data collection. You can also repeat the question and include different substances as needed.

CONSUMPTION

1. What substance abuse problem(s) do you see in our community, if any?
2. What is the biggest alcohol, tobacco, or other drug (ATOD) challenge for youth in our community?
3. How do you see [SUBSTANCE] being used within our community?

CONSEQUENCES

4. What have been some of the effects of underage ATOD use in your neighborhood?
5. What are the alcohol-related problems in our community? What about for [SUBSTANCE]?

GEOGRAPHIC/TARGET POPULATION DIFFERENCES

6. What locations in our community are known for [SUBSTANCE]-related incidents?
7. Where is [SUBSTANCE] consumed in our community? (by youths and by adults)
8. Which subpopulations within our community face disproportionate consequences of substances use? (e.g., males vs. females; particular racial or ethnic groups)
ALTERNATIVE: Which groups in our community are more likely to use [SUBSTANCE]? Which groups in our community are more likely to face consequences of using [SUBSTANCE]? What are those consequences?

RISK AND PROTECTIVE FACTORS

9. What conditions in our community increase the risk of [SUBSTANCE] use and related consequences? How do the things that increase [SUBSTANCE] use look different in our community than others?

10. What factors in our community protect youth from [SUBSTANCE] use and other related consequences? (e.g., clear standards and messages about use; opportunities for pro-social activities)

RISK AND PROTECTIVE FACTORS—RETAIL/SOCIAL AVAILABILITY

11. Where are individuals (youth/adults) in our community getting [SUBSTANCE]?
12. How do youth in our community purchase [SUBSTANCE]?
13. Where do individuals (youth/adults) in our community use [SUBSTANCE]? (e.g., celebrations, unsupervised locations, community events) [THIS CAN ALSO REFLECT COMMUNITY NORMS]
14. How do parents in our community monitor [SUBSTANCE] in their home?

RISK AND PROTECTIVE FACTORS—LAWS AND LAW ENFORCEMENT

15. What does law enforcement do to address the issue of ATOD use in our community? What laws are in place to address [SUBSTANCE] use?
16. Do individuals (youth/adults) in our community believe they risk arrest or fines for breaking laws related to using [SUBSTANCE]? Why or why not? [THIS CAN ALSO REFLECT LOW PERCEIVED RISK]

RISK AND PROTECTIVE FACTORS—COMMUNITY NORMS

17. What are the general attitudes about [SUBSTANCE] in our community? [RISK FACTORS—COMMUNITY NORMS]
18. Why do you believe [SUBSTANCE] is accepted in your community?
19. In our community, at what age is it acceptable to use [SUBSTANCE]?
20. What kinds of media images of [SUBSTANCE] use do individuals (youth/adults) see in our community?

RISK AND PROTECTIVE FACTORS—LOW PERCEIVED RISK

21. What are some of the dangers related to using [SUBSTANCE] in our community?
22. What do people in our community think about the physical effects of using [SUBSTANCE]? What physical harm do people in our community think that using [SUBSTANCE] can cause themselves or others?
 - [REPLACE “people” WITH “youth” AND REPEAT QUESTION 22]

PREVENTION RESOURCES AND INFRASTRUCTURE

23. In our community, what ongoing substance abuse prevention activities, programs, strategies, and events address alcohol, marijuana, or other drug use and related consequences?
 - ENDING QUESTION—CONSUMPTION/CONSEQUENCES
24. What is the most important substance abuse prevention issue(s) that you would like to see addressed in our community?

Appendix C: Data Collection Matrix

**Notes for Data Collection on Alcohol,
Marijuana, and Other Drugs**

Date: _____ Location: _____

Number of People in Attendance: _____ Note-taker: _____

Who is in attendance (describe the race, age, ethnicity and gender)

Identified Data Gap: _____

NOTE: Remove questions (rows) as needed; add questions or space as needed.

Question	Major Ideas or Themes	Quotes	Consensus or Disagreement? Among Who?
What substance abuse problem(s) do you see in our community, if any?			
What is the biggest alcohol, tobacco, or other drug (ATOD) challenge for youth in our community?			
How do you see [SUBSTANCE] being used within our community?			
What have been some of the effects of underage ATOD use in our neighborhood?			

**Notes for Data Collection on Alcohol,
Marijuana, and Other Drugs (Continued)**

Question	Major Ideas or Themes	Quotes	Consensus or Disagreement? Among Who?
What are the alcohol-related problems in our community? What about for [SUBSTANCE]?			
What locations in our community are known for [SUBSTANCE]-related incidents?			
Where is [SUBSTANCE] consumed in our community? (by youths and by adults)			
Which subpopulations within our community face disproportionate consequences of substances use?			
What conditions in our community increase the risk of [SUBSTANCE] use and related consequences?			
What factors in our community protect youth from [SUBSTANCE] use and other related consequences?			

**Notes for Data Collection on Alcohol,
Marijuana, and Other Drugs (Continued)**

Question	Major Ideas or Themes	Quotes	Consensus or Disagreement? Among Who?
Where are individuals (youth/adults) in our community getting [SUBSTANCE]?			
How do youth in our community purchase [SUBSTANCE]?			
Where do individuals (youth/adults) in our community use [SUBSTANCE]? (e.g., celebrations, unsupervised locations, community events)			
How do parents in our community monitor [SUBSTANCE] in their home?			
What does law enforcement do to address the issue of ATOD use in our community? What laws are in place to address [SUBSTANCE] use?			
Do individuals (youth/adults) in our community believe they risk arrest or fines for breaking laws related to using [SUBSTANCE]? Why or why not?			

**Notes for Data Collection on Alcohol,
Marijuana, and Other Drugs (Continued)**

Question	Major Ideas or Themes	Quotes	Consensus or Disagreement? Among Who?
What are the general attitudes about [SUBSTANCE] in our community?			
Why do you believe [SUBSTANCE] is accepted in your community?			
In our community, at what age is it acceptable to use [SUBSTANCE]?			
What kinds of media images of [SUBSTANCE] use do individuals (youth/adults) see in our community?			
What are some of the dangers related to using [SUBSTANCE] in our community?			
What do people in our community think about the physical effects of using [SUBSTANCE]? What physical harm do people in our community think that using [SUBSTANCE] can cause themselves or others?			

**Notes for Data Collection on Alcohol,
Marijuana, and Other Drugs (Continued)**

Question	Major Ideas or Themes	Quotes	Consensus or Disagreement? Among Who?
In our community, what are the ongoing substance abuse prevention activities, programs, strategies, and events that address alcohol, marijuana, or other drug use and related consequences?			
What is the most important substance abuse prevention issue(s) that you would like to see addressed in our community?			
Other thoughts, ideas, comments, or themes that arose during the Community Conversation :			

Appendix D: Community Leader Interviews

Community Leader Interview Questions: Sample Questions You May Choose to Use

Introductory Questions

1. What substance abuse problem(s) do you see in your Ward, if any?
[CONSUMPTION/CONSEQUENCES]

PROMPTS—How much of a problem are the following?

- Alcohol
- Marijuana
- K2 Spice (synthetic marijuana)
- Tobacco
- Cocaine
- Heroin
- Methamphetamine
- Misuse of Prescription Drugs
- Other

Key Questions

2. What particular communities within the Ward face the most issues with these substance abuse problems? [GEOGRAPHIC DIFFERENCES]

FOLLOW-UP: What evidence supports the existence of substance abuse in those communities?

3. What particular subpopulations within the Ward face the most issues with these substance abuse problems? [POPULATION DIFFERENCES]

FOLLOW-UP: What evidence supports the existence of substance abuse in those particular subpopulations?

4. What factors do you believe are causing or contributing to the substance abuse problems? [RISK FACTORS]

PROMPTS—How much of a contribution do you think the following make?

- Retail availability (access to alcohol and marijuana through retail establishments)
- Social availability (access through family, friends, parties)
- Law enforcement (lack of legal consequences)
- Social and community norms (adult acceptance, public use, cultural acceptability, availability in homes)
- Low perceived risk (or getting caught or of other consequences)

5. What factors do you believe help keep youth and adults in our community from developing substance abuse problems? [PROTECTIVE FACTORS]
6. In our community, what are the ongoing substance abuse prevention activities, programs, strategies, and events that address alcohol, marijuana, or other drug use and related consequences? [PREVENTION RESOURCES]
7. What agencies or individuals are providing prevention services? [PREVENTION RESOURCES]
8. Who are the key leader(s) actively involved in substance abuse prevention in this Ward? [PREVENTION RESOURCES]

FOLLOW-UP: Who would you like to see involved?

9. What types of training would help community members and organizations address alcohol, marijuana, and other drug issues in your Ward? [PREVENTION RESOURCES]

PROMPTS—How much would each of the following types of training help?

- Learning about drug effects and consequences
 - Learning about risk and protective factors
 - Training on community mobilization
 - Training on using data to develop prevention plans
10. In order to get additional information about services in this Ward, how do you recommend that I should proceed? [PREVENTION RESOURCES]

Ending Questions

11. What is the most important substance abuse prevention issue(s) that you would like addressed? [CONSUMPTION/CONSEQUENCES]
12. What support can DBH provide to citizens in the Ward to prevent or reduce substance abuse? [PREVENTION RESOURCES]
13. Our goal is to identify the contributing factors that lead to substance abuse and related consequences in our community. Is there anything you would like to add, or do you have any final comments? [RISK FACTORS]

Thank you for your time and input.

Notes for Community Leader Interview

Date: _____ Location/Organization: _____

Participant's Title: _____ Interviewer: _____

Identified Data Gap : _____

NOTE: Remove questions (rows) as needed; add questions or space as needed.

Question	Major Ideas or Themes	Quotes
What substance abuse problem(s) do you see in your Ward, if any?		
What particular communities within the Ward face the most issues with these substance abuse problems? What evidence supports the existence of substance abuse in those communities?		
What particular subpopulations within the Ward face the most issues with these substance abuse problems? What evidence supports the existence of substance abuse in those particular subpopulations?		
What factors do you believe are causing or contributing to the substance abuse problems? How much of a contribution do you think the following make?		
What factors do you believe help keep youth and adults in our community from developing substance abuse problems?		

Notes for Community Leader Interview (Continued)

Question	Major Ideas or Themes	Quotes
In our community, what are the ongoing substance abuse prevention activities, programs, strategies, and events that address alcohol, marijuana, or other drug use and related consequences?		
What agencies or individuals are providing prevention services?		
Who are the key leader(s) actively involved in substance abuse prevention in this Ward? Who would you like to see involved?		
What types of training would help community members and organizations address alcohol, marijuana, and other drug issues in your Ward? How much would each of the following types of training help?		
In order to get additional information about services in this Ward, how do you recommend that I should proceed?		
What is the most important substance abuse prevention issue(s) that you would like addressed?		

Notes for Community Leader Interview (Continued)

Section	Major Ideas or Themes	Quotes
What support can DBH provide to citizens in the Ward to prevent or reduce substance abuse?		
Is there anything you would like to add, or do you have any final comments?		
Other thoughts, ideas, comments, or themes that arose during the interview:		

Appendix E: Law Enforcement Interviews

Law Enforcement Interviews: Sample Questions You May Choose to Use

Introductory Questions

1. What alcohol, marijuana, or other drug-related problems do you see in our community? [CONSEQUENCES]
2. What factors do you believe are causing these problems? [RISK FACTORS]

Key Questions

3. What percentage of arrests result from alcohol-related offenses in our community? What about marijuana or other drug-related offenses? [CONSEQUENCES]
4. What percentage of convictions result from alcohol-related offenses in our community? What about marijuana or other drug-related offenses? [CONSEQUENCES]
5. How many alcohol-related offenses do you think go undetected in our community? What about marijuana or other drug-related offenses? [RISK FACTORS]
6. Are any officers assigned specifically to alcohol, marijuana, or other drug-related issues or offenses in our community? [PROTECTIVE FACTORS]
 - a. How many officers are assigned?
 - b. What does their work consist of?
7. What special training do officers receive in order to deal with alcohol, marijuana, or other drug-related offenses? [PROTECTIVE FACTORS]
8. Have you conducted any compliance checks for alcohol sales to underage youth? [PROTECTIVE FACTORS]
 - a. How many compliance checks for sales to underage were conducted in 20XX?
9. Have you conducted any compliance checks for sales to intoxicated patrons? [PROTECTIVE FACTORS]
 - a. How many compliance checks for sales to intoxicated patrons were conducted in 20XX?
10. What locations are known for alcohol-related incidents? What about marijuana or other drug-related incidents? [GEOGRAPHIC DIFFERENCES]

11. Are there particular people who are known for repeated alcohol-related incidents? If yes, what do you do to keep track of or work with those people? What about people known for repeated marijuana or other drug-related incidents? [POPULATION DIFFERENCES]
12. How do you think law enforcement could better address the alcohol, marijuana, and other drug-related problems in our community? [PREVENTION RESOURCES]

Ending Questions

13. How do you think the criminal justice system is helping reduce the alcohol, marijuana, and other drug-related problems in our community? [PREVENTION RESOURCES]
14. How do you think concerns in the criminal justice system are contributing to the alcohol, marijuana, or other drug problems in our community? [RISK FACTORS]
15. Our goal is to identify the contributing factors that lead to alcohol, marijuana, or other drug related consequences in our community. Is there anything you would like to add, or do you have any final comments? [RISK FACTORS]

Thank you for your time and input.

Notes for Law Enforcement Interview

Date: _____ Location: _____

Participant's Title: _____ Interviewer: _____

Identified Data Gap : _____

NOTE: Remove questions (rows) as needed; add questions or space as needed.

Question	Major Ideas or Themes	Quotes
What alcohol, marijuana, or other drug-related problems do you see in our community?		
What factors do you believe are causing these problems?		
What percentage of arrests result from alcohol-related offenses in our community? What about marijuana or other drug-related offenses?		
What percentage of convictions result from alcohol-related offenses in our community? What about marijuana or other drug-related offenses?		
How many alcohol-related offenses do you think go undetected in our community? What about marijuana or other drug-related offenses?		

Notes for Law Enforcement Interview (Continued)

Question	Major Ideas or Themes	Quotes
Are any officers assigned specifically to alcohol, marijuana, or other drug-related issues or offenses in our community? How many officers are assigned? What does their work consist of?		
What special training do officers receive in order to deal with alcohol, marijuana, or other drug-related offenses?		
Have you conducted any compliance checks for alcohol sales to underage youth? How many compliance checks for sales to underage were conducted in 2011?		
Have you conducted any compliance checks for sales to intoxicated patrons? How many compliance checks for sales to intoxicated patrons were conducted in 2011?		
What locations are known for alcohol-related incidents? What about marijuana or other drug-related incidents?		
Are there particular people who are known for repeated alcohol-related incidents? If yes, what do you do to keep track of or work with those people? What about people known for repeated marijuana or other drug-related incidents?		

Notes for Law Enforcement Interview (Continued)

Question	Major Ideas or Themes	Quotes
How do you think law enforcement could better address the alcohol, marijuana, and other drug-related problems in our community?		
How do you think the criminal justice system is helping reduce the alcohol, marijuana, and other drug-related problems in our community?		
How do you think concerns in the criminal justice system are contributing to the alcohol, marijuana, or other drug problems in our community?		
Is there anything you would like to add, or do you have any final comments?		
Other thoughts, ideas, comments, or themes that arose during the interview:		

***Appendix F: Large Group Community
Conversation—Town Hall Meeting
Protocol***

LARGE GROUP COMMUNITY CONVERSATION—TOWN HALL MEETING PROTOCOL

Holding a large group Community Conversation or town hall meeting is an efficient way to gather qualitative data through the use of a focused group discussion. The reward for this work is dynamic information not just about what people feel, but about *why* people feel the way they do about a particular subject or idea. Group discussions have the potential to provide both accurate and in-depth data.

What follows is a discussion of the general system for successfully running a town hall meeting.

F.1 Choosing the Moderator

Fundamental to the town hall meeting is a moderator who facilitates the discussion. This person should feel at ease speaking in front of the group, but he or she is not a teacher. The moderator's goal is to make the participants feel comfortable in expressing themselves openly, while keeping the discussion on track.

Becoming a talented moderator takes practice. For most novices, the best strategy is to play the role of a *seeker of wisdom*. This role assumes that the participants have the wisdom you need and will share it if asked the right questions.

Most importantly, *moderators must learn to listen and not talk*.

F.2 Choosing the Participants

You can do one town hall meeting or a series of meetings. These meetings should consist of at least 10 people who either volunteer or who have been chosen specifically. Do your best to be strategic about who you invite; consider who in the community can provide the best information about the issue at hand or who is most impacted by the issue of interest. Sometimes a diverse group of individuals at the meetings is helpful. For example, key participants might include a community member, a police officer, a parent, an adolescent, a bar owner, and any other individuals who may have insight into the topic.

F.3 Setting the Rules

Prior to starting the discussion, the moderator should lay down a few ground rules. Generally, rules should include the following:

- only one person talking at a time;
- no side discussions among participants;
- no members should be put down because of their opinions;
- all thoughts and ideas are valued; and
- there are no wrong or right answers.

As with selection of group members, care and creativity should be used when setting rules.

F.4 Conducting the Discussion

The discussion itself should last between 1 and 2 hours and follow a structured format. When planning the discussion, review the list of questions and select only the most relevant questions for the participants and the data gaps you hope to address. For example, if the data gap is understanding why synthetic marijuana use has increased among youth in your Ward, you may want to skip questions about more general substance use issues, and instead focus on questions about risk and protective factors (inserting “synthetic marijuana” for [SUBSTANCE]).

The moderator should make every attempt to find a balance between keeping the group discussion on track and allowing it to flow naturally. In order to accomplish this, a “funnel” structure is often used. This approach is best outlined as a series of questions that move from general to specific. You may ask participants follow-up questions to better understand their responses and to get more details. At the same time, if a point has been made multiple times by the same person or even multiple people, make sure that point is part of the “wall notes” and focus on moving the group to other unanswered questions and topics.

Finally, always keep the 20 minute rule in mind; focus on one topic for no more than 20 minutes. After 20 minutes, make sure the topic is covered in your “wall notes”, summarize the findings/feedback from participants, and then move onto the next topic. You can always return to a topic that you feel needs further explanation. However it is important to maintain the group’s attention by keeping dialogue on a particular topic and any presentation by experts or panels to no more than 20 minutes.

F.4.1 Opening Question

This is a round-robin question that everyone answers at the beginning of the meeting. It is designed to be answered quickly and to identify those characteristics that participants have in common. It should make everyone in the group feel more at ease.

F.4.2 Introductory Questions

These are questions that introduce the topic for discussion. Usually, they are not critical to the Community Conversation; rather, they are intended to foster conversation and interaction among the participants. You may choose to include an expert or panel presentation here instead, but remember to limit it to no more than 20 minutes.

F.4.3 Key Questions

These are questions that drive the Community Conversation. Answers to these questions provide the best data for later analysis. Key questions should be focused on the topic of interest and should be open ended. Remember to select a subset of questions from the sample list of questions. It is not necessary nor feasible to ask participants all of the sample questions. The moderator’s goal with these questions is to elicit discussion among the participants. You should avoid both questions that allow for short answers and yes/no questions.

F.4.4 Ending Questions

These questions bring closure to the discussion and enable participants to look back upon previous comments. Once again a round-robin approach is best, and participants should be asked to summarize their thoughts in some way.

F.4.5 Sample Protocol You May Choose to Use for Your Town Hall Meeting(s)

NOTE: This is just an example protocol. The questions will likely change based on the purpose of your particular Community Conversation. Please see Appendix B for additional key questions that should be considered, or contact the individuals in Appendix A if you need help with developing new questions.

Opening Statement:

Welcome to our Community Conversation about substance use.

Opening Question

Tell us your name and what brought you here today. (ROUND ROBIN)

Introductory Questions

1. What are the alcohol, tobacco, marijuana and other drug-related problems in our community? [CONSUMPTION/CONSEQUENCES]
2. What factors are causing these problems? [RISK FACTORS]

A number of alcohol-related concerns and possible causes for those concerns have been mentioned. Let's think about three possible causes of alcohol misuse in particular. For the remainder of this discussion, let's think about social availability, community norms, and individual factors.

Key Questions

3. Let's start with social availability. Social availability refers to getting alcohol through social sources such as friends and family. [RISK FACTORS—SOCIAL AVAILABILITY]
4. Where are the youths in our community getting alcohol? Give examples. [RISK FACTORS—RETAIL/SOCIAL AVAILABILITY]
5. Where are high-school-age youths and younger children getting alcohol? [RISK FACTORS—RETAIL/SOCIAL AVAILABILITY /POPULATION DIFFERENCES]
6. Where are minors out of high school getting alcohol? [RISK FACTORS—RETAIL/SOCIAL AVAILABILITY /POPULATION DIFFERENCES]
7. Where do adults in the community obtain alcohol? [RISK FACTORS—RETAIL/SOCIAL AVAILABILITY /POPULATION DIFFERENCES]
8. Where is the alcohol consumed? By youths and adults? [RISK FACTORS—SOCIAL AVAILABILITY/GEOGRAPHIC DIFFERENCES]
9. What are your experiences with underage drinking at parties, or with adults providing alcohol to minors? [RISK FACTORS—SOCIAL AVAILABILITY]
10. Next, let's talk about community norms. Community norms reflect general attitudes about alcohol use and societal expectations regarding the level and type of use that is considered appropriate.
11. What are the norms of our community? [RISK FACTORS—COMMUNITY NORMS]
12. What are the general attitudes about drinking in our community? [RISK FACTORS—COMMUNITY NORMS]

13. What is the alcohol culture like? [RISK FACTORS—COMMUNITY NORMS]
14. In our community, is it okay to serve alcohol to a minor and, if so, under what circumstances? [RISK FACTORS—COMMUNITY NORMS]
15. In our community, at what age is it acceptable to use alcohol? [RISK FACTORS—COMMUNITY NORMS]
16. What kinds of groups or organizations promote the use of alcohol in our community? [RISK FACTORS—COMMUNITY NORMS]
17. Now that we've had this discussion, to what extent do you think community norms contribute to the underage drinking in our community? (Round robin) [RISK FACTORS—COMMUNITY NORMS]

Finally, let's think about individual factors. Individual factors could be biological, socioeconomic, or individual attitudes.

18. What makes the people in our community different and unique?
19. How do these different and unique factors influence alcohol use? [RISK FACTORS—INDIVIDUAL]
20. What factors do you believe help keep youth and adults in our community from developing substance abuse problems? [PROTECTIVE FACTORS]
21. In our community, what are the ongoing substance abuse prevention activities, programs and events to address these problems or issues? [PREVENTION RESOURCES]

PLEASE DISTRIBUTE THE POST-CONVERSATION QUESTIONNAIRE NOW

Ending Question

22. Considering the three causes that we've talked about today—social availability, community norms, and individual factors—which one is the leading cause of underage drinking in our community? (Round robin) [RISK FACTORS]

Please complete the post-conversation questionnaire now. These questions ask for general information about you. Please mark the response that best describes you. An envelope will be passed around to collect your questionnaires. Please fold your survey and place it in the envelope. Your answers to these questions will be confidential. That means no one will connect your answers with your name or any other information about you that can identify who you are.

Our goal is to find out what is contributing to the substance use in our community. Have we missed anything? Do you have any final comments?

Thank you for participating.

F.5 Recording and Using the Information

Every effort should be made to record the town hall meeting by having a colleague take notes and by using an audio or video recorder. The use of recording equipment allows the meeting to be revisited when needed. A recorded discussion can also be transcribed or at least listened to for quotes and general ideas. We encourage you to use "Wall Notes" during

the town hall meeting (i.e., putting main points on large sheets of note paper taped to the wall). This allows all participants to better follow the discussion. To develop your report, we suggest using a data matrix like the one found in **Appendix C** to keep track of major themes and quotes from the discussion. Make sure to note whether most participants agree with the points being shared (consensus) or disagree. If there are important groups or individuals disagreeing with each other, please provide a short description of those groups. Feel free to modify or expand the note-taking data matrix depending on the questions you include in your Community Conversation.

TIP SHEET FOR ADMINISTERING THE POST-CONVERSATION QUESTIONNAIRE

These tips are provided to assist with the administration of the Post-Conversation Questionnaire for the Town Hall Meeting Community Conversations.

1. Add the correct date, time, and location to the top of the questionnaire before printing.
2. Make sure to have an ample supply of questionnaires and pencils/pens. A suggested amount would be the number of expected participants plus 20 additional questionnaires/pens.
3. Remind the participants **NOT** to put their full address on the questionnaire, only their neighborhood.
4. Make sure that the participants complete the survey **PRIOR** to the final wrap-up discussion requesting final comments.
5. After collecting the completed surveys, put them into an envelope/folder with the following information on the outside: 1) Prevention Center Ward(s); date of the Community Conversation; name of person collecting the surveys/contact person at the Prevention Center.

Materials to have on hand

Questionnaires—either 2-sided or stapled
Pens/pencils (with erasers, if using pencils)
Large envelope or folder for collecting surveys

COMMUNITY CONVERSATION

DATE—TIME TO TIME
LOCATION

POST-CONVERSATION QUESTIONNAIRE

Thank you for taking a moment to complete this survey. Do not put your name on the survey. Your responses will be used along with those of other individuals to help us in planning activities to prevent substance use in your Ward and throughout the city. Your responses are strictly confidential and you can refuse to answer any item. Remember, there is no right or wrong way to answer these questions.

Demographic Characteristics

1) Age: _____

2) Sex: Male Female Other

3) Race/Ethnicity:

African American/Black Hispanic/Latino Caucasian Asian Other

4) Ward:

Ward 1 Ward 5
 Ward 2 Ward 6
 Ward 3 Ward 7
 Ward 4 Ward 8

5) Neighborhood: _____

Continued on the other side -->

6) How **SATISFIED** are you with each of the following parts of today's Community Conversation? (check only one option for each item)

	Very Unsatisfied	Somewhat Unsatisfied	Somewhat Satisfied	Very Satisfied
1) Quality of the information you received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Relevance of the information to you in your own life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Organization of the session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) The facilitator's respect for the participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Opportunity for questions/discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Handouts or materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7) Overall, how satisfied are you with today's Community Conversation?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very Unsatisfied	Somewhat Unsatisfied	Somewhat Satisfied	Very Satisfied

8) What new information about substance use did you learn from today's Community Conversation?

9) What can we do about substance use in:

a) Your Ward?

b) The District of Columbia (DC)?

***Appendix G: Small Group Data Collection—
Youth Focus Group Protocol***

SMALL GROUP DATA COLLECTION—YOUTH FOCUS GROUP PROTOCOL

Directions: Try to convene *at least* four focus groups with youths in our community to discuss the following questions and get responses from a representative sample of youth in our community. Focus groups generally work best with six to eight participants. For example, to assess issues related to youth substance use, conduct at least one focus group with each of the following age groups: 10- to 12-year-olds (in elementary school), 13- to 14-year-olds (in middle school), 15- to 17-year-olds (in high school), and 18- to 20-year-olds. You may also want to conduct separate focus groups for boys and girls in each age group, and also possibly for specific target subgroups of youth in our community.

Steps to running focus groups:

1. **Find a community leader who is comfortable talking in front of groups to lead the discussion.** Some things to look for when choosing a discussion leader are
 - experience leading discussions,
 - knowledge of the topic to be discussed, and
 - ability to relate to the group participants.
2. **Find a note-taker.** A lot of important information will be discussed at a fast pace, so you'll need someone experienced at taking notes to make sure important information is not lost. Also, try to audio record the group discussion so you can go back and listen to it.
3. Be strategic about the people you invite. Invite people who represent the community you're working with. Select people who are similar to the population or community you are working with (e.g., age range, education level, race/ethnicity). This will help ensure that you get opinions that are representative of the different subgroups within the community.

Divide participants into groups based on gender, race, education level, or other characteristics that may affect their ability to speak openly and honestly.

4. **Plan the group meeting.**
 - Day: What is the best day to hold the group session? Are certain days of the week not very convenient?
 - Place: The meeting should be held in a central location that is easy for people to get to.
 - Time: What time of day is best?
 - Length: Groups should be scheduled for 1 to 2 hours, depending on the amount of material you have to cover.
5. **Prepare for the topics you want to discuss ahead of time.** You should always make sure you have a conversation guide that the leader refers to in the group. A conversation guide usually consists of a list of topics and some questions you want to be sure to ask (see pg. G-3; also see **Appendix B**). Please select the most relevant questions for your

particular issue or data gap, rather than trying to ask all of the questions listed in the examples.

6. **Use the information that you gain.** After the session is over, it is helpful for the leader and note-taker to meet briefly to discuss how the group went and compare observations. The next step is to review the notes and recordings to look for patterns in what participants said. Please use a data matrix like the one found in **Appendix C** to keep track of major themes and quotes from the discussion. Please note where most of the focus group participants agreed with a particular point (consensus) or if they disagreed. Feel free to modify or expand the table as needed, based on the questions you choose to ask.

EXAMPLE YOUTH FOCUS GROUP GUIDE:

INSTRUCTIONS TO READ TO PARTICIPANTS:

I am going to ask you some questions around drinking alcohol. You will not be asked questions about your own behavior, but rather your views about what people your age in our community think and do.

This focus group will take about 1 hour. Your participation in this conversation is voluntary and you can end your participation and leave the group at any time.

[IF YOU ARE RECORDING SAY]: The conversation will be audio recorded so that I can give you my full attention without having to take a lot of notes.

Your name will not be connected to any of the written notes or transcripts. Everything you say will be kept private. Results will be presented without any names and quotes will not be attributed to any specific individual. At the end of our conversation, we will also ask you to fill out a short, anonymous questionnaire that will help us describe the youth who talked with us today.

We have some general rules for our conversation today. We ask that you only use first names when addressing yourself and others. Also, we ask that you respect everyone's privacy and do not share what is said in the group once it is over.

[IF YOU ARE RECORDING SAY]: Is it OK if I begin recording now? [*TURN ON RECORDER*]

Introductory Questions

Do you have any questions for me before I ask you to introduce yourselves?

First, I'd like each of you to introduce yourself, and have you tell us about something you like to do for fun. [*ROUND ROBIN*]

1. What is the biggest alcohol, tobacco, or other drug (ATOD) challenge for youth in our community? [*CONSUMPTION/CONSEQUENCES*]

PROMPTS—How much of a problem is:

- a) Underage drinking
 - b) Youth marijuana use
2. Why do youth in our community drink alcohol? [*RISK FACTORS*]
 3. Why do youth in our community smoke marijuana? [*RISK FACTORS*]

Key Questions

4. Does anyone here know what binge drinking involves?
[CONSUMPTION/CONSEQUENCES]
 - a. FOLLOW-UP—How much of a problem is binge drinking among youth in our community?
5. What have been some of the effects of ATOD use in your neighborhood?
[CONSEQUENCES]
6. Can you provide me examples where someone you know experienced something bad or found themselves in a situation due to the influence of alcohol, marijuana, or other drugs? [CONSEQUENCES]
7. Where do people your age use alcohol? Marijuana? Other drugs? [GEOGRAPHIC DIFFERENCES]
8. Which types of people your age are most likely to use alcohol? Marijuana? Other drugs? [POPULATION DIFFERENCES]
9. When you think about people your age, where do you think that they usually obtain alcohol? [RISK FACTORS—RETAIL/SOCIAL AVAILABILITY]

PROMPTS

- a) a liquor store
 - b) a grocery store
 - c) a bar
 - d) a restaurant
 - e) friends
 - f) parents
 - g) other family members
 - h) strangers
10. How easy would it be for people your age to get alcohol from those sources? [RISK FACTORS—RETAIL/SOCIAL AVAILABILITY]
 11. When you think about people your age, where do you think that they usually obtain marijuana? [RISK FACTORS—RETAIL/SOCIAL AVAILABILITY]

PROMPTS

- a) friends
 - b) parents
 - c) other family members
 - d) strangers
12. How easy would it be for people your age to get marijuana from those sources? [RISK FACTORS—RETAIL/SOCIAL AVAILABILITY]

13. If people your age in our community drink alcohol, how likely do you think it would be that adults would find out? [RISK FACTORS—PERCEIVED RISK]

PROMPTS

- a) parents
- b) other family members
- c) the police
- d) teachers at school (if applicable)
- e) your employer (if applicable)

14. What are some of the dangers of youth engaging in underage drinking? [RISK FACTORS—PERCEIVED RISK]

PROMPTS

- a) The police would catch you.
- b) You would get a ticket and pay a fine.
- c) Your parents would find out and punish you in some way.
- d) You would get physically hurt (e.g., vomiting, passing out, dying)
- e) Anything else?

15. If you were to smoke marijuana, what do you think would happen to you? [RISK FACTORS—PERCEIVED RISK]

PROMPTS

- a) The police would catch you.
- b) You would get a ticket and pay a fine.
- c) Your parents would find out and punish you in some way.
- d) You would get physically hurt (e.g., vomiting, passing out, dying)
- e) Anything else?

16. How much do you think that people would disapprove if people your age were to drink? Smoke marijuana? [RISK FACTORS—COMMUNITY NORMS]

PROMPTS

- a) your parents
- b) other family members
- c) your friends
- d) teachers at school (if applicable)
- e) your employer (if applicable)

FOLLOW-UP: Why do those people feel that way?

Survey

Please complete the demographic survey information sheet that was given to you. This demographic survey is voluntary. If you choose to take it, you may skip any question you don't want to answer. These questions ask for general information about you. Please mark the response that best describes you. An envelope will be passed around to collect your surveys. Please fold your survey and place it in the envelope. Your answers to these questions will be confidential. That means no one will connect your answers with your name or any other information about you that can identify who you are.

Ending Question

17. How can underage drinking, youth marijuana use, and other drug use be prevented in our community? [PREVENTION RESOURCES]

Closing Statement

Our goal is to identify the contributing factors that lead to substance abuse and related consequences in our community. Is there anything you would like to add, or do you have any final comments?

Thank you for participating.

TIP SHEET FOR ADMINISTERING THE POST-CONVERSATION QUESTIONNAIRE

These tips are provided to assist with the administration of the Post-Conversation Questionnaire for the Youth Focus Groups.

1. Add the correct date, time, and location to the top of the questionnaire before printing.
2. Make sure to have an ample supply of questionnaires and pencils/pens. A suggested amount would be the number of invited youth plus 10 additional questionnaires/pens.
3. Make sure that the youth have space between their seats so that they have some privacy when completing the questionnaire.
4. Remind the youth that their responses on the questionnaire are confidential and **NOT** to put their name on the questionnaire.
5. Remind the youth **NOT** to put their full address on the questionnaire, only their neighborhood.
6. Make sure that the youth complete the survey **PRIOR** to any wrap-up discussion on what they learned during the conversation or what their suggestions are on how to address underage drinking in their Ward or city-wide.
7. If you are providing incentives for participation in the focus groups, distribute the incentives **AFTER** the youth have completed the questionnaire.
8. After collecting the completed surveys, put them into an envelope/folder with the following information on the outside: 1) Prevention Center Ward(s); date of the focus group; name of person collecting the surveys/contact person at the Prevention Center.

Materials to have on hand

Questionnaires—either 2-sided or stapled
Pens/pencils (with erasers, if using pencils)
Large envelope or folder for collecting surveys

FOCUS GROUP
DATE—TIME TO TIME
LOCATION

POST-CONVERSATION QUESTIONNAIRE

Thank you for taking a moment to complete this survey. Do not put your name on the survey. Your responses will be used along with those of other youth to help us in planning activities to prevent underage drinking in your Ward and throughout the city. Your responses are strictly confidential and you can refuse to answer any item. Remember, there is no right or wrong way to answer these questions.

Demographic Characteristics

1) Age: _____

2) Sex: Male Female Other

3) Race/Ethnicity:

African American/
Black Hispanic/
Latino Caucasian Asian Other

4) Grade:

5th 6th 7th 8th
 9th 10th 11th 12th GED
Program Not Currently
Enrolled in School

5) Ward:

Ward 1 Ward 5
 Ward 2 Ward 6
 Ward 3 Ward 7
 Ward 4 Ward 8

6) Neighborhood: _____

Continued on other side.

7) How **SATISFIED** are you with each of the following parts of today's focus group? (check only one option for each item)

	Very Unsatisfied	Somewhat Unsatisfied	Somewhat Satisfied	Very Satisfied
1) Quality of the information you received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Relevance of the information to you in your own life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Organization of the session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) The facilitator's respect for the participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Opportunity for questions/discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Handouts or materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8) Overall, how satisfied are you with today's focus group?

Very Unsatisfied

Somewhat Unsatisfied

Somewhat Satisfied

Very Satisfied

9) What new information about underage drinking did you learn from today's focus group?

10) What can we do about underage drinking in:

a) Your Ward?

b) The District of Columbia (DC)?

***Appendix H: Sample Community Conversation
Report***

**Notes for Data Collection on Alcohol,
Marijuana, and Other Drugs**

Date: October 10, 2014

Location: Community Center in Ward 10

Number of People in Attendance: 15

Note-taker: Ms. Smith

Who is in attendance (describe the race, age, ethnicity and gender) 9 parents who are Hispanic, between the ages of 35-65, predominantly female. 6 store-owners mainly males that sell alcohol.

Identified Data Gap: Understanding the spike in binge drinking among African American youth in Ward 10

NOTE: Remove questions (rows) as needed; add questions or space as needed.

Question	Major Ideas or Themes	Quotes	Consensus or Disagreement? Among Who?
How do you see alcohol being used by youth in the community?	<p>Parents: See mainly college kids wandering around drunk late at night during the weekends.</p> <p>Store owners: We see kids waiting outside our store while older friends purchase alcohol for them. They also are always on the look out for fake identification. Also, the Unks (older gentlemen who sit outside or on the corner all day without anything better to do) sometimes buy alcohol for youth.</p>	<p>Parent: "Every weekend it is the same group of kids at the high school parking lot with alcohol in paper bags. They think they look cool and no one in the community says anything, but turns a blind eye."</p> <p>Store Owner: "I'd love to stop selling to friends who are supplying these kids with alcohol, but I can't do that because I don't have any grounds for withholding merchandise from a legally paying customer. Also, when kids use fake identification we are persistent in taking action."</p>	<p>Consensus among all parents.</p> <p>Store owner consensus.</p>

**Notes for Data Collection on Alcohol,
Marijuana, and Other Drugs (Continued)**

Question	Major Ideas or Themes	Quotes	Consensus or Disagreement? Among Who?
<p>What have been some of the effects of underage alcohol, use in your neighborhood?</p>	<p>The physical effects on the neighborhood has been vandalism of homes and public property.</p> <p>For some youth, truancy has increased as youth are sleeping in parks at night and sometimes staying there during the week days to drink.</p> <p>In the mornings after a weekend, the parking lots of the alcohol store will be littered with empty and broken bottles. In some cases, store owners have found passed out youth in the parking lot and had to call the police.</p>		<p>Consensus</p>
<p>What locations in our community are known for Alcohol-related incidents?</p>	<p>Mainly public facilities</p>	<p>“ I see them [youth] in the park every weekend. They destroy everything in sight including the swings. In the morning my young kids ask if we can go to the park and have to tell them no because I know that everything from the swings to the slide has been destroy or is covered with vomit from those kids drinking themselves sick.”</p>	<p>Consensus</p>

**Notes for Data Collection on Alcohol,
Marijuana, and Other Drugs (Continued)**

Question	Major Ideas or Themes	Quotes	Consensus or Disagreement? Among Who?
<p>What conditions in our community increase the risk of underage drinking and binge alcohol use and related consequences?</p>	<p>In some cases, peer perceptions of favorability to drinking increase the likelihood that young adults will drink. Also, the failure of family and friends to view underage drinking as dangerous and to refrain from supplying alcohol to minors.</p>		<p>Consensus</p>
<p>What factors in our community protect youth from alcohol use and other related consequences?</p>	<p>Social availability - Alternative activities particularly those held in the evenings and on weekends. Providing healthy opportunities for youth to socialize and engage with one another in a safe, monitored manner. Also, it appears those who are engaged and committed to their school work appear to be less likely to engage in binge drinking or drinking at all.</p>	<p>“When there is a good activity at the community center, I am less likely to see kids just hanging out and drinking. I know it’s a lot for the community center I to manage, but it would be nice if there were more after school activities at the community center so that kids would have somewhere to go.”</p>	<p>Consensus.</p>

**Notes for Data Collection on Alcohol,
Marijuana, and Other Drugs (Continued)**

Section	Major Ideas or Themes	Quotes	Consensus or Disagreement? Among Who?
Where are individual youth in our community getting alcohol?	<p>Parents – believe the store owners are selling to minors.</p> <p>Store owners – indicate that they do not sell to minors, but rather family members and friends purchase for individuals because they can see youth hanging out in the parking lot waiting for the alcohol that the adults have purchased.</p>		Disagreement between parents and store owners
How do parents in our community monitor alcohol use in their home?	Among the parents attending this community conversation, alcohol use by minors is forbidden in their homes.		Consensus
What laws are in place to address underage drinking?	Underage drinking is illegal, but law enforcement typically brings kids that have been drinking home without penalty. In some cases, law enforcement will allow youth to sleep off their drinking at the station and then will return the youth to their home without a penalty.		Consensus

Notes for Data Collection on Alcohol, Marijuana, and Other Drugs (Continued)

Question	Major Ideas or Themes	Quotes	Consensus or Disagreement? Among Who?
<p>Do youth in our community believe they risk arrest or fines for breaking laws related to using underage drinking? Why or why not?</p>	<p>No, youth do not believe they are at risk of fines or arrest for breaking the laws related to underage drinking because there is little penalty or precedence of penalty associated with underage drinking.</p>	<p>“ They honestly don’t think they can get in trouble so they continue to drink in public without any repercussions.”</p>	<p>Consensus</p>
<p>In our community, at what age is it acceptable to drink?</p>	<p>Parents - Once a child is in college, it seems acceptable for them to drink.</p> <p>Store owner – We constantly deny college age youth with fake ids from purchasing alcohol. Some store owners believe it is preventable by the store owners and the community as a whole.</p>	<p>“Once a kid is college-aged, we cannot prevent alcohol use.”</p>	<p>Disagreement between parents and store owners and among store owners</p>
<p>Other thoughts, ideas, comments, or themes that arose during the Community Conversation: Providing alternatives for youth interested in socializing that does not involve alcohol could be a key intervention for this community issue. Parents discussed putting together a cooperative so that parents’ patrol a centralized event that happens during the weekends. Also, working with the community centers to help provide an adequate support system for youth.</p> <p>Also, increase training at different restaurants and bars frequently attended by underage youth. These trainings would focus on how to spot a fake identification and increase the awareness of bartenders and restaurateurs about underage drinking and the use of fake identification.</p>			

Appendix I: Informed Consent Example

Consent Form

Introduction

We are asking you that you talk with us in a Community Conversation (interview or focus group). You need to read this consent letter before you decide if you want to talk with us.

This letter tells you:

- what the Community Conversation is about,
- what we will ask participants to do,
- the risks and benefits of participating in this exercise,
- how we will protect your information, and
- whom you can call if you have questions.

Please ask the person who gave you this letter to explain anything you don't understand before you make your decision.

What is the purpose of this Community Conversation?

The purpose of this Community Conversation is to discuss substance use issues in your community. We want to learn about [COMPLETE WITH THE DETAILS OF YOUR DATA COLLECTION NEEDS].

What will happen today?

We will talk about substance abuse and use in your community. The leader will ask you and other people in the group questions about [COMPLETE WITH A SUMMARY OF YOUR QUESTIONS].

We will audio-tape the Community Conversation and take notes.

How long will this last?

The Community Conversation will last [XX] minutes.

What are the risks of participating?

There are no known health risks for doing the Community Conversation. However, it is possible that some of the questions in the Community Conversation may make you feel uncomfortable. You can refuse to answer any question and you can take a break at any time during the focus group.

If this Community Conversation occurs in a group, we can make no guarantees that the information you provide will remain private. If it is in a one-on-one interview setting, we may include your name and community role in our interview notes and reports.

What are the benefits?

Your benefits: You have no direct benefits for doing the Community Conversation.

Benefits to others: We hope that the Community Conversation will help us understand [COMPLETE WITH THE DETAILS OF YOUR DATA COLLECTION NEEDS]. We hope this will lead to better substance use prevention in your community.

What are my rights as a participant?

Your decision to participate in this [type of Community Conversation] is completely voluntary. You can choose not to do the Community Conversation. You can choose to stop doing the Community Conversation at any time. You can refuse to answer any question. If you decide to talk with us now, you can change your mind later.