PRIMER

COMMUNITY ASSESSMENT

Describing Your Community, Collecting Data, Analyzing the Issues and Establishing a Road Map for Change

CADCA's National Coalition Institute, developed in 2002 by an Act of Congress, serves as a center for training, technical assistance, evaluation, research, and capacity building for community substance misuse coalitions throughout the United States. The Institute developed these primers to serve as a guideline for coalitions navigating the U.S. Department of Health and Human Services Administration (SAMHSA)'s Strategic Prevent Framework (SPF). These primers highlight the CADCA model of prevention and its applied uses to the SPF. Each primer is designed to stand alone and work with others in the series. Research suggests that prevention of substance use and misuse before it starts is the most effective and cost-efficient way to reduce substance use and its associated costs. Coalitions are critical to the success of prevention efforts in local communities. Through your work in engaging key sectors of the community, we can create population-level change and positive, sustainable outcomes that can truly change the world. To learn more about our work, visit the CADCA website, www.cadca.org.

—Arthur T. Dean
Major General, U.S. Army, Retired
Chairman and CEO
CADCA (Community Anti-Drug Coalitions of America)

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INTRODUCTION

Drug-Free Communities Support Program

In 1997, Congress enacted the Drug-Free Communities Support Program (DFC) to provide grants to community-based coalitions to serve as catalysts for multi-sector participation to reduce local substance use problems. By 2018, over 2,000 local coalitions received funding to work on two main goals:

- Goal 1: Establish and strengthen collaboration among communities, private nonprofit agencies, and federal, state, local, and tribal governments to support the efforts of community coalitions to prevent and reduce substance abuse among youth.

- Goal 2: Reduce substance abuse among youth and, over time, among adults by addressing the factors in a community that increase the risk of substance abuse and promoting the factors that minimize the risk of substance abuse.*

*For the purposes of the DFC grant, "youth" is defined as 18 years of age and younger.

The Public Health Approach

Effective prevention efforts focus on impacting the individual, peers, families, and the overall community environment. It is the role of coalitions to reduce substance use in the larger community by implementing comprehensive, multi-strategy approaches using a Public Health Approach to prevention.

Community coalitions use the **public health approach** to determine what substances (the **agent**) are being used by youth and adults (the **host**) in the community and to impact those conditions (root causes in the **environment**) that promote the use of substances and strengthen those conditions that promote and support healthy choices and behaviors.

THE PUBLIC HEALTH APPROACH

The Public Health Approach demonstrates that problems can arise when a **host** (the individual or person using substances) interacts with an **agent** (e.g., the substance, like alcohol or drugs) in an **environment** (the social and physical context in which substance use does or does not occur).
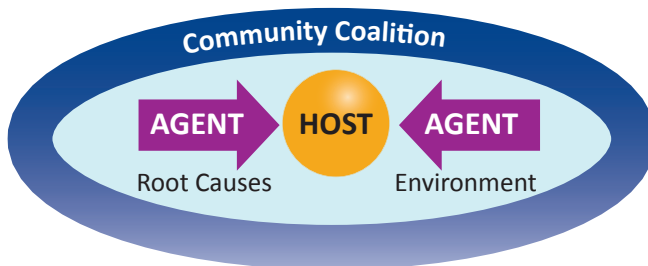
Root causes, also known as risk and protective factors or intervening variables, are those conditions in the community, family, peer group, and school that make it more or less likely a person will misuse substances. In another area, consider the root causes for heart disease. A poor diet is not the only cause of heart attacks, but we know that a poor diet can significantly increase the likelihood you might have a heart attack. Eating healthy foods and exercis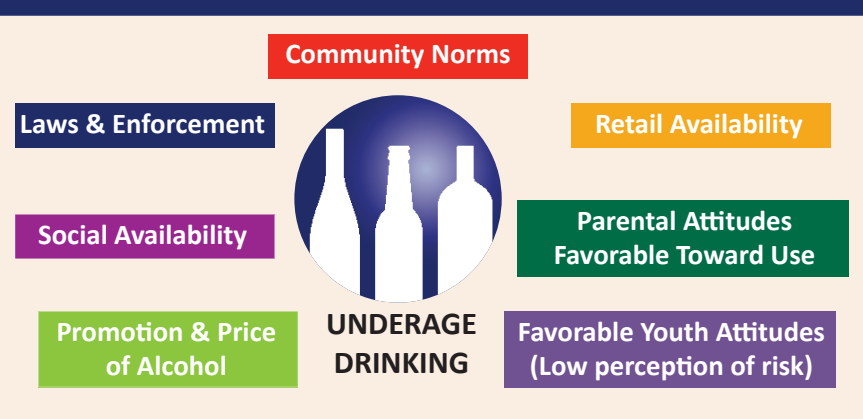ing are examples of protective factors that can decrease the likelihood of future heart disease. Figure 1 identified key root causes identified for underage drinking. (Note: these root causes are discussed in detail in Chapter 2: Collect Needs and Resource Data.)

Figure 1

Community coalitions are oftentimes one of the only groups in a community that are organized to address the entire community environment in which young people may use alcohol, tobacco and other substances. Many organizations and people can impact the individual and address specific aspects of the environment, but the coalition is the only group that is looking COMPREHENSIVELY at the environment, seeking to achieve population-level changes to the entire community.

Approaches that target individual users can reach limited numbers of people. Community-based programs that provide direct services to individuals are important partners in a comprehensive community-level response to substance misuse. Strategies that focus on the availability of the substance and the entire community environment—although more difficult to implement—are likely to impact many more people. For example, information learned by teenagers who attend alcohol prevention classes at school, while important, represents an **individual-focus strategy** and is limited to those students enrolled in the classes.

Chances of keeping youth from using alcohol are greater if those classes are part of a comprehensive strategy that also includes local ordinances that limit billboards and other advertising near local schools, and community-wide policies that mandate responsible service training as part of the alcohol licensing process. These strategies, coupled with increased funding for compliance checks and increased fines for violations to ensure that alcohol retailers do not sell to minors, will have even greater impact. Such **environmental-focus strategies** target the substance (e.g., the availability of alcohol) and the environment (e.g., implementing policies to reduce youth access). The **role of the coalition** is to identify or coordinate the implementation of these comprehensive strategies.

SAMHSA's Strategic Prevention Framework

The DFC initiative utilizes the **Strategic Prevention Framework** (SPF) developed by the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA). The SPF's seven elements guide coalitions in developing the infrastructure needed for community-based public health approaches leading to effective and sustainable reductions in alcohol, tobacco, and other substance use.

The elements shown in Figure 2 include:

- **Assessment.** Collect data to define problems, resources, and readiness within a geographic area to address needs and gaps.
- **Capacity.** Mobilize and/or build capacity within a geographic area to address needs.
- **Planning.** Develop a comprehensive strategic plan that includes policies, programs, and practices creating a logical, data-driven plan to address problems identified in the assessment phase.
- **Implementation.** Implement evidence-based prevention programs, policies, and practices.
- **Evaluation.** Measure the impact of the SPF and its implemented programs, policies, and practices.
- **Cultural Competence.** The ability to interact with and effectively engage members of diverse populations.
- **Sustainability.** The process of achieving and maintaining long-term results.

To be successful, coalitions leaders and members need to implement each of these elements in their community. Fortunately, all the skills and knowledge do not need to reside in any one individual, but in the coalition members' collective repertoire of skills and knowledge.

Figure 2 displays the key skills and processes that CADCA has identified as essential for a coalition to be successful. The *CADCA Primer Series* describes each of the SPF elements in detail.

Figure 2

CADCA's Coalition Skills and Processes for SAMHSA's Strategic Prevention Framework

*Sustainability
1. Engage Volunteers and Partners
2. Build a Credible Process
3. Ensure Relevancy
4. Create a Sustainability Plan

*Cultural Competence
1. Commit to Cultural Competence
2. Identify Culture & Diversity in the Community
3. Build Cultural Competence Throughout the SPF
4. Recruit Members to Represent the Culture and Diversity in the Community

Assessment · Capacity · Planning · Implementation · Evaluation · Sustainability and Cultural Competence

Community Assessment
1. Define & Describe the Community
2. Collect Needs & Resource Data
3. Conduct a Problem Analysis for Each Substance
4. Create a Logic Model for Each Substance
5. Update Community Assessment as Needed

Strategic & Action Planning
1. Create a Vision & Mission
2. Write "SMART" Objectives
3. Plan Comprehensive Strategies for Prioritized Local Condition(s)
4. Develop Action Plans for Each Substance's Prioritized Local Conditions and Strategies

Build Coalition Capacity
1. Build Coalition Membership
2. Develop Coalition Structure
3. Cultivate Leadership
4. Identify Training Opportunities

Implementation
1. Prioritize Strategies and Action Plans
2. Obtain Resources
3. Implement Action Plans
4. Ensure Implementation Fidelity

Evaluation
1. Map Data to the Logic Model
2. Document Your Coalitions's Work
3. Tell Your Coalition's Story
4. Develop Data Collection Plan (e.g., every 2 years)

Building Partnerships for Community Assessment

So why is it important to develop a community coalition? The old saying "two heads are better than one" applies. Coalitions made up of a cross-section of community members bring diverse perspectives and expertise. This can help to develop a strong group IQ in identifying problems, analyzing data, and developing relevant, culturally appropriate approaches and strategies. Coalitions include a representative mix of the community—including parents, teachers, youth, law enforcement, health care, media, community leaders, religious and fraternal organizations, child welfare, substance use, treatment and prevention providers, and others who reflect the community's diversity—racially, culturally, and linguistically. DFC coalitions are required to include at least 12 prescribed community sectors on their coalitions, but are encouraged to include additional sectors based on their unique community (e.g., recovery community).

Involving individuals and groups (sectors) who have access to and understand the data discussed in this primer not only builds coalition capacity, but also increases support for planning, implementation, and sustainability.

The basic idea about coalitions is that "working together can move us forward." That said, collaboration among diverse systems and community members brings numerous challenges, including turf issues, differing personalities, group dynamics, power imbalances, and cultural differences. The sooner these issues are addressed—preferably with the help of a good facilitator—the sooner the coalition will be able to begin to collaborate effectively. (More information on building your coalition's capacity and developing leadership is available in the Institute's *Capacity Primer,* available online at www.CADCA.org or by reaching out to our coalition development support team at training@cadca.org.

Sustainability, Cultural Competence and the SPF

The SPF places sustainability and cultural competence at its center, as these key concepts must be incorporated into every element. Throughout the Primer series, you will find recommendations for incorporating both concepts within all stages of coalition development.

Sustainability requires creating a strong coalition that brings together a community to develop and carry out a comprehensive plan to effectively address a relevant problem. While long-term sustainability must include a focus on funding, it depends on much more than maintaining sufficient fiscal resources.

Cultural competence enables coalitions to have positive interactions in culturally diverse environments that are necessary to impact population level change. In the process of becoming culturally competent, coalitions recognize that significant diversity exists in communities and within cultures – and that each diverse group has unique cultural characteristics and needs as it relates to community problem solving. When coalition membership mirrors the community, coalitions will improve their ability to achieve positive change.

A Brief Look at Community Assessment

This Primer focuses on the skills and processes coalitions use to implement the first element of the SPF – Community Assessment. The processes can, and should, be repeated regularly to ensure that your coalition is adjusting to changes in your community.

A community assessment is a comprehensive description of your target community (however your coalition defines community). The assessment process is a systematic gathering and analysis of information about the community for the purpose of identifying and addressing local substance use problems. Undertaking a community assessment can provide many opportunities for the coalition and the community.

Normally community assessments are conducted at the beginning of a coalition's development. But they can, and should, occur as an ongoing process—like a regular check-up. Communities and coalitions are not static; they change and develop over time. Understanding how community strengths, needs, resources, and structure change and evolve is critical to coalition effectiveness. This can occur through regular (annual or biannual) assessments, so that your coalition can be responsive to the community in a proactive and effective manner. It is encouraged that your coalition develops a data collection plan and schedule to ensure that you are committed to maintaining a pulse on your community.

Why Do a Community Assessment?

A comprehensive assessment can:

1. **Establish priorities:** There are a lot of positive and negative things happening in communities. Coalitions can establish priorities for action based on data about the community, community concerns and community history – not on the "gut feeling" of a few coalition members.

2. **Diagnose root causes:** Communities are perfectly engineered to produce results at the local level. Substance misuse and other problems are complex and exist for a number of reasons, both common and unique to communities. We must use data to identify the underlying causes contributing to the community's problems.

3. **Locate resources for action:** Listening is the anchor to effective community organization. We must know what resources exist in the community because a) they can be used to reduce the problem and root causes and b) they could be partners in the effort.

4. **Name and frame priority issues:** We must state the discovered problems and root causes in a way that people believe success is possible and will want to take strategic action.

5. **Determine the coalition's strategic role:** Many community problems are related to substance use and have similar root causes. Through the community assessment process, the coalition can show the community and its leaders the important relationships between substance misuse and other community problems – and how the coalition is best suited to be a significant actor in efforts to build a safe and healthy community.

Elements of a Community Assessment

A community assessment involves the following steps that are fully described in this Primer:

1. **Define and Describe the Community**

   - Define the coalition's community and boundaries (neighborhood, county, city, etc.).

   - Identify features of the community environment that impact substance misuse

   - Describe the "communities within the community" which include communities of place, interest, and experience.

   - Identify and build on the relevant local history of substance misuse, community mobilization, and prevention work in the community.

2. **Collect Needs and Resource Data**

   • Identify the relevant data to collect including information about: consequences, problems, root causes, local conditions, and community demographics.

   • Use quantitative data collection methods such as conducting surveys and collecting "archival" or "secondary" data from partners and outside sources.

   • Use qualitative data collection methods such as community forums, focus groups, listening sessions, key informant interviews, and surveys.

   • Use "triangulation" techniques to confirm multiple sources tell the same story.

3. **Conduct a Problem Analysis for Each Substance**

   • Facilitate group problem analysis techniques including the "but why, but why here," or another root cause analysis technique.

   • Include and incorporate the experience and expertise of coalition members to thoroughly name and frame problems and goals.

   • Select objective criteria to facilitate the prioritization of problems, root causes, and local conditions.

4. **Create a Logic Model for Each Substance**

   • Move from problem analysis to a logic model based on established criteria including community data, prevention science, and input from community members.

   • Create a logic model or road map to guide the development of comprehensive strategies to achieve community-level change.

   • Critique your logic model to ensure the coalition will achieve its desired changes to the community environment.

5. **Update the Community Assessment as Needed**

   • Identify additional data that needs to be collected.

   • Determine how new data and conditions in the environment can be used to make adjustments to the coalition's logic model.

   • Create an ongoing community surveillance mechanism to ensure the coalition and community can identify and proactively respond to new trends in substance misuse.

Create a Community Assessment Workgroup

Collecting data is a time-consuming process. Before you begin, it is a good idea to bring a team together to help collect, analyze, and report on data on an ongoing basis.

Members of the team should include individuals from agencies such as law enforcement, schools, public health, social services, and treatment who are knowledgeable about and have access to their organization's data.

These individuals may already be members of your coalition and should be ready and willing to help in this effort. Your team also should include coalition staff and an outside researcher or epidemiologist with experience in indicator research.

Your community assessment workgroup might naturally evolve into participating in the evaluation process, reporting to the community on general substance use issues as well as the specific indicators on which the coalition is working.

CHAPTER 1.
Define and Describe the Community

The first element of the community assessment is for the coalition to define the community it will serve. While this may seem simple, the implications of NOT having a clear definition and NOT having agreement among coalition members are huge. The definition and description should answer the following questions:

Who should be involved in the coalition effort?

What is the population to be addressed in order to achieve population-level change?

What geographic and demographic characteristics of the community must be considered throughout the SPF effort?

What specific elements of diversity need to be addressed?

Defining the Community

In developing the community description, the coalition will:

1. **Provide geographic information.** Geography can have a large impact on both the nature of the problem and the ability of the coalition to organize the community. Include all key roads, rivers, mountains, lakes, tourist attractions, colleges etc. that exist within the defined community.

2. **Define the jurisdictions.** There must be clear agreement among coalition members about what community is being mobilized and served. This includes describing all relevant "jurisdictions" within the boundaries (e.g., counties, cities, school districts, health districts, colleges, neighborhood, census tract)

3. **Provide relevant demographic information**. Once the community is defined, the total number of people living in the community can be determined (denominator) as well as the key demographics of the community (e.g., gender, age, race, ethnicity). It is critical to define the overall population of the defined community.

In describing the community, it is often helpful for the coalition to draw a map of the defined community. The map can include descriptions of features of the community which will impact the overall prevention effort, such as resources available to youth and families, "hot spots" or locations where substances are used or available, locations of schools, hospitals, police departments, etc., and other community institutions.
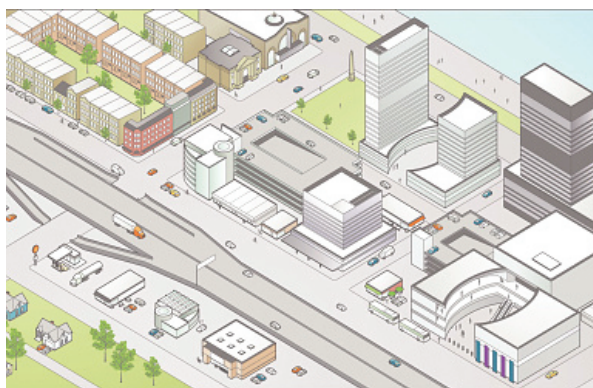
Describing "Communities Within the Community"

Another critical aspect in considering the different aspects of the community is to describe the "communities within the community." Ask the questions:

- "How do people see themselves?"
- "Do they associate with or see themselves as part of some particular group?"

The different ways members of the community may see themselves include:

- A **community of place** is simply a group of people sharing a common geography such as a neighborhood, college, town or region.

- A **community of experience** is one in which people share or have shared a common experience. For example, experiencing substance use disorder can be powerful enough to bind a group into a community and create a willingness to act on each other's behalf. This is why the phrase "the recovery community" is an apt description. War veterans, refugees, cancer survivors, and people who have historically faced discrimination are all powerful examples of communities of experience.

- A **community of interest** is one in which people feel part of a community based on a common shared interest or activity that people are willing to organize around. Examples include occupations, hobbies, faith, exercise, sports, etc. A specific community of faith may be made up of members from many neighborhoods or surrounding towns and the members may come from a very diverse set of experiences and backgrounds. Despite these differences, they are willing to take action for each other's benefit because they see themselves as a community.

Community History

Every community has a history of major events and forces that affect and help shape it. However, it is not uncommon for people in diverse ethnic or cultural groups to interpret the same event differently. Coalitions can examine two aspects of the community history:

- **Key events that have specifically affected the coalition's issues.** Some communities have experienced tragedies related to alcohol, tobacco, and other substances. Unfortunately, an event such as a car crash involving teens or a noted overdose may motivate community members to action. Other examples include: a community celebration that has gone on for years which is alcohol focused (e.g., Mardi Gras, Frontier Days), or the community celebrates its roots as a "bootlegging capital" during prohibition. Conversely, the community may have a positive history of engaging in efforts to implement smoking bans.

- **History of community problem solving**. Some communities have participated in a number of different forms of organizing efforts. Depending on the success of these efforts, residents may have a positive or negative attitude toward your efforts to organize around the SPF. Some may be resistant to participate in another effort to "chase the money." As another example, some communities (often "minority" or "low-income" communities) have been subjects of multiple organizing efforts and/or research studies where the residents may feel "used" and "abandoned" after the funding and/or study has ended.

Being unaware of or insensitive to the community's history can lead to a variety of problems. For example:

- Not accounting for key events that help explain current conditions can result in misinterpreting what those events really mean to community members.

- Misunderstanding the context of a situation can result in a loss of credibility for the coalition.

- Failing to build on the community's past successes can result in duplication of efforts.

- Inappropriately claiming credit for progress attributable to other factors or historical trends can result in mistrust or resentment from the community.

Exploring community history is usually done in two ways. First, if your coalition is conducting key informant interviews, questions about community history should be woven into that process. Specific informants might be selected because they have been in the community for a long period of time or know key historical figures in the community. These interviews can be aided by collecting archival records as prompts and memory triggers. Old newspaper clippings, pictures, or programs can help people recall events and personalities and can also make the interview more fun and improve the overall experience. When larger groups are involved, coalitions may consider using approaches such as listening sessions or focus groups to gain insight into the historical perspective of a community.

CHAPTER 2.
Collect Needs & Resource Data

Having a clear definition of the community is critical for the community assessment because it defines the areas and jurisdictions about which data must be collected – and just as importantly, who needs to be involved as representatives from the community. The second element of a community assessment is for the coalition to conduct a **needs and resource assessment**.

Needs Assessment: What Data to Collect

CADCA defines a "community need" as the gap between what a situation is and what it should be. The needs assessment is where the coalition collects specific information (both quantitative and qualitative data) about the community to fully understand (listen to) the current conditions in the community environment related to substance misuse. This effort involves collecting six types of data:

- Demographic data
- Consequences
- Problem (consumption)
- Root causes
- Local conditions
- Core measures (DFC Grant recipients)

Demographic data

Demographics describe characteristics of the people who live and work in the defined community. This is the same information as discussed in the community description, except with more detail. Typically, this information is provided from the U.S. Census Bureau and can be found online. Another good source is to speak with the local chamber of commerce about the composition and changes in the community demographics.

Communities vary widely in terms of size, population, ethnic/ cultural characteristics, sexual orientation, political power, education, economic status, primary languages, and other factors that are essential as you work to identify coalition initiatives.

Demographic data is helpful to understand the culture and diversity of your community and specific characteristics that may impact a coalition's ability to organize and engage in prevention efforts.

If your community is a specific neighborhood, ask your city/county planning board or community development department to provide the demographic data you need through census track information. State and municipal agencies often

> **Demographic Data – Examples**
>
> Data that describes a place and the people living in it is called demographic data. You can find the demographic variables listed below in the most recent U.S. Census data:
>
> - Total population
> - Gender
> - Race/ethnicity
> - Age groups
> - Family structure
> - Average household income, size, and poverty level
> - Average education level
> - Primary language

have sophisticated geographic information systems (GIS) that can map census tracts and other data within the defined borders of your community.

Consequences

Consequences of substance misuse are often the problems that motivate a community to take action. The consequences can include social issues such as violence, crime, or young people dropping out of school. The consequences also include health problems like fetal alcohol syndrome, liver disease, and cancer. The health and social consequences of substance misuse are the long-term outcomes a coalition hopes to address and improve.

> **Consequences Data – Examples**
>
> Examples of the consequences that result from and/or are related to the use and misuse of alcohol, tobacco, and other drugs are described below.
>
> | Consequence | Examples |
> |---|---|
> | Health | • Drug addiction, overdose and death
• Drug-related crashes & fatalities
• Lung cancer and other illnesses |
> | Financial/Employment | • Bankruptcy
• Loss of income
• Unemployment |
> | Law Enforcement/Justice System | • Arrests
• Diversion/probation
• Jail sentence and fines
• Incarceration & probation |
> | Education | • School dropout
• Truancy
• Educational issues |
> | Social | • Family conflict/divorce
• Child welfare
• Loss of friends/isolation |

Problem/Consumption

Coalitions must understand what substances are being used and the rate of substance use in their community. This includes information on how the substances are consumed, how often, and in what quantities. Student and adult surveys such as state surveys, the Youth Risk Behavior Survey (YRBS), archival data (e.g., data from treatment centers and hospitals) and interviews and focus groups are common ways to measure the problem of substance use and consumption.

Problem/Consumption – Examples

To fully understand the problem and consumption patterns, coalitions and communities must ask the following questions:

Question	Examples
Which drugs are being used?	Alcohol such as beer and hard liquor (e.g., vodka, gin, rum).
How are the drugs being used?	In red plastic cups, beer bongs, shot glasses, or through drinking games such as "beer pong."
How much? How often?	High school students binge drink (5 or more drinks at a time) at parties on most weekends.
Who is using the drugs? (Without naming names)	High school youth, with a particular emphasis on upper classmen (11th and 12th grade).
Where and when are the drugs being used? What is the "environment" or context in which the use occurs?	Parents provide alcohol to young people at high school graduation parties. Youth drink beer "down by the lake" on sunny weekends and during the summer.

Root Causes

Root causes of substance misuse are often called risk and protective factors or intervening variables. Root causes are those conditions in the community, family, peer group, and school that make it more or less likely a person will use substances.

Consider the root causes for heart disease. Cigarette smoking can significantly increase the likelihood you might have a heart attack. Conversely, eating a healthy diet can reduce the risk of heart disease.

Root causes (risk and protective factors) also exist for substance use. If alcohol is easily available, peers are using alcohol, and parents appear to approve of alcohol use, a young person is far more likely to drink than if these conditions are not present. Risk and protective factors help answer the question, "why are some people using substances and others not?" Identifying risk and protective

factors can help lead to the identification and implementation of individual- and environmental-focused strategies.

Prevention science provides a list of research-based root causes that have been shown to exist in diverse populations. The following table describes several of the root causes that can be addressed through the implementation of evidence-based environmental strategies.

Root Causes (Risk Factors) – Descriptions

Root Cause	Description
Availability/ access of drugs	The more available drugs are in a community and the more youth have access to these drugs, the higher the risk that young people will use drugs in the community. Retail availability refers to how available alcohol or other drugs are from legal sources in the community. Social access refers to alcohol obtained through sources such as parents and friends, at underage parties, and at home.
Community norms favorable toward drug use	Norms and values can be defined as informal social rules defining acceptable and unacceptable behavior within a social group, organization, or larger community. Norms reflect general attitudes about substance use and societal expectations regarding the levels and types of consumption considered acceptable. What is considered acceptable behavior may vary according to the location, occasion, and across communities.
Laws and enforcement	Enforcement refers to enforcing policies to decrease retail and social availability, as well as use and distribution of illegal drugs through threat of sanctions. This requires that appropriate laws are in place, the laws are enforced, and consequences are applied. Informal enforcement could come in the form of communities being unwilling to patronize stores that sell alcohol to minors.
Price and promotion	Research has found that youth remember alcohol advertising and can be positively influenced by advertising. Increased exposure to alcohol ads is associated with increased consumption and with heavy or hazardous drinking. Alcohol advertisements that were rated by youth as more likeable also were endorsed with greater intention to purchase the brand and products promoted. In regards to price, evidence suggests that price increases and taxation (assuming increases pass through to retail price) have a significant effect in reducing demand for alcohol.
Parental attitudes favorable toward drug use	Parental attitudes and behavior toward drugs, crime and violence influence the attitudes and behavior of their children. Parental approval of young people's moderate drinking, even under parental supervision, increases the risk of the young person using alcohol and marijuana.

Root Cause	Description
Youth attitudes favorable toward drug use	During the elementary school years, children usually express anti-drug, anti-crime, and pro-social attitudes. However, in middle school and later, as others they know participate in such activities, their attitudes often shift toward greater acceptance of these behaviors. This acceptance places them at higher risk. Another aspect is the perception of risk of harming themselves if they use specific drugs. Young people who do not perceive drug use to be risky are far more likely to engage in drug use.

Local Conditions

Once a coalition has an understanding of the root causes within their community, they can begin to explore the local conditions that are creating and maintaining the root cause. It is the coalition's job to seek out solid information that will help them understand the local community environment that increases (or decreases) the risk for substance misuse and target these conditions for change.

While the root causes/risk factors are general in nature, local conditions describe what the root cause/risk factor looks like or how it "operates" in the community. The local conditions must describe **behaviors** or **conditions in the community environment** that are:

- **Specific** - must be a **behavior** that is observed in the community (youth drink in the park at lunch) or **condition** (billboards are located near the schools) and not an attitude or a perception;

- **Identifiable** - must be a behavior or condition that occurs regularly in the community and can be measured; and

- **Actionable** - the behavior or condition can be changed by the coalition's efforts.

It is important to remember that local conditions must represent behaviors or conditions. Examples of conditions that are NOT specific, identifiable, and actionable include:

- "Drinking is a rite of passage" – what are the specific behavior youth (and adults) engage in related to the excessive or inappropriate use of alcohol?

- "Youth don't think marijuana is harmful" – what is the behavior that results from the perceived lack of harm?

Local conditions represent some of the most important data your coalition will find. It is what can be called actionable data. That is, data that tells you what to do. Root causes or data about root causes will point your coalition in the right

direction but it is insufficient alone to guide action. Many coalitions have made the mistake of jumping from root causes to taking action without understanding the details about how the root cause is "showing up" in the community.

Local Conditions – Examples

Root Cause	Description
Retail availability	Retailers sell alcohol to minors without checking for ID.
Social availability	High school youth are sharing their Rx painkillers with friends on school campus.
Community norms	Community celebrations involve the use of alcohol and enforcement is inconsistent with limiting access to minors.
Laws and enforcement	Youth are drinking in the forest on weekends – law enforcement staff have limited resources to respond.
Price and promotion	Marijuana dispensaries are advertising at locations near schools, bus stops, and playgrounds.
Parental attitudes favorable toward drug use	Parents allow youth parties in their homes on weekends because "they would rather have them drinking at home where it is safe."
Youth attitudes favorable toward drug use	Youth leave their school at lunch to smoke marijuana in the city park and return to class high.

DFC National Cross-Site Evaluation Core Measures

DFC grant recipients are required to participate in the DFC National Cross-Site Evaluation, intended to measure the effectiveness of the DFC support program in reducing youth substance use. DFC recipients are required to provide data every two years on the following core measures for alcohol, tobacco, marijuana, and prescription medications for three grades (6th-12th):

1. Past 30–day use
2. Perception of risk or harm
3. Perception of parental disapproval of use
4. Perception of peer disapproval of use

It is recommended that data be collected for at least one middle school and one high school grade. DFC coalitions must decide at the beginning of their DFC grant how they will collect data on these measures. Many coalitions find the best way to access this information is through student surveys that may already be conducted in local middle and high schools. In some areas where schools are not surveying students, coalitions have developed their own surveys and secured permission to administer them in local schools.

Data Collection Methods

Substance use indicators are used to identify trends and measure the consequences, problems, root causes, and local conditions related to each specific substance issue in a given community. No single indicator can provide an adequate picture of substance misuse in a local community—what might be available and valid in one community might not be available in another.

Since so much data is available, it is important to be strategic about the data you choose to collect. Excellent resources are available with ideas about community assessment indicators. Once you have reviewed these resources, your coalition should screen and rank a list of potential indicators according to whether they are sensitive, proximate, and feasible using the following criteria. Table 1 describes the characteristics that coalitions can review when selecting specific data to collect.

A note on data collection confidentiality and privacy. Community health assessments and program evaluations often involve gathering data from people through surveys, interviews, focus groups, and other methods. Whenever they are collecting or using data from individuals, coalitions may need to consider several issues related to human subjects including how they will protect the confidentiality and privacy of participants, avoid exploitation of vulnerable populations, maximize benefits, and minimize risk to the subjects, the coalition, and its partners.

Coalitions must identify whether their work falls in the category of research, requiring formal review by an institutional review board (IRB), or whether it is public health practice – and may not require IRB approval. Coalitions should seek assistance from their evaluator, local colleges or universities, and/or CADCA Coalition Development Support if they have any questions regarding whether IRB approval is required for their data collection.

Quantitative and Qualitative Data

Quantitative data is expressed in numerical terms, counted, or compared on a scale. This data helps to answer the question "how many?" and can give your coalition perspective about the breadth of an issue, e.g., "how many people are affected?" When we see statistics about the percentage of people who smoke, binge drink, or are arrested for possession of methamphetamine, we are seeing quantitative data.

Qualitative data is non-numerical data rich in detail and description. This data is usually presented in narrative form, such as information obtained from focus groups, key informant interviews, and/or observational data collection. Qualitative methods can help make sense of quantitative/numerical data by exploring the question "what does it mean?" This data provides depth and

texture about a situation and help us understand why there is an increase or a decrease in the consequence, problem, root cause or local condition.

The following table provides a summary of quantitative and qualitative methods.

Table 1

Method	Data to collect	Advantages	Disadvantages
Quantitative Methods			
Survey data	Use to collect self-reported information on behaviors, attitudes, perceptions and beliefs	• Survey data may already exist through existing state, school or community surveys • Can be conducted over time to show trends and be compared with state orcomparable communities	• Conducting a new youth or community survey can be expensive and time consuming • Survey participants may not reflect the defined community population
Archival Data	Provide numeric- based information from community organizations	• Data already are collected by community organizations • Can be collected over time to show trends and be compared with state or comparable communities	• Data may not reflect the defined community population • Data reported may be impacted by outside influences (e.g., change in resources, state or national trends)
Qualitative Methods			
Community Forum/Town Hall Meetings	Allow community members to share opinions, attitudes and experiences. Can be used as a forum to collect survey data	• Ability to engage in two-way discussion of the topic • A way to gather input from a large number of people in a single setting	• Information gathered is limited to participants attending the session • Difficult to obtain meaningful and in-depth feedback in a large groupsetting
Focus Groups	Provide detailed information on selected topics from a select group ofindividuals with special knowledge	• Facilitator can probe participants to obtain more detailed information and explanations • Obtain information from selected groups of people with unique knowledge ofthe issue	• Information obtained is limited to experiences of focus group participants • Requires skilled facilitator to ensure confidentiality and appropriate follow up questions
Key Informant Interviews	Obtain information, perspectives and interpretation of quantitative data from individuals withintimate knowledge of an issue	• Used to collect detailed information from individuals with intimate knowledge of the issue • Probing and follow-up questions can be asked to obtain additionalinformation	• Time consuming for both the coalition and interviewee • Only provides one person's view or interpretation of the topic

Method	Data to collect	Advantages	Disadvantages
Qualitative Methods *continued*			
Observations	Obtain information that may not be collected from any other method to document "local conditions"	• Provides a visible means to identify and substantiate evidence of community norms and use of ATOD • Youth can be involved inthe data collection	• Limited to the specific time, location and situation observed • Time consuming • Safety of observer must be considered
Environmental Scans			
Environmental Scans	Provide a broad perspective based on multiple types of information (including quantitative and qualitative data) on specific community issues	• Includes multiple sources to provide a detailed analysis of the topicYouth can be involved in the data collection	• Can be expensive and time consuming to plan, collect, organize and report the resultsCare should be placed on not duplicating other data collection methods

Quantitative Data Collection Methods

Quantitative data can be collected through surveys as well as primary and secondary sources:

- **Surveys**: Survey data consists of information gathered by asking individuals to complete a survey that asks questions about behaviors, attitudes, beliefs and perceptions. Survey data may be collected by the coalition or from some other organization. In many cases the coalition will be able to use survey data. The YRBS (Youth Risk Behavior Survey) is a national survey used in many states. Some states also conduct their own surveys. Coalitions should look to see if these are conducted before engaging in efforts to conduct their own school surveys. The DFC core measures are collected by survey. The coalition may also determine if other community organizations such as hospitals, United Way, chamber of commerce, etc., also conduct surveys in the community. These surveys may already collect data that is useful to the coalition, or the coalition could ask that a few substance use-related questions be added to the survey.

- **Archival/Secondary Data:** includes information that you collect from others—counting alcohol-related newspaper articles or billboards in the community that advertise alcohol. It also may involve collecting data that is available but has not yet been compiled. For example, if you want to know what percent of police calls for service involve alcohol or other substances, you may need to compile this information from law enforcement records. Most archival/secondary data is already being collected and compiled by someone else (generally a local or state agency) on a regular basis and can be requested if you know where to look and how to ask. For example:

  1. Substance-related arrests (from the local police department)

  2. Substance use treatment data (from the state health department)

3. Licensed retail alcohol outlets/problem outlets (from the agency that licenses alcohol outlets)

4. Alcohol-involved traffic fatalities and injuries (from the state highway patrol)

5. State or community sponsored surveys – from existing surveys such as the YRBS (Youth Risk Behavioral Survey), or from a community organization such as United Way or a local hospital that already may conduct a community survey or Community Health Needs Assessment.

What to Ask when Collecting Data from a Secondary Source

- What is the most current year for which data is available?
- How often is data updated?
- Is county- or city-specific data available?
- Is the data available online?
- What types of breakdowns are available (e.g., gender, age, race/ethnicity)?
- Is there a cost to obtain this data?
- How long will it take to get the data?

Characteristics of "Good" Quantitative Data

Consider the following characteristics when identifying the specific data that will be collected by the coalition:

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

Qualitative Data Collection Methods

Qualitative data comes from the opinions and ideas of community members and leaders. This type of information tells us what the numbers mean. Examples
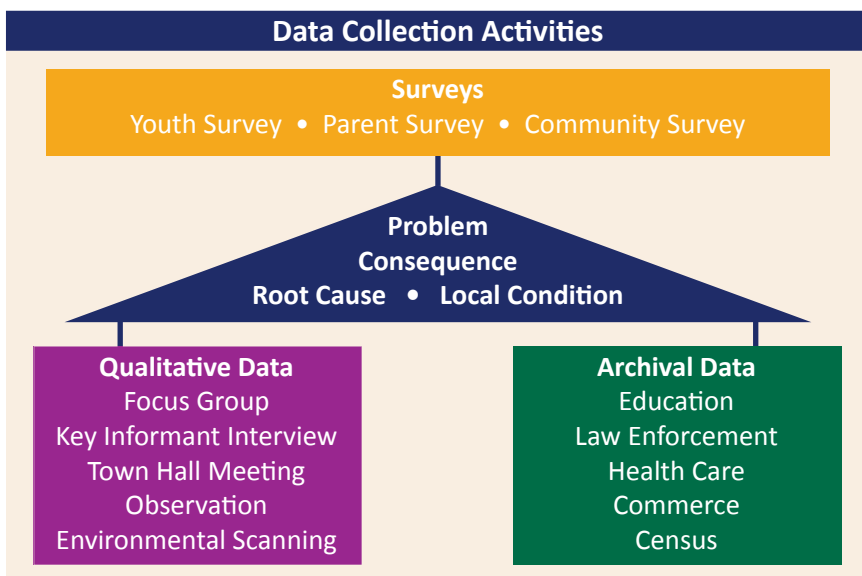
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of qualitative data include the stories that help us understand the impact of substance use or what it is like from the consumer's perspective to use city services. Types of qualitative data collection include:

- **Key Informant Interviews:** Key informant interviews can be conducted with community members well-positioned to answer important questions. The community member may have lived in the area for a long time, been privy to key events, may lead important institutions, and/or have a great deal of information. Key informant interviews are structured interviews. The coalition may need to ask for help in creating and conducting these interviews correctly.

- **Focus Groups:** A second way qualitative data can be collected is through focus groups. As with key informant interviews, the coalition will probably need to ask for professional help in deciding if a focus group is the right tool and with staging a focus group. Focus groups consist of inviting targeted individuals to a structured meeting. The meeting is facilitated by a professional who takes the group through a series of pre-planned questions. The discussion is tracked (often recorded) and the results and themes are reported back to the coalition by the professional that helped stage the event.

- **Listening Sessions:** Another technique for collecting qualitative data is listening sessions. Listening sessions are less formal than focus groups, are shorter, and usually are conducted with a variety of potential informants. Youth, parents, business people, and religious leaders are all typical candidates for an hour-long listening session. While the facilitator does put an issue on the table to be discussed, the group is not required to follow a specific question path, as is the case with focus groups. The participants in a listening session can react to each other's comments and take the conversation in any direction they feel is productive.

- **Town Hall/Community Meetings:** Town hall or community meetings are the final technique often used to collect qualitative data. These are listening sessions designed for larger groups. An issue is announced and the community is invited to come learn and share about the topic. Typically, a coalition will share important information and then ask community members to respond with their concerns, ideas, and understanding.

- **Observation:** Observations can provide very specific and visual examples of community events, activities, and the physical environment. Examples of observations include: counting alcohol containers under the grandstands after a high school football game, counting the number of open containers observed at a community event, or observing alcohol retail clerk behavior. Observations can be conducted by youth, coalition members, staff, and consultants, or as part of a high school or college class or individual project.

- **Environmental Scans:** Provides a broad perspective based on multiple types of information (including quantitative and qualitative data) related to specific community issues. For example, a coalition may conduct an environmental scan in a neighborhood with a lot of bars. The scan can include observing advertising and promotional material, interviewing and surveying patrons, staff, and neighbors who live in the area, and examining archival data of arrests and other incidents. Youth can be involved in the data collection. Environmental scanning can be expensive and time consuming to plan, collect, organize, and report the results from different data sources. Additionally, care should be placed to avoid duplicating other data collection methods.

Triangulation

There is not one piece of data or information that fully describes any given problem, consequence, root cause or local condition. We understand that coalitions will need to collect multiple pieces of data using different data collection techniques to fully understand each of the elements. Much like when lost hiking or driving, we need multiple points of reference to "triangulate" our position, we also need multiple points of data to corroborate each other. The same is true for data collection around problem, consequences, root causes, and local conditions. If a coalition wants to collect data around a specific local condition it will need to collect multiple pieces of data.

Data Collection Activities

Surveys
Youth Survey • Parent Survey • Community Survey

Problem
Consequence
Root Cause • Local Condition

Qualitative Data
Focus Group
Key Informant Interview
Town Hall Meeting
Observation
Environmental Scanning

Archival Data
Education
Law Enforcement
Health Care
Commerce
Census

For example, if the local condition is parents hosting underage drinking parties in the home, the following data might be used to validate this behavior:

Survey:

- Youth survey question: "Do your parents think it is wrong for youth to drink alcohol?"
- Parent survey question: "Do you know of other parents that allow their children to drink in their home?"
- Community survey question: "Do you think it is wrong for parents to allow drinking in the home as a way to provide a 'safe place' for the behavior?"

Archival data:

- Law enforcement calls for service for large parties with youth drinking alcohol
- Law enforcement arrest or citations for social host law violations

Qualitative data:

- Focus groups with youth and parents
- Key informant interviews with law enforcement
- Observations by neighbors or coalition members

Resource Assessment

At the same time the coalition examines the community's needs, it must also identify all available resources to address these needs. Coalitions often skip this part of a community assessment and doing so can cause problems. For example, holding a community forum or listening session that focuses solely on needs can result in a "grousing session" where people are only focusing on the negative. Including a discussion of resources allows participants to identify the "strengths" or resources that already exist in the community.

A resource assessment is important because it

- **Provides** a way for the community to use its existing capacity.
- **Accounts** for community assets and resources.
- **Describes** the community by focusing on positive rather than negative aspects.
- **Identifies** ways to build member capacity.
- **Expands** the identification of assets and resources to include more than just programs and agencies.
- **Identifies** community members who might be willing to participate in the coalition or support the coalition's efforts.

What is a Resource Assessment?

A resource or asset refers to those "people or things that can be used to improve the quality of community life." A resource assessment is more than just the list of agencies in the local United Way directory. The coalition is not simply looking for every conceivable resource available in the community. A useful resource assessment identifies specific resources that can be used to address key community problems, such as substance misuse. The coalition must identify those resources that can be directed toward solving the specific problems identified as top community concerns. Examples of resources include:

- Existing facilities, parks, programs, organizations, initiatives, coalitions, and advocates that support youth and families

- Prevention infrastructure, including the health department, school system, resource centers, data systems, laws and policies, and funding streams

- Individual volunteers and community members with skills and passion

- Existing connections between individuals and organizations such as alliances, associations, and clubs

- Protective factors and developmental assets that create a healthy environment and support healthy decision-making.

    Protective factors are described as conditions in people's lives that make them less likely to use alcohol, tobacco, or illicit substances. The protective factors operate by:

  - Buffering the exposure to risk factors. For example, if a young person is growing up in a family that is in transition and crisis, opportunities to bond with pro-social peers and adults can buffer the child from exposure to the family risk factors.

  - Building protection in general by promoting safe and healthy environments for young people to thrive. For example, when youth attend a school which provides high expectations for student success, opportunities for all learners to succeed, and an environment where the students feel safe and supported, they are less likely to engage in substance use behaviors.

  - Protective factors also protect young people from other problem behaviors such as school dropout, juvenile delinquency, violence, teen pregnancy, and mental health issues.

There are many frameworks for looking at protective factors including:

- Search developmental assets
- America's promise
- Communities that care – social development strategy

- Positive youth development
- Resiliency

Protective factor constructs that are similar to all the frameworks include:

- Healthy beliefs and clear standards

- High expectation for success

- Promoting bonding and attachment to pro-social peers and adults

- Proving opportunities for involvement, building skills, and recognizing youth for their involvement

- Creating nurturing and welcoming environments in the home, schools, and community where youth can thrive

The goal of a resource assessment is to identify those individuals, programs, organizations, and services that promote protective factors in the community.

> ## Gaps in Resources
>
> In addition to identifying relevant community resources, coalitions must analyze resources to identify potential gaps in the resources. The gaps can include:
>
> - **Demographic gaps:** Services may not be available in a developmentally appropriate manner for all ages, or in a culturally appropriate manner for members of diverse communities.
> - **Geographic gaps:** Services may not be available throughout the defined community. They may be available within an urban community but not in a less densely populated rural area.
> - **Service delivery/program gaps:** Needed services or programs may not be available in the community. For example, responsible beverage server training may be needed, but there may not be anybody qualified to teach the classes.
> - **Resource gaps:** There may be limitations on the availability of sufficient materials to ensure the appropriate provision of a resource. For example, a school district may have qualified life skills instructors, but may not have funding for the workbooks and other class materials for classrooms in the school district.
> - **Laws and enforcement gaps:** These gaps exist when the current laws and/or ability to enforce the laws is not available in a community. For example, in rural communities where only 1 or 2 law enforcement personnel are on duty – they may not be able to patrol all the locations of underage drinking parties.

Why Conduct a Resource Assessment?

Resource and needs assessments must be conducted together. There are four key reasons why this is important:

- **Accuracy:** Looking solely for problems will paint an inaccurate view of the community. The overriding goal of the community assessment process is accuracy and data-driven answers to key questions. Accurate answers cannot be created with only half of the community's data and opinions.

- **Efficiency:** In addition to being more accurate, combining resource and needs assessments is efficient. The same people and institutions that can help you understand a community's problems are also well positioned to help your coalition understand the community's strengths and opportunities. Your coalition is already investing the time and energy to contact and learn from these sources, and it is simply more efficient to learn simultaneously about community resources.

- **Functionality:** Coalitions often skip this part of a community assessment and doing so can cause problems. Holding community forums or listening sessions that focus solely on needs can result in "grousing sessions." It is far more functional to ask about available resources and solutions during the same sessions in which people identify problems.

- **Ethical:** Finally, it should be noted that it is simply unethical to define a community's problems without also identifying their strengths and resources. If your coalition conducts a needs assessment without pairing this effort with a resource assessment, you risk alienating the community, misrepresenting the community, losing credibility, and violating ethical standards adhered to by many of your potential funders.

Develop a Problem Statement

The efforts to learn about the community's description, history, context, needs, and resources are done so that the coalition can answer the question **"what matters and what should we do?"** Assessment data allows a coalition to document community concerns and show data that validates these concerns. The written community assessment should conclude with concise **problem or goal statements** that:

- represent the conclusions based on the result of all the listening and data collection.

- are explicitly agreed upon by the coalition.

- take the form of concise statements that read: "The problem is…." or "The goal for our community is to…".

The coalition may identify multiple problem statements based on the community assessment. Each problem statement will be used as a basis for the problem analysis and logic model development. In short, each problem statement will have its own logic model.

- Problem or goal statements serve several important functions. First, they assure that the coalition has consensus about the results. If the coalition members cannot agree on several statements that define the community problems to be addressed, then more homework needs to be done.

- Second, problem or goals statements focus the planning efforts that will be based on the assessment results and ensure clarity on goals.

- Finally, problem or goal statements give the coalition an opportunity to "frame" their priorities in a way that is relevant to the community.

A good problem statement will meet the following criteria:

- **Identify one issue or problem at a time.** Root causes and local conditions may differ for each problem. For example, the availability of marijuana is different than for Rx painkillers. Truancy is often a consequence of substance use, but they will need to be addressed separately in order to develop a targeted comprehensive plan that can achieve population level reductions in each behavior.

- **Avoid blame.** (e.g. the problem is "young people in our neighborhood do not have enough positive activities" rather than "the kids here have nothing to do and are trouble makers.")

- **Avoid naming specific solutions.** (e.g. the problem is not "we don't have a youth center"—the problem may be "young people in our neighborhood are getting into trouble during after-school hours" for which a youth center may be one element of an overall solution.)

- **Define the problem in terms of behaviors and conditions.** Good problem statements frame the issue as either not enough good conditions/behaviors or too many bad conditions/behaviors (e.g., "Too many young adults are using methamphetamines.").

- **Are specific enough to be measurable.** The data allows the coalition to a) validate the problem exists and b) assess whether they have achieved their goals by tracking changes to the problem.

- **Reflect community concerns as heard during the assessment process.** While the data may indicate that specific substances are a problem, community members may identify that one is more important to address at the present time.

Examples of Problem/Goal Statements

- The problem is underage drinking in ABC County.
- The problem is marijuana use by teens in ABC County.
- The problem is the misuse of Rx drugs by teens in ABC County.
- The goal for ABC County is to reduce the number of alcohol-related car crashes by 18–25 year-olds.

Several challenges may arise as the coalition determines the specific problems to address including:

- Over-complicating the problem statement. For a variety of reasons some participants feel they need to include a lot of information in the problem statement and will frequently want to include root causes and data in the problem statement. In these cases, extra information will be included in the

logic model – the problem statement is simply a concise statement of what the coalition will address.

- Inability to select or prioritize a problem. In most cases, the problems are usually quite apparent (and are substance misuse specific). In some cases, participants may struggle with selecting which problem among many should be addressed by their coalition. Typically, community problems become coalition goals when the problem occurs too frequently (frequency), the problem has lasted too long (duration), the problem affects many people (scope), the problem is particularly disturbing or intense (severity), the problem deprives people of basic legal or human rights (socially important), or the community simply believes it to be a large problem (perception or community expectation)"

- Framing. In the case of too much of the negative or not enough of the positive, coalitions may frame their issues by moving either "upstream" or "downstream." For example, a coalition may choose to say, "Too many kids are having kids." This framing for teen pregnancy moves downstream from the behavior of young people having sex to the consequence of unwanted pregnancy. The coalition can move upstream and focus on the behavior that, "Too many young people are sexually active." Regardless of how the coalition chooses to frame an issue, it is important these decisions be made consciously and carefully by the group.

CHAPTER 3.
Conduct a Problem Analysis

Conducting a problem analysis allows a coalition to take their time to review the community assessment data and determine the specific root causes and local conditions impacting the substance problems identified in the coalition's problem statements. Unfortunately, some coalitions do not take the time to do this and instead want to jump to a logic model or even straight to strategies.

The problem analysis is a part of the community assessment because it allows coalitions to:

- understand that most important problems have multiple and interrelated causes.
- uncover assumptions about these root causes/risk factors and determine if the members' assumptions are supported by science or by evidence from the community.
- bring the coalition to consensus about root causes/risk factors, which will help them avoid later conflicts.

For example, some members may believe that the reason young people in the community are using alcohol is because these young people lack the discipline and knowledge to make good choices. Other members may believe that the reason for youth substance misuse is a problem in their families, while others may see a community that turns a blind eye to the issue as the real culprit. Which, if any, of these beliefs are true? How will the coalition navigate these different points of view to arrive at a shared understanding of the substance misuse problem in their community? Using the data from a community assessment to conduct a thorough problem analysis is the answer to this typical coalition dilemma.

Problem analysis consists of using a systematic process to explore or "unpack" a complex community issue. While there are a variety of processes a coalition can use to conduct a problem analysis, in this primer we focus on the Root Cause Technique, also called "But Why, But Why Here?"

But Why, But Why Here? – The Root Cause Technique

Like a doctor, the goal of a coalition is to understand the cause of the symptoms and attack the source—remember crime and substance use are symptoms. This technique allows a coalition to use the community assessment data to analyze the problems and to surface root causes and local conditions that exist in the community that are contributing to the problems they are experiencing.

There are six reasons to conduct a problem analysis:

1. **Understanding.** A coalition must gain an understanding of the relationship between the chosen issue (such as substance misuse or teen pregnancy) and other community problems or concerns.

2. **Picture**. The coalition needs a complete picture of the root causes that are creating the problem. Then the coalition must use this list of root causes to break down the complex issue into elements than can be documented with community data.

3. **Assumptions**. The problem analysis process should give members the opportunity to share their assumptions about root causes and examine these assumptions in the light of community data, community experience, and scientific evidence.

4. **Rationale**. This consensus creates a rationale for deciding what actions should be taken by the group to address the problem.

5. **Consensus**. The process of problem analysis should help the coalition membership achieve consensus on a shared understanding of the community problem.

6. **Prioritize.** Developing such a consensus about the problem and its root causes is a crucial step for coalition members. Without such an agreement, there is no basis from which to prioritize action. The coalition should select the actions to be taken because they are those most likely to change root causes and achieve longer-term positive outcomes.

In the end, the result of a problem analysis should be a clear picture showing the problem and its causes. This literal picture or visual diagram is often called a logic model or theory of change. Coalitions will find it hard to create a logic model if they have not first conducted a problem analysis. It's difficult to suddenly produce a logic model if the team has not engaged in the underlying process of problem analysis.

Conducting the Problem Analysis.

Part 1: "But Why?"

To conduct a root cause problem analysis session:

- **Put** the problem statement in the middle of a large piece of flip chart paper.

- **Ask** the group to brainstorm reasons the problem exists by asking, "But why?"

- **Write** the answers the group generates around the problem statement with arrows.
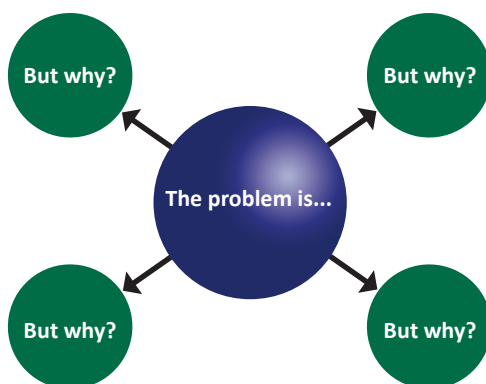
Part 2: "But Why Here?"

You will note that most answers to the but why exercise could be equally applied to any community—these are generic causes. By asking "but why here?" your coalition can better identify and address how a *root cause* manifests itself in your community. We call this a local condition.

- **Take** the results of the "but why?" exercise just completed and select an identified root cause.

- **Ask** the group to determine "but why here?" for the root cause they selected.

- **Repeat** for additional root causes that surfaced in the "but why?" exercise to determine local conditions.
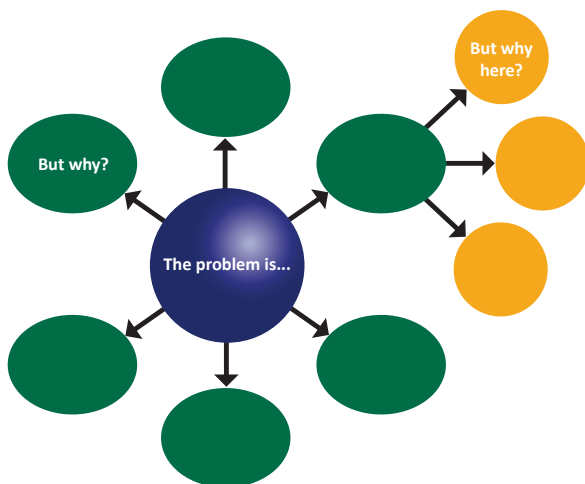

Only local people or those familiar with the local context can truly answer the "but why here?" portion of this exercise. This technique requires your community to examine the data and information gathered during the

assessment process and helps them identify what additional data is needed. If the underlying factors were the same in every community, there would be no need for local community coalitions.

The "but why here" exercise will compel your coalition to select strategies and initiatives that get to the unique root causes and local conditions of substance use in your community.

The following example describes how root causes and local conditions were defined for the problem statement – underage drinking.
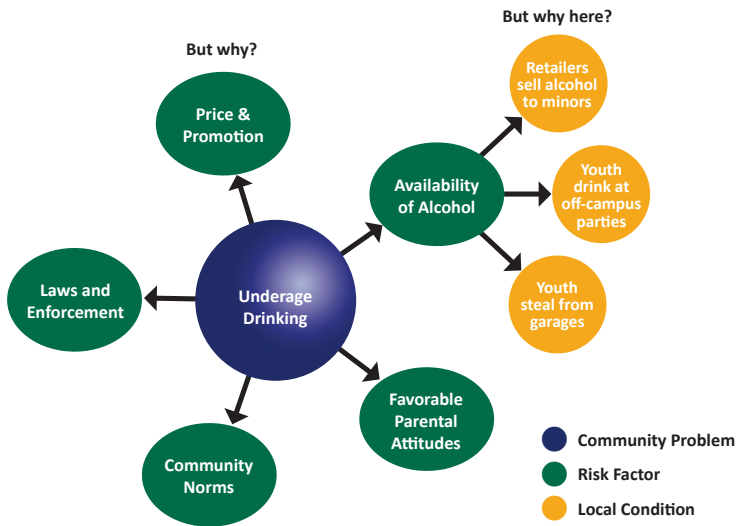
Problem analysis is the process coalitions use to turn the data from their community assessment into a coherent picture of what they found and what must be done. It is this analysis that produces a logic model or roadmap for what the coalition understands to be key issues and how it will make a difference. Failing to conduct a problem analysis can make creating a logic model extremely difficult.

Coalitions will find a tremendous reward from the time they invest in conducting a complete problem analysis. To complete the process, coalition members should agree to the rules for deciding which elements to keep and which to delete.

Coalitions may find that this process benefits from being led by a trained facilitator. This allows all team members to contribute on an equal basis. An impartial facilitator can make all the difference during this tough decision-making process.

The next chapter, "Chapter 4: Create a Logic Model for Each Substance," describes the process for prioritizing ideas developed in the problem analysis into a logic model.
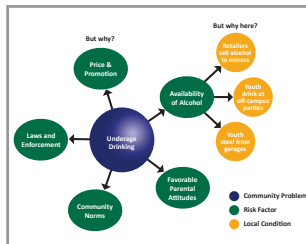
CHAPTER 4.
Create a Logic Model for Each Substance
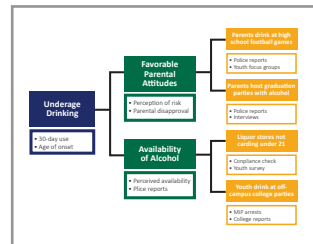
What is a Logic Model?

After a coalition has obtained information on the community description and history, collected needs and resource assessment data, and engaged the community in problem analysis, it can now create a *logic model*.
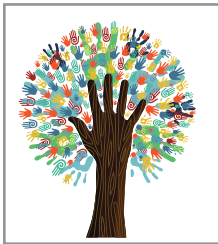
Community Assessment

Problem Analysis
(see page 36)

Logic Model
(see page 38)

A logic model is like a "road map" that lets everyone know you are on the right path. It presents a picture of how your coalition is supposed to work. It is a straightforward, graphic approach to planning that ensures no vital step will be overlooked—from goal setting to measuring outcomes—and explains why the strategy you have chosen is a good solution to the problem. A logic model is a succinct, logical series of statements linking the needs and resources of your community to strategies and activities that address the issues and what the expected result will be.

Moving from Problem Analysis to a Logic Model

1. Once the problem analysis is complete, the coalition must identify the items that will be included in the coalition's logic model. There are four guidelines for moving to a logic model:

2. Ensure there is **local data** to support the selection of the problem, root causes, and local conditions. Can each of these elements be validated or substantiated with specific local information? The coalition should map multiple data indicators to their problem, root causes, and local conditions.

3. Look to what is known in **prevention science** in determining the root causes. Is there empirical evidence or a research record to show the root causes identified have been validated? The coalition should map the environmental root causes to their problem analysis.

4. Ensure the local conditions all describe specific behaviors or conditions that exist in the community related to root causes. Are the local conditions **specific, identifiable, and actionable**?

Look to the **experience** of the community. Take into account the expectations of the community. Though local data may suggest that a given risk factor or local condition is not the highest priority, the community may expect that very issue to be addressed first.

Elements of a Logic Model

Good logic models have four key components. These components can be included in any of the variety of logic model styles or formats. Regardless of the format chosen, a coalition should be careful to include the four essential components in the picture or the logic model will not effectively serve its intended purposes. The logic model will include:

1. The **problem** or goal statement.

2. **Root causes** of the problem – "But Why?"

3. **Local conditions** that maintain or contribute to root causes – "But Why Here?"

4. **Two pieces of data** or measurements for each of these three (problem, root causes, local conditions) should be included.

The following diagram provides an example of these elements.
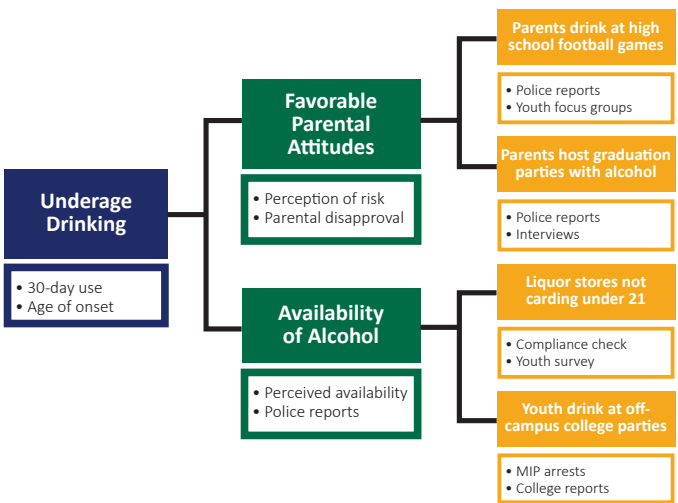
Adding Data to the Logic Model

Pairing data with each element ensures that the logic model is community specific. Including data will educate readers about the level of the problem in the community. Adding data to the logic model teaches readers how the community keeps track of important trends and problems. Further, including data can document or validate the line logic suggested by a model.

When adding data to the logic model it is best to:

- Include two pieces of data for each element. As previously discussed in the triangulation discussion, there is not one piece of data that fully describes a problem, root cause, or local condition.

- If possible, ensure that the data comes from different sources.

- If possible, use both qualitative and quantitative measures.

Critiquing a Logic Model

Once a draft of the logic model has been developed it is helpful to conduct a thorough analysis of the logic model to ensure it accurately reflects the conditions in the community. Coalitions should critique their potential logic model by asking the following questions:

- Is data included for problem, root causes/risk factors, and local conditions?

- Are there two pieces of data for each problem, root cause, and local conditions?

- Does the data include qualitative and quantitative data?

- Can the data be collected multiple times?

Local conditions are specific, identifiable, and actionable

- Do the local conditions describe actual behaviors or conditions that exist in the community?

- Are the conditions or behaviors known and relevant to community members?

- Can the local condition be changed within a reasonable time and with available resources?

Line logic (looking at the logic model from right to left)

- If the coalition positively impacts the local condition, is it likely the root causes will be changed?

- If the root causes change, will the problem be changed?

- If the changes occur, will the data identified reflect the changes?

Reflects community conditions and concerns

- Do coalition and community members agree that the local conditions exist?
- Are the prioritized problems, root causes, and local conditions viewed as important by coalition and community members?
- Are there any root causes or local conditions not included on the logic model that are important to the community?
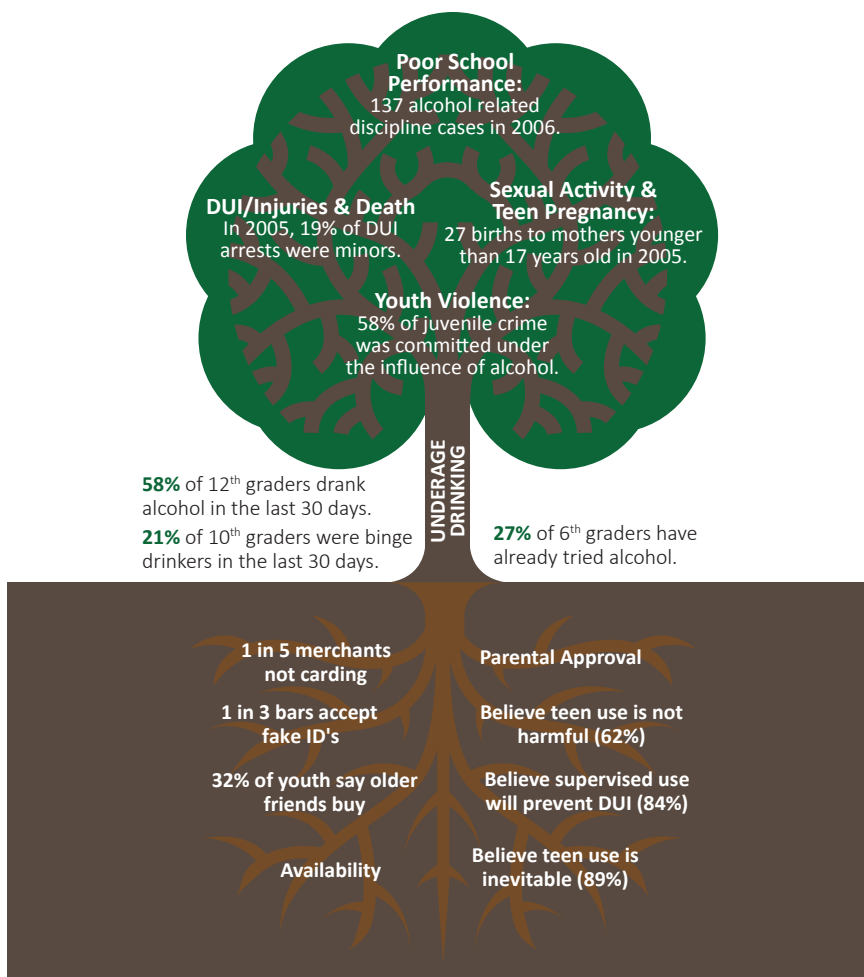
Logic Model Format

There is no one "right" way to present a logic model. The best format to use depends on the target audience and use of the logic model.

A representational logic model is the traditional boxes and arrows – as described above. The boxes are not a metaphor – they do not add additional meaning. Rather, they simply ensure that discreet elements in the logic model can be easily distinguished. Some representational logic models are also created using a table – with each cell in the table representing a box.

A metaphor logic model uses a picture as an extended metaphor for the theory of change included in the logic model. Examples of metaphor logic models include a tree, a person, or a river. The sample below uses a tree as the metaphor.

Poor School Performance:
137 alcohol related discipline cases in 2006.

DUI/Injuries & Death
In 2005, 19% of DUI arrests were minors.

Sexual Activity & Teen Pregnancy:
27 births to mothers younger than 17 years old in 2005.

Youth Violence:
58% of juvenile crime was committed under the influence of alcohol.

UNDERAGE DRINKING

58% of 12th graders drank alcohol in the last 30 days.
21% of 10th graders were binge drinkers in the last 30 days.

27% of 6th graders have already tried alcohol.

1 in 5 merchants not carding

Parental Approval

1 in 3 bars accept fake ID's

Believe teen use is not harmful (62%)

32% of youth say older friends buy

Believe supervised use will prevent DUI (84%)

Availability

Believe teen use is inevitable (89%)

In this model of the tree:

- The trunk represents the problem
- The branches/fruit represent consequences (changes from negative to positive)
- The roots represent root causes & local conditions

CHAPTER 5.
Update the Community Assessment as Needed

It is important to note that the data collected during the community assessment phase is the same data that is used throughout the SPF:

- **Logic model** – we use the data to identify and prioritize key problems, root causes, and local conditions in the community.

- **Planning** – we use the data to write specific, measurable, achievable, relevant, timed and at the community level (SMART+C) objectives, and to identify specific programs and strategies.

- **Evaluation** – the initial data collected acts as the "baseline" data or starting point for evaluation. As the coalition collects the same data in subsequent years they will be able to monitor changes to community substance use and the community environment.

- **Sustainability** – the same data can be used to demonstrate the effectiveness of the work of the coalition and its partners and justify requests for additional resources.

Using Data throughout the SPF - Example

The following example demonstrates how the same data can be used throughout the SPF processes.

Community assessment:
Local condition: retailers sell alcohol to minors
Data: 56% of retailers failed compliance checks

Logic model:
Problem: underage drinking
Root cause: availability of alcohol
Local condition: retailers sell alcohol to minors
Data: a) failed compliance checks
                          b) youth focus group responses

Strategic and action plan: short-term objective:
Reduce retailers selling alcohol to minors by 50% as measured by failed compliance checks, from 56% in 2018 to 28% in 2020.

Evaluation plan - local condition data:
Compliance checks to be conducted on an quarterly basis.

Sustainability:
Coalition success story: "Based on 2020 results, the coalition contributed to a 75% decrease in failed compliance checks through its work with partners to implement strategies to: educate retailers, support law enforcement and enhance fines for failed compliance checks."

Additionally, as the coalition does the work it will continue to identify and collect more data. For example, as the coalition is conducting a problem analysis, the data may indicate that marijuana is easy to get, but there is not a lot of data on what the specific source might be in the community. So, the coalition will need to go back to the community to collect additional data around this local condition. If the local condition is included on the logic model, it will need to include multiple pieces of corroborating data that verify the existence of the local condition.

An interesting way to describe this continuous use of data is to remember the children's toy "spirograph," in which unusual shapes were created by drawing looping circles. As the diagram below demonstrates, the data collection and analysis process continues throughout the SPF as new and updated information is continuously included in the coalition's overall planning efforts.

Each time the coalition collects additional data, whether for the logic model or writing objectives or for evaluation, the coalition should update the community assessment with the new piece of data.

Based on the need to continually collect and analyze new information from the community, it is important for the coalition to develop a **data collection plan**. The plan would identify:

- Data to be collected: demographics, consequences, problem, root causes, local conditions and resource data

- Data collection methods: quantitative and qualitative

- Sources of data: local, state or national sources

- Frequency of the collection: depending on how often the data is updated or can be collected

Conclusion

Many community problems have alcohol, tobacco, and other substance use as a major contributing factor. The data and understanding gained through a community assessment clearly demonstrates this connection and helps the coalition show the community and its leaders the important relationship between prevention and many of the community's priorities.

By thoroughly listening to the community and analyzing and organizing the information, a community coalition can best identify its unique and strategic role in making things better. By engaging the community in the community assessment process, the coalition will also be building the community's long-term ability to create and sustain a healthy and safe community.

A final word about cultural competence as it relates to assessment: Community coalitions have much to gain by committing to increase their cultural competence. A coalition's ability to communicate effectively within a diverse cultural environment brings new perspectives, ideas, and strategies to the table and can deepen trust and cooperation among community members. An authentic community assessment validates local knowledge and includes feedback from and the involvement of those who are most affected by the problem. Culturally competent coalitions are more likely to be effective coalitions.

A final word about sustainability as it relates to assessment: Sustainability goes well beyond finding funding sources to support your prevention efforts. Sustainability is a process, not a result, denoting action, not maintaining the status quo. Your coalition is the backbone of your prevention efforts and needs to be tended to. Building a strong coalition infrastructure to support prevention initiatives is crucial. Sustaining the interest of coalition members as time goes on means working on current problems and continuing to collect and assess current data and trends in the community. Working toward sustainability as you progress through each phase of the SPF takes a lot of intentional effort, but is well worth the effort and can make all the difference in the success of your strategy. Achieving community level reductions in substance use takes time and it is critical that coalitions plan proactively to ensure they are around long enough to achieve population-level change and to maintain those positive outcomes.

A Word About Words

Throughout this primer and the entire series, there are a number of terms that are sometimes used interchangeably or differently. Often, the difference depends on who is funding your efforts or the field from which you come. The following chart highlights terms that are often used to describe the same or similar concepts.

Term	Similar Terms
Data	Information Measure Indicator Data point
Root Cause	Risk Factor/Protective Factor Resiliency Factor Contributing Factor Intervening Variable Causal Factor
Objective	Outcome Goal Aim Targets
Strategy	Program Activity Action Initiative

In writing each primer we have attempted to be clear and consistent about the terms that are used. If you have any questions about how a term is used, please contact CADCA's Coalition Development Support Team at **training@cadca.org** or 1-800-54CADCA x240.

Glossary

Activity. Things that you do—activities you plan to conduct in your program

Agent. In the public health model, the agent is the catalyst, substance, or organism causing the health problem. In the case of substance use, agents are the sources, supplies, and availability.

Aim. A clearly directed intent or purpose, an anticipated outcome that is intended or that guides your planned actions, the goal intended to be attained

Approach. The method used in dealing with or accomplishing: a logical approach to the problem.

Assumptions. Explain the connections between immediate, intermediate, and long-term outcomes and expectations about how your approach is going to work.

Benchmark. Measure of progress toward a goal, taken at intervals prior to a program's completion or the anticipated attainment of the final goal.

Community assessment. A comprehensive description of your target community (however your coalition defines community). The assessment process is a systematic gathering and analysis of data about your community.

Community-level change. The change that occurs within the target population in your target area.

Demographic data. Data that describes a place and the people living in a community. Commonly collected demographic data include size, population, age ethnic/cultural characteristics, socio-economic status, and languages spoken.

Denominator. The bottom number in a fraction. This fraction is what you need to compare a part to the whole. The denominator or total numbers provides a common point of reference

Empirical data. Relying on or derived from observation or experiment. Information derived from measurement made in "real life" situations (e.g., focus groups, one-on-one interviews).

Environment. In the public health model, the environment is the context in which the host and the agent exist. The environment creates conditions that increase or decrease the chance that the host will become susceptible and the agent more effective. In the case of substance use, the environment is the societal climate that encourages, supports, reinforces, or sustains problematic use of substances.

Framework. A structure that is used to shape something. A framework for a strategy or approach supports and connects the parts.

Goal. States intent and purpose, and supports the vision and mission statements. For example: "To create a healthy community where substances and alcohol are not used by adults or used by youth."

Group IQ. The ability to engage collectively in strategic thinking to plan for and implement effective community-level strategies.

Host. In the public health model, the host is the individual affected by the public health problem. In the case of substance use, the host is the potential or active user of substances.

Impact. The ultimate influence or effect a program has on a targeted problem or condition.

Incidence. The rate at which new events occur in a population, i.e., the number of new cases of a disease in a specific period of time, divided by the total population at risk of getting the disease during that period. It is often expressed as rates per million population.

Indicator. A measure that helps quantify the achievement of a result, outcome, or goal.

Initiative. A fresh approach to something; a new way of dealing with a problem, a new attempt to achieve a goal or solve a problem, or a new method for doing this.

Input. Organizational units, people, funds, or other resources actually devoted to the particular program or activity.

Intermediate outcome. Results or outcomes of program activities that must occur prior to the final outcome in order to produce the final outcome. FOR EXAMPLE, a prison vocation program must first result in increased employment (intermediate outcome) before it may expect to reduce recidivism (final outcome).

Logic model. Presents a diagram of how the effort or initiative is supposed to work by explaining why the strategy is a good solution to the problem at hand and making an explicit, often visual, statement of activities and results. It keeps participants moving in the same direction through common language and points of reference. Finally, as an element of the work itself, it can rally support by declaring what will be accomplished, and how.

Measure. n. The value assigned to an object or an event; v. express as a number or measure or quantity.

Methodology. The means and logical procedure by which a program plan or approach is implemented.

Milestone. A significant point of achievement or development, which describes progress toward a goal.

Objective. The specific, measurable results a coalition plans to accomplish and serve as the basis by which to evaluate the work of the coalition. Each objective should have a timeframe by which it will be accomplished. "To reduce the number of youth in our community who smoke at age 15 from 18.5 percent to 10 percent by 2007."

Observational data. A method that documents visual data in the community.

Outcome. Used to determine what has been accomplished, including changes in approaches, policies, and practices to reduce risk factors and promote protective factors as a result of the work of the coalition. An outcome measures change in what you expect or hope will happen as a result of your efforts.

Outcome evaluation. Evaluation that describes and documents the extent of the immediate effects of coalition strategies, including what changes occurred.

Output. The product or service delivery/implementation targets you aim to produce.

Per capita rates. Rates per unit of population; per person.

Policy. A governing principle pertaining to goals, objectives, and/or activities. It is a decision on an issue not resolved on the basis of facts and logic only. For example, the policy of expediting substance cases in the courts might be adopted as a basis for reducing the average number of days from arraignment to disposition.

Practice. A customary way of operation or behavior.

Prevalence. The number of people with a disease at a given time, or at any time in a specified period, divided by the number of people at risk from that disease. It is often expressed as rates per million population.

Primary data. Information you collect and compile.

Process evaluation. Evaluation that describes and documents what was actually done, how much, when, for whom, and by whom during the course of the project.

Program. Any activity, project, function, or policy with an identifiable purpose or set of objectives.

Protective factors. The factors that increase an individual's ability to resist the use and use of substances, e.g., strong family bonds, external support system, and problem-solving skills.

Qualitative data. Non-numerical data rich in detail and description, usually presented in a textual or narrative format, such as data from case studies, focus groups, or document review.

Quantitative data. Information that can be expressed in numerical terms, counted, or compared on a scale.

Readiness. The degree of support for, or resistance to, identifying substance use and use as a significant social problem in a community. Stages of community readiness for prevention provide an appropriate framework for understanding prevention readiness at the community and state levels.

Resource assessment. Describes both the resources currently being used and the resources that could be directed towards addressing identified problems in the community.

Resources. Any or all of those things that can be used to improve the quality of community life the things that can help close the gap between what is and what ought to be.

Results. The consequences and outcomes of a process or an assessment. They may be tangible such as products or scores, or intangible such as new understandings or changes in behavior.

Risk factors. Those factors that increase an individual's vulnerability to substance use and use, e.g., academic failure, negative social influences and favorable parental or peer attitudes toward involvement with substances or alcohol.

Secondary/archival data. Data that is already being collected and compiled on another organization or group.

Short-term outcome. Changes expected to occur either immediately or very shortly after implementation of activities.

Strategy. Identifies the overarching approach of how the coalition will achieve intended results.

Sustainability. The likelihood of a strategy to continue over a period of time, especially after specific funding ends.

Targets. Define who or what and where you expect to change as a result of your efforts.

Theory of change. Creates a commonly understood vision of the problem being addressed and defines the evidenced-based strategies or approaches proven to address that problem.