Strategic Prevention Framework
Community Prevention Needs Assessment
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List the names of people in your community, the organizations they represent, and the contributions they made to this workbook in Table 1 below.

Table 1. Workbook Contributors

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
<th>Contribution</th>
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Local Data Sources

In Table 2 below list all the local data sources used in this workbook as well as a description of the data, and where it came from.

Table 2. Local Data Sources

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Introduction
Introduction

Oklahoma received the Strategic Prevention Framework State Incentive Grant (SPF SIG) from the Federal Substance Abuse Mental Health Services Administration (SAMSHA) in 2009.

Oklahoma has implemented the SPF at the state-level. The purpose of this workbook is to serve as a guidance document for communities to implement the Needs Assessment phase of the SPF at the local level. The following diagram details the SPF process.

Figure 1. Five Steps of the Strategic Prevention Framework Process
This workbook is designed to serve as a guide to help communities assess the issues in their area pertaining to alcohol, the non-medical use of prescription drugs, marijuana, inhalants, and methamphetamine. This workbook is not comprehensive and encourages you to seek out additional data in your community.

**Outcome-Based Prevention**

Figure 2. Needs Assessment Logic Model

In this model, a community details its substance-related consumption and consequence data, researches the intermediate variables that may impact these problems, and selects evidence-based strategies (environmental recommended) to address the intermediate variables.

**Purpose**

The purpose of this workbook is to help Regional Epidemiological Outcomes Workgroups (REOWs) go through the outcome-based prevention model. The first step is to complete a comprehensive needs assessment. This means that REOWs, must accurately assess their problems using epidemiological data, and they must do research to understand what may influence these problems. To be effective, you should not complete this workbook alone. Instead, the REOW along with the REOW Coordinator should work together to complete the tasks.

The tasks that follow are based on the outcome-based prevention model and current research detailing the causal factors of substance-related problems. The four major sections are problems, causes, prioritization, and resource assessment. Within each section there are data to collect and questions to answer.
Each REOW should complete the tasks that follow to detail the problems and influences in their community. This will lead to focused mobilization and capacity building; as well as aid in the prioritization of evidence-based strategies within the community’s strategic plan.

The work that follows involves gathering data to illuminate both the problem(s) and the intermediate variables that contribute to the problems in your community. This is achieved by answering a series of questions.
Workbook Organization

The Needs Assessment will take place in three phases:

**Phase I**
- Consequence Data
- Consumption Data
- Prioritization

The goal of Phase I is to collect data around consequences and consumption of alcohol, the non-medical use of prescription drugs, marijuana, inhalants and methamphetamine. Once data are collected, you will then prioritize the data and select the substances and counties that score the highest.

**Phase II**
- Intermediate Variables
- Resource Assessment

Once Phase I is completed and priorities are selected, Phase II will be to investigate the intermediate variables that are contributing to the selected priorities and the communities readiness to address the associated problems.

**Phase III**
- Epi Profile

In this phase, you will take all of the data you have collected and write an epi profile for your region, which includes all the counties within your region. The profile will describe the data and also the prioritization process. It will explain why and how the priorities were chosen. It will serve as the framework for future profiles, which will provide surveillance for your region.

Table 3. Timeframe

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Problems
Problems

Explore the consequence and consumption data of alcohol, the non-medical use of prescription drugs, marijuana, inhalants, and methamphetamine in your community.

Alcohol

Alcohol Consequences

This first section looks at alcohol-related consequence data and will help you identify which alcohol-related consequences are of greatest concern in your community. Alcohol-related consequences are defined as the social, economic, and health problems associated with the misuse of alcohol. It is recognized that not all communities will experience exactly the same problems, and to help identify individual community problems, you will conduct a needs assessment in relation to alcohol misuse and its consequences.

Note:
Years listed for data collection are a suggestion. Your community may need to combine years or collect additional years of data to provide a better understanding of the issue. The same is true for geographical region. Although it is ideal to have data at the county level, sometimes counties have to be combined due to low numbers.

Alcohol-Related Crime

Violent Crime Rates
You can obtain information on violent crime rates in your community by going to the following website:
http://www.fbi.gov/about-us/cjis/ucr/ucr

- In the middle of the page, click the link titled “Crime in the United States”
- Click on “2009”
- Read the caution note and click continue
- Click “Violent Crime” located in the top left
- Under “Browse By” on the right of the page, click “County Agency”
- Click on “Table 10”
- Click on “Oklahoma”
- The first column lists violent crimes by county
- Click “Download Excel” just above the data
- Save the Excel file
- Go back and repeat these steps to get Excel files for the years 2005, 2006, 2007 and 2008
Please see the caution against ranking: “Readers should take into consideration relevant factors in addition to an area's crime statistics when making any valid comparisons of crime among different locales. Variables Affecting Crime provides more details concerning the proper use of UCR statistics. Please note that these data do not represent county totals as they exclude crime counts for city agencies and other types of agencies that have jurisdiction within each county. They can be used to assess trends in your counties.”

Alcohol-Related Arrests
Now, you will obtain data on alcohol-related arrest in your counties. Please keep in mind that enforcement plays a role in these numbers and may vary from county to county. The website for this information is:

• Scroll down to the map in the middle of the page
• Click on your county
• Click on your county again
• Towards the bottom you will see “Alcohol Related Arrests” enter the numbers for both adults and juveniles in the provided spreadsheet

Other Local Data
You may consider and analyze other local data that will help identify and detail problems around the consequences of alcohol-related crime. For example, you may have information from local surveys, trouble spots, or specific alcohol-related strategies that the police are implementing. You may have local data on Minors in Possession (MIP) arrests and/or citations. If you have other local data describe the results here:

Questions
How does alcohol-related crime in your community look over the years? Is it increasing, decreasing, or remaining the same? How does it compare to the State? Discuss the differences. Are there any initiatives or enforcement factors related to the numbers you see? Do you think the arrest data accurately reflects the related problems in your community? Why or why not?
Alcohol-Related Car Crashes

Motor Vehicle Fatalities
For your community assessment, you will need to obtain information on the percentage of alcohol-related motor vehicle fatalities in your community by going to the following website: http://www-fars.nhtsa.dot.gov/Main/index.aspx

- From the website, select “States”, near the top on the right
- Then click “Alcohol”
- The first table from this website is titled “Persons Killed, by State and Highest Blood Alcohol Concentration in Crashes;” from this table, click “Oklahoma” which will give you the county rates
- Click “Export (XLS)”
- Save the file
- Delete all counties except your own
- Using the “Year” box just above the right hand corner of the website table, change the year and repeat the previous step until you have an Excel file for years 2005, 2006, 2007, 2008, and 2009

Other Local Data
You may consider and analyze other local data that will help identify and detail problems around the consequences of alcohol and motor vehicles. For example, you may have information from local surveys or know about certain trouble spots. If you have other local data describe the results here:

Questions
How do alcohol-related car crashes in your community compare to alcohol-related car crashes in the State? Is your problem bigger, smaller, or about the same? Are there any enforcement initiatives related to the numbers you see? How do alcohol-related car crashes your community look over the years? Is it increasing, decreasing, or remaining the same? Discuss the differences.
**Alcohol-Related Mortality**

**Chronic Liver Disease Fatalities**
Long term, heavy alcohol consumption is the leading cause of chronic liver disease. You can find this data by using Oklahoma’s Data Query System. Go to:


- Click the “Indicators” tab at the top of the page
- Click “View Data”
- Select “Chronic Liver Disease Fatalities” for the indicator
- For the “Data Level” select “State and County Data”
- Select the counties in your region
- Select “Show Chart Table”
- Click “Draw Chart”
- Underneath the map box, click “download data”
- Repeat until you have selected all the counties in your region

**Suicides**
The association between alcohol use and suicide has been well documented. Suicidal individuals have high rates of alcohol use and abuse, and alcohol abusers have high rates of suicidal behavior.

Go to Oklahoma’s Data Query System:


- Click the “Indicators” tab at the top of the page
- Click “View Data”
- Select “Suicides” for the indicator
- For the “Data Level” select “State and County Data”
- Select the counties in your region
- Select “Show Chart Table”
- Click “Draw Chart”
- Underneath the map box, click “download data”
- Repeat until you have selected all the counties in your region
Other Local Data
You may consider and analyze other local data that will help identify and detail problems around alcohol-related mortality. If you have other local data describe the results here:

Questions
How does alcohol-related mortality in your community compare to alcohol-related mortality in the State? Is your problem bigger, smaller, or about the same? How does alcohol-related mortality in your community look over the years? Is it increasing, decreasing, or remaining the same? Are there any factors that may contribute to these numbers? Discuss the differences.

Alcohol Dependence and Abuse

Alcohol-Related Treatment Admissions
Treatment admissions for alcohol dependence and abuse is another consequence of alcohol misuse. Your next task is to look at treatment admissions for your county. Go to:
http://www.odmhsas.org/eda/advancedquery/advancedquery.htm

• Skip Step One. Do not add any agencies.
• Go to Step Two and add the counties that are in your region
• Skip the next steps until you get to Step 12
• Click “Alcohol Abuse/Dependency”
• Skip the next steps until you get to Step 17
• Go to Step 18 A and in box a select “Counts only with up to 3 variables”
• For 18 B 1. County of Residence; 2. Presenting Problem; 3. Time Frame
• Below 18 D click “Show Data”
• Copy your results into an Excel Spreadsheet

*Other Local Data*
You may consider and analyze other local data that will help identify and detail problems around the consequences of alcohol dependence and abuse. For example, you may have information from local surveys, or treatment facilities in your communities. If you have other local data describe the results here:

*Questions*
How does alcohol dependence and abuse in your community compare to alcohol dependence and abuse in the State? Is your problem bigger, smaller, or about the same? Are there any factors that may contribute to these numbers? Discuss the differences.

*Final Consequences Question*
Based on your findings, what are your community’s major concerns surrounding the consequences of the misuse of alcohol? Justify your decision.
Alcohol Consumption

This section looks at consumption data and will help you identify consumption concerns in your community.

Underage Drinking

Youth 30 Day Alcohol Use

Go to Oklahoma’s Data Query System:

• Click the “Indicators” tab at the top of the page
• Click “View Data”
• Select “Youth 30 Day Alcohol Use” for the indicator
• For the “Data Level” select “State and County Data by Grade”
• Select one of the counties in your region
• Select “Show Chart Table”
• Click “Draw Chart”
• Underneath the map box, click “download data”
• Repeat until you have selected all the counties in your region

Other Local Data

You may consider and analyze other local data that will help identify and detail problems around underage 30 day alcohol use. If you have other local data, describe the results here:

Questions

How does student 30-day use of alcohol in your community compare to student 30-day use of alcohol across the state? Discuss the differences. Is your problem bigger, smaller, or about the same?
Youth Binge Drinking

Go to Oklahoma’s Data Query System:

• Click the “Indicators” tab at the top of the page
• Click “View Data”
• Select “Youth Binge Drinking” for the indicator
• For the “Data Level” select “State and County Data by Grade”
• Select one of the counties in your region
• Select “Show Chart Table”
• Click “Draw Chart”
• Underneath the map box, click “download data”
• Repeat until you have selected all the counties in your region

Other Local Data

You may consider and analyze other local data that will help identify and detail problems around underage binge drinking. If you have other local data, describe the results here:

Questions

How does student binge drinking in your community compare to student binge drinking across the state? Discuss the differences. Is your problem bigger, smaller, or about the same?
**Underage Drinking and Riding and Driving**

*Youth Riding with a Drinking Driver*

Go to Oklahoma’s Data Query System:


- Click the “Indicators” tab at the top of the page
- Click “View Data”
- Select “Youth Riding with Drinking Driver Past 30 Days” for the indicator
- For the “Data Level” select “State and County Data by Grade”
- Select one of the counties in your region
- Select “Show Chart Table”
- Click “Draw Chart”
- Underneath the map box, click “download data”
- Repeat until you have selected all the counties in your region

*Youth Drinking and Driving*

Go to Oklahoma’s Data Query System:


- Click the “Indicators” tab at the top of the page
- Click “View Data”
- Select “Youth Drinking and Driving Past 30 Days” for the indicator
- For the “Data Level” select “State and County Data by Grade”
- Select one of the counties in your region
- Select “Show Chart Table”
- Click “Draw Chart”
- Underneath the map box, click “download data”
- Repeat until you have selected all the counties in your region

*Other Local Data*

You may consider and analyze other local data that will help identify and detail problems around youth riding with a drinking driver/drinking and driving. If you have other local data, describe the results here:
Questions
How does youth riding with a drinking driver/drinking and driving in your community compare with youth riding with a drinking driver/drinking and driving across the state? Is your problem bigger, smaller, or about the same?

Adult Drinking

Adult Binge Drinking
Next you will look at adult drinking consumption. You will find this at: http://www.health.state.ok.us/stats/Health_Surveys/bfrss/Statistics.shtml

• Select the years 2003-2009
• Make sure “Combined Years” is selected
• Uncheck “ Entire State”
• Hold Down “Ctrl” key
• Select all the counties in your region
• Scroll down to “Topic” and select “Alcohol Consumption”
• Select “Binge drinking (5+ drinks in one occasion)”
• Click “Submit Request”
• Copy data in the “Total” area to an Excel Spreadsheet

Adult Heavy Drinking
Next you will look at adult drinking consumption. You will find this at: http://www.health.state.ok.us/stats/Health_Surveys/bfrss/Statistics.shtml

• Select the years 2003-2009
• Make sure “Combined Years” is selected
• Uncheck “ Entire State”
• Hold Down “Ctrl” key
• Select all the counties in your region
• Scroll down to “Topic” and select “Alcohol Consumption”
• Select “Heavy or Chronic drinking (men 2+/day, women 1+/day)”
• Click “Submit Request”
• Copy data in the “Total” area to an Excel Spreadsheet

Other Local Data
You may consider and analyze other local data that will help identify and detail problems around adult drinking. If you have other local data, describe the results here:

Questions
How does adult binge drinking and heavy drinking in your community compare to adult binge drinking and heavy drinking across the state? Discuss the differences. Is your problem bigger, smaller, or about the same? Discuss how the trends in your community are increasing, decreasing, remaining stable, or unclear?

Drinking Among Pregnant Women
Drinking among pregnant women has been a growing problem in Oklahoma. Data from the Pregnancy Risk Assessment Monitoring Survey (PRAMS) show that alcohol use among pregnant women has been climbing in Oklahoma since 2003 when 2.5 percent of pregnant women had consumed alcohol during the last 3 months of their pregnancy. In 2008, the percentage had increased to 6.1 percent of pregnant women. This is a 144% increase.

Other Local Data
You may consider and analyze other local data that will help identify and detail problems around drinking among pregnant women. If you have other local data, describe the results here:
**Final Consumption Question**

Based on the consumption questions, what are your community’s major concerns surrounding the problem of underage drinking, adult binge drinking, adult heavy drinking, and drinking among pregnant women? Justify your decision.

---

**The Non-Medical Use of Prescription Drugs**

According to the Centers for Disease Control and Prevention (CDC), drug poisonings are the largest portion of the poisoning burden, and opioid analgesic-related deaths are among the fastest increasing drug poisoning deaths. The CDC defines opiate analgesics as “drugs that are usually prescribed to relieve pain and include: methadone, which is used to treat opioid dependency as well as pain; other opioids, such as oxycodone and hydrocodone; and synthetic narcotics such as fentanyl and propoxyphene. Opium, heroin, and cocaine are not included in this class.”

The non-medical use of prescription drugs is an emerging issue across the nation and state.
Since the issue is relatively new, data may not be as easily available as with some other substances. The following graphs are to provide you with an overview, and then consequences and consumption will be addressed.
STATAE OF OKLAHOMA
Top 8 Drugs Abused
Drug Overdose Deaths Comparison

NOTE: In 2008 there were 612 drug overdose deaths. 2009 drug overdose death reports, now at 658, have already exceeded 2008 even though all 2009 reports have yet to be submitted. In 2009 Methamphetamine, Fentanyl, Hydrocodone & Alprazolam deaths surpassed 2008's as shown by the yellow bars.
Percentage of Non-Medical Use of Prescription Pain Relievers in the Past Year Among Persons Aged 12 and Older 2005-2006

Source: National Survey on Drug Use and Health, age 12 and up, 2005-2006.
Percentage of Non-Medical Use of Prescription Pain Relievers in the Past Year Among Persons Aged 12 and Older 2006-2007

Tulsa not only had the highest number of deaths among all Oklahoma counties, but also had the fifth highest death rate.
Non-Medical Use of Prescription Drugs Consequences

This section looks at the non-medical use of prescription drugs consequence data and will help you identify which of the non-medical use of prescription drugs consequences are of greatest concern in your community. Consequences are defined as the social, economic, and health problems associated with the non-medical use of prescription drugs. It is recognized that not all communities will experience exactly the same problems, and to help identify individual community problems, you will conduct a needs assessment in relation to the non-medical use of the prescription drugs and its consequences.

Fatal Overdose

Fatal Overdoses for the State

To obtain opiate overdose rates for the State, follow the directions below. You will also find demographic information at the State-level here.

Go to Oklahoma’s Data Query System:

- Click the “Indicators” tab at the top of the page
- Click “View Data”
- Select “Opioid Analgesic Deaths” for the indicator
- For the “Data Level” select “State Data by Demographics”
- Click “Oklahoma” for “State”
- Click “View Table”
- Click “download data”

Fatal Overdoses by County

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<th>County</th>
<th>Deaths (count)</th>
<th>Crude Rate (per 100,000)</th>
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<td>Adair</td>
<td>11</td>
<td>5.7 (Unreliable)</td>
</tr>
<tr>
<td>Atoka</td>
<td>16</td>
<td>12.6 (Unreliable)</td>
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<td>Beckham</td>
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<tr>
<td>Bryan</td>
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<td>County</td>
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<td>Osage</td>
<td>47</td>
<td>11.6</td>
</tr>
<tr>
<td>Ottawa</td>
<td>34</td>
<td>11.6</td>
</tr>
<tr>
<td>Pawnee</td>
<td>27</td>
<td>18.1</td>
</tr>
<tr>
<td>Payne</td>
<td>52</td>
<td>7.9</td>
</tr>
<tr>
<td>Pittsbirg</td>
<td>62</td>
<td>15.7</td>
</tr>
<tr>
<td>Pontotoc</td>
<td>48</td>
<td>15.1</td>
</tr>
<tr>
<td>Pottawatomie</td>
<td>81</td>
<td>13.4</td>
</tr>
<tr>
<td>County</td>
<td>Deaths (count)</td>
<td>Crude Rate (per 100,000)</td>
</tr>
<tr>
<td>--------------</td>
<td>----------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>Pushmataha</td>
<td>10</td>
<td>9.6 (Unreliable)</td>
</tr>
<tr>
<td>Rogers</td>
<td>68</td>
<td>9.9</td>
</tr>
<tr>
<td>Seminole</td>
<td>34</td>
<td>15.5</td>
</tr>
<tr>
<td>Sequoyah</td>
<td>56</td>
<td>15.6</td>
</tr>
<tr>
<td>Stephens</td>
<td>58</td>
<td>15.1</td>
</tr>
<tr>
<td>Texas</td>
<td>18</td>
<td>10.0 (Unreliable)</td>
</tr>
<tr>
<td>Tillman</td>
<td>11</td>
<td>14.0 (Unreliable)</td>
</tr>
<tr>
<td>Tulsa</td>
<td>867</td>
<td>16.9</td>
</tr>
<tr>
<td>Wagoner</td>
<td>78</td>
<td>14.1</td>
</tr>
<tr>
<td>Washington</td>
<td>55</td>
<td>12.5</td>
</tr>
</tbody>
</table>

Put your community information into an Excel file.

**Other Local Data**

You may consider and analyze other local data that will help identify and detail problems around the non-medical use of prescription drugs. If you have other local data, describe the results here:

**Question**

How do fatal opiate overdose deaths in your community compare to the State? Discuss the differences. Discuss the differences in the number of deaths and the death rate. Discuss the demographic information you found from the Data Query System.
**Non-Fatal Overdose**

**Non-Fatal Overdose Hospital Discharges**
Contact your local hospitals and/or State Health Department and request hospital discharge data for opiate overdose for your community and for the state. Request at least three years of data. Put your community data into an Excel file.

**Other Local Data**
You may consider and analyze other local data that will help identify and detail problems around the non-medical use of prescription drugs. If you have other local data, describe the results here:

**Questions**
How do non-fatal opiate overdoses in your community compare to the State? Is your problem bigger, smaller, or about the same? Discuss the differences. Discuss how the trends in your community are increasing, decreasing, remaining stable, or unclear?
**Dependence or Abuse**

**Prescription Medication Misuse**

Look at your community on the map below. Record your community into an Excel file.

![Changes in Treatment for Misuse of Prescription Medications FY2005 - FY2010](image)

Source: Oklahoma Department of Mental Health and Substance Abuse Services

Data includes persons receiving treatment with a Drug of Choice in these categories: Benzodiazepines, Non-Rx Methadone, Other Opiates and Synthetic.

**Other Local Data**

You may consider and analyze other local data that will help identify and detail problems around dependence or abuse of prescription drugs. If you have other local data, describe the results here:
Questions
How does treatment for misuse of prescription medications in your community compare to the state? Is your problem bigger, smaller, or about the same? Discuss the differences. Discuss how the trends in your community are increasing, decreasing, remaining stable, or unclear?

Final Consequence Question
Based on your findings, what are your community’s major concerns surrounding the consequences of the non-medical use of prescription drugs? Justify your decision.

Non-Medical Use of Prescription Drugs Consumption
This section examines consumption data and will help you identify consumption concerns your community.

Youth 30 Day Misuse

- Click the “Indicators” tab at the top of the page
- Click “View Data”
- Select “Youth 30 Day Prescription Drug Misuse” for the indicator
- For the “Data Level” select “State and County Data by Grade”
- Select one of the counties in your region
- Select “Show Chart Table”
- Click “Draw Chart”
- Underneath the map box, click “download data”
- Repeat until you have selected all the counties in your region
Other Local Data

You may consider and analyze other local data that will help identify and detail problems around the non-medical consumption of prescription drugs. If you have other local data, describe the results here:

Question

How does the non-medical use of prescription drugs in your community compare to the non-medical use of prescription drugs in the State? Discuss the differences. Is your problem bigger, smaller, or about the same?

Final Consumption Question

Based on your findings, what are your community’s major concerns surrounding the consumption of the non-medical use of prescription drugs? Justify your decision.
Illicit Drugs

In this section you will examine consequences and consumption around illicit drugs. The drugs you will examine are marijuana, inhalants, and methamphetamine.

Illicit Drug Consequences

This section looks at illicit drugs consequence data and will help you identify which drug-related consequences are of greatest concern in your community. Illicit drug-related consequences are defined as drug poisoning deaths, property crimes, and drug dependence or abuse. It is recognized that not all communities will experience exactly the same problems, and to help identify individual community problems, you will conduct a needs assessment in relation to illicit drug use and its consequences.

Illicit Drug-Related Crime

Property Crimes

Use of illicit drugs can induce violent behavior. Now you will download data for “property crimes”. The website for this information is:

http://www.fbi.gov/about-us/cjis/ucr/ucr

- In the middle of the page, under “Crime in the United States”, click on “2009”
- Read the caution note and click continue
- Click “Property Crime” located in the top left
- Under “Browse By” on the right of the page, click “County Agency”
- Click on “Table 10”
- Click on “Oklahoma”
- The sixth column lists property crimes by counties
- Click “Download Excel” just above the data
- Save the Excel file
- Delete the counties that are not yours
- Go back and repeat these steps to get Excel files for the years 2005, 2006, 2007 and 2008

Other Local Data

You may consider and analyze other local data that will help identify and detail problems around illicit drug-related deaths. If you have other local data, describe the results here:
Questions
How does illicit drug-related crime in your community compare to illicit drug-related crime in the state? Is your problem bigger, smaller, or about the same? Discuss how the trends in your community are increasing, decreasing, remaining stable, or unclear.

Illicit Drug-Related Deaths

Drug Poisoning Deaths
One of the major consequences of illicit drug use is drug poisoning leading to death. Your task is to obtain information on drug-related death rates in your community by going to the following website:

• Click on the “Indicators” tab on the top of the webpage.
• Click on view data.
• From the drop down menu in front of Indicator select “Drug Poisoning Deaths”.
• From the drop down menu in front of “Data Level” select “State and County Data”
• From the drop down menu under “County” select the name of counties in your region
• Up to three counties can be selected at one time.
• Click “Download Data” at the bottom of the page.
• Save the Excel file
• Delete the counties that are not yours

Other Local Data
You may consider and analyze other local data that will help identify and detail problems around drug poisoning deaths. If you have other local data, describe the results here:
Questions

How do drug poisoning deaths in your community compare to drug poisoning deaths in the state? Is your problem bigger, smaller, or about the same?

Drug Dependence or Abuse

Treatment admissions for drug dependence and abuse are another consequence of illicit drug use. Your next task is to look at treatment admissions for your county for inhalants, marijuana, and methamphetamine. Go to:

http://www.odmhsas.org/eda/advancedquery/advancedquery.htm

Marijuana Treatment Admissions

- Skip Step One. Do not add any agencies.
- Go to Step Two and add the counties that are in your region
- Skip the next steps until you get to Step 12
- Click “Drug Abuse/Dependency”
- Go to Step 13 and select “Marijuana / Hashish”
- Skip the next steps until you get to Step 17
- Go to Step 18 A and in box a select “Counts only with up to 3 variables”
- For 18 B 1. County of Residence; 2. Presenting Problem; 3. Time Frame
- Below 18 D click “Show Data”
- Copy your results into an Excel Spreadsheet

Methamphetamine Treatment Admissions

- Skip Step One. Do not add any agencies.
- Go to Step Two and add the counties that are in your region
- Skip the next steps until you get to Step 12
- Click “Drug Abuse/Dependency”
- Go to Step 13 and select “Methamphetamine”
- Skip the next steps until you get to Step 17
Inhalant Treatment Admissions

- Go to Step 18 A and in box a select “Counts only with up to 3 variables”
- For 18 B 1. County of Residence; 2. Presenting Problem; 3. Time Frame
- Below 18 D click “Show Data”
- Copy your results into an Excel Spreadsheet

Other Local Data

You may consider and analyze other local data that will help identify and detail problems around illicit drug dependence or abuse. If you have other local data, describe the results here:

Questions

How does illicit drug-related dependence or abuse in your community look compared to illicit drug-related dependence or abuse in the state? Discuss the differences. How does illicit drug-related dependence or abuse in your community look over the years? Is it increasing, decreasing, or remaining the same? Discuss the differences.
**Final Consequence Question**

Based on your findings, what are your community’s major concerns surrounding the consequences of illicit drugs in your community? Justify your decision.

**Illicit Drug Consumption**

This section examines consumption data and will help you identify consumption concerns in your community regarding marijuana, inhalants, and methamphetamine.

**Youth Illicit Drug Consumption**

*Youth Lifetime Marijuana Use*

• Click the “Indicators” tab at the top of the page
• Click “View Data”
• Select “Youth Lifetime Marijuana Use” for the indicator
• For the “Data Level” select “State and County Data by Grade”
• Select one of the counties in your region
• Select “Show Chart Table”
• Click “Draw Chart”
• Underneath the map box, click “download data”
• Repeat until you have selected all the counties in your region

Youth 30 Day Marijuana Use

Go to Oklahoma’s Data Query System:  

• Click the “Indicators” tab at the top of the page
• Click “View Data”
• Select “Youth 30 Day Marijuana Use” for the indicator
• For the “Data Level” select “State and County Data by Grade”
• Select one of the counties in your region
• Select “Show Chart Table”
• Click “Draw Chart”
• Underneath the map box, click “download data”
• Repeat until you have selected all the counties in your region

Youth Lifetime Inhalant Use

Go to Oklahoma’s Data Query System:  

• Click the “Indicators” tab at the top of the page
• Click “View Data”
• Select “Youth “Life Time Inhalant Use” for the indicator
• For the “Data Level” select “State and County Data by Grade”
• Select one of the counties in your region
• Select “Show Chart Table”
• Click “Draw Chart”
• Underneath the map box, click “download data”
• Repeat until you have selected all the counties in your region

Youth 30 Day Inhalant Use

- Click the “Indicators” tab at the top of the page
- Click “View Data”
- Select “Youth 30 Day Inhalant Use” for the indicator
- For the “Data Level” select “State and County Data by Grade”
- Select one of the counties in your region
- Select “Show Chart Table”
- Click “Draw Chart”
- Underneath the map box, click “download data”
- Repeat until you have selected all the counties in your region

Youth Lifetime Methamphetamine Use


- Click the “Indicators” tab at the top of the page
- Click “View Data”
- Select “Youth Lifetime Methamphetamine Use” for the indicator
- For the “Data Level” select “State and County Data by Grade”
- Select one of the counties in your region
- Select “Show Chart Table”
- Click “Draw Chart”
- Underneath the map box, click “download data”
- Repeat until you have selected all the counties in your region

Youth 30 Day Methamphetamine Use


- Click the “Indicators” tab at the top of the page
- Click “View Data”
- Select “Youth 30 Day Methamphetamine Use” for the indicator
- For the “Data Level” select “State and County Data by Grade”
- Select one of the counties in your region
- Select “Show Chart Table”
- Click “Draw Chart”
- Underneath the map box, click “download data”
- Repeat until you have selected all the counties in your region
Other Local Data

You may consider and analyze other local data that will help identify and detail problems around illicit drug related consumption. If you have other local data, describe the results here:

Questions

How does illicit drug consumption in your community compare to illicit drug consumption in the state? Is your problem bigger, smaller, or about the same?

Final Consumption Question

Based on your findings, what are your community’s major concerns surrounding the consumption of illicit drugs in your community? Justify your decision.
Prioritization
Prioritization

Your REOW and REOW Coordinator have been collecting and analyzing data from your communities that will be used to identify areas and substances of focus in your region. You will need a logical and methodical way to prioritize substances and communities. A systematic process with the goal of taking as much subjectivity out of the process as possible should be used. A process for prioritization must include examining the magnitude, severity and trends of all the substances.

Your REOW Coordinator will run statistical tests on all data compiled by your REOW. These tests include:

- Ratios of percentages and rates to assess the magnitude of the problem
- Linear Regression to determine trends over time
- Z Scores for ranking

Your REOW Coordinator has a scoring system based on these tests. The REOW Coordinator and the REOW will discuss weighting consequence data (making it “count” more than consumption data) and weighting rates and percentages versus raw numbers. Raw number rankings show the magnitude of the problem while percentages and ratios show the severity of the problem.

Write your scores below and discuss them in the area below each substance. Do you feel the scores accurately reflect the problems in your community? If illicit drugs was your highest score, which substance had the highest consumption and dependence and abuse rates?

After you discuss your scores, you will select your priority substances and communities. It is important to note that you will only be collecting data around Intermediate Variables for the substances and communities you have selected.

Alcohol Score:

Non-Medical Use of Prescription Drugs Score:

Illicit Drugs Score:
Intermediate Variables
Intermediate Variables

This section helps you look at the issues that may be influencing alcohol use and misuse in your community. Through research conducted by the Pacific Institute on Research and Evaluation (PIRE), six intervening variables have been identified that influence individuals’ alcohol choices and use patterns. This type of approach helps address the complexity and uniqueness of community systems. Below, underage drinking has been used as an example to illustrate the intermediate variables.

**Retail Availability** addresses the ease at which underage youth can purchase alcohol from stores, bars and restaurants.

**Social Availability** includes the ease of obtaining alcohol from friends, associates, and family members.

**Enforcement** includes how both enforcement agencies and the judicial system are enforcing the laws and imposing appropriate consequences or fines.

**Promotion** refers to attempts by alcohol retailers and the industry to increase demand through the marketing of their products.

**Community Norms** refer to the acceptability or unacceptability of certain behaviors in a community, and it is the one causal factor that most often overlaps with other areas like social availability and law enforcement, which may also reflect community norms.

**Individual Factors** can influence the misuse of alcohol and include biological factors, socioeconomic factors, and individual attitudes, beliefs and perceptions around alcohol use and drug use. Since little can be done to change biological predisposition, the primary focus of this last contributing factor will focus on individual attitudes along with unique characteristics in your community that may influence the misuse of alcohol.
Intermediate Variables for Alcohol Misuse and Underage Drinking

Retail Availability

Youth Reported Sources
Data on youth who reported that they had bought alcohol with or without a fake I.D. can be found in your community 2010 OPNA report. Use the table below as a guide to record information on your community.

<table>
<thead>
<tr>
<th>Grade</th>
<th>County Percentage</th>
<th>State Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>6th</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8th</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10th</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12th</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Youth Reported Sources Questions
Based on your data, how does the percent of youth reporting that they had bought alcohol with or without a fake I.D. in your community compare to the percent of youth across the state? Is your percentage higher, lower, or about the same? Discuss the differences.
**Retail Availability**

**Outlet Density (Youth and Adult)**

In order to calculate outlet density, you must first collect the number of liquor licenses. Contact your local ABLE agent for this information.

Next, you must collect state and county populations which can be found at the US Census Bureau’s website: [http://www.census.gov/](http://www.census.gov/)

- On the right of the screen under “2010 Population Finder” select “Oklahoma”
- On the left of the screen, select “Areas Within”
- Under “Oklahoma” select “Counties”
- Click “Search”
- Select your county and click “Search”

Finally, to obtain outlet density you divide the total number of licenses by the total population, and then multiply by 100. Use the table below as a guide to record information on your community.

<table>
<thead>
<tr>
<th></th>
<th>Number of Licenses</th>
<th>Population</th>
<th>Outlet Density</th>
</tr>
</thead>
<tbody>
<tr>
<td>County</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Questions**

Based on the table above, how does the number of liquor licenses per person in your community (outlet density) compare to the number of liquor licenses per person (outlet density) across the state? Is your rate higher, lower, or about the same? Discuss the differences.
Retail Availability - Other Local Data
You may consider and analyze other local data that will help you better understand how and to what extent retail availability may influence alcohol-related problems in your community. For example, you may have data from your local police department on compliance rates. If you have other local data, describe the results here:

Retail Availability Questions
Based on information gathered about youth reported retail availability, outlet density, and other local data, what are the concerns around retail availability that might contribute to underage drinking and the misuse of alcohol as well as its consequences in your community? Justify your decision.

Score
Based on the above considerations, to what degree do you believe retail availability is impacting the misuse of alcohol and its consequences in your community? Justify your decision. (Circle a number from 0 to 10.)

<table>
<thead>
<tr>
<th>No impact</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
</table>

54
**Social Availability**

**Youth Reported Sources**
Data on youth who reported obtaining alcohol from a social source can be found in your community 2010 OPNA report. Use the table below as a guide to record information on your community.

<table>
<thead>
<tr>
<th></th>
<th>Someone over 21</th>
<th>Someone under 21</th>
<th>Got it from a Brother/Sister</th>
<th>From Home WITH Parent’s Permission</th>
<th>From Home WITHOUT Parent’s Permission</th>
<th>Got it From Another Relative</th>
<th>A Stranger Bought it for Me</th>
<th>Took it From a Store</th>
</tr>
</thead>
<tbody>
<tr>
<td>County 6th Grade</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State 6th Grade</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>County 8th Grade</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State 8th Grade</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>County 10th Grade</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State 10th Grade</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>County 12th Grade</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State 12th Grade</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Youth Reported Sources Questions**
Based on the table above, how does the percent of youth reporting that they had obtained alcohol from different social sources in your community compare to the percent of youth across the state? Is your percent higher, lower, or about the same? Discuss the differences.
Youth Perceptions
Data on youth who reported that it would be easy to get alcohol can be found in your community 2010 OPNA report. Use the table below as a guide to collect information on your community.

<table>
<thead>
<tr>
<th>Grade</th>
<th>County Percentage</th>
<th>State Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>6th</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8th</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10th</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12th</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Youth Perceptions Questions
Based on the table above, how does the percent of youth reporting that it would be easy to get alcohol in your community compare to the percent of youth across the state? Is your percent higher, lower, or about the same? Discuss the differences.

Social Availability - Other Local Data
You may consider and analyze other local data that will help you better understand how and to what extent social availability may influence alcohol-related problems in your community. For example, you may have data from your college campus or local police department on parties where alcohol is freely available. If you have other local data, describe the results here:
**Social Availability Question**

Based on information gathered from the OPNA survey and other local data, what are the concerns around social availability that might contribute to underage drinking and the misuse of alcohol as well as its consequences in your community? Justify your decision.

---

**Score**

Based on the above considerations, to what degree do you believe social availability is impacting the misuse of alcohol and its consequences in your community? Justify your decision. (Circle a number from 0 to 10.)

<table>
<thead>
<tr>
<th>No impact</th>
<th>Major impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>9</td>
<td>1</td>
</tr>
</tbody>
</table>
Law Enforcement

Alcohol Conviction Rates (Youth and Adult)
To understand if law enforcement is effective in your community, you will need to visit the court clerk for all circuit courts in your county. Each clerk should be able to provide you a listing of the most recent year’s convictions for the alcohol-related crimes listed below. Use the table below as a guide to collect information on your community.

<table>
<thead>
<tr>
<th>Alcohol-Related Crime</th>
<th>Number of Citations</th>
<th># Guilty</th>
<th># Dismissed</th>
<th># Pending</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minor in Possession</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sales to Minor</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Host Violation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drinking and Driving</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

To obtain your county conviction percentage you will need to first total the number of citations and the number of guilty convictions. To obtain the percentage, simply divide the total number of guilty convictions in your county by the total number of citations, and then multiply by 100.

County conviction percentage = __________

Alcohol conviction Rates Question
Based on the percentage of convictions in your county, what issues are law enforcement agencies and the judicial systems enforcing or not enforcing when it comes to underage drinking and/or the misuse of alcohol?

Youth Perceptions
Data on youth who reported that a teen would not be caught by police if they used alcohol can be found in your community 2010 OPNA report. Use the table below as a guide to collection information on your community.

<table>
<thead>
<tr>
<th>Grade</th>
<th>County Percentage</th>
<th>State Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>6th</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8th</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10th</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12th</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Youth Perceptions Questions
Based on the table above, how does the percent of youth reporting that a teen would not be caught by police if they used alcohol in your community compare to the percent of youth across the state? Is your percent higher, lower, or about the same? Discuss the differences.

Officers Assigned to Alcohol-Related Issues (Youth and Adult)
To understand what alcohol enforcement is available in your community you will need to find out how many officers are assigned directly to alcohol-related issues and crimes. You are encouraged to do at least one interview with the Chief of Police and one with the County Sheriff. You should consider what additional interviews would be the most appropriate and informative for your community.

Law Enforcement Officers Assigned to Alcohol-Related Issues and Crime (City) = ______

Law Enforcement Officers Assigned to Alcohol-Related Issues and Crime (County) = ______

Officers Assigned to Alcohol-Related Issues Question
Based on the number of officers in your community assigned specifically to alcohol-related issues, what efforts are your law enforcement agencies pursuing or not pursuing when it comes to underage drinking and/or the misuse of alcohol?
Law Enforcement—Other Local Data
You should consider and analyze other local data that will help you better understand how and to what extent law enforcement issues may influence alcohol-related problems in your community. For example, you may have information on unique policies, strong enforcement of underage drinking laws in your community or specific laws relating to your community. You may be able to assess information from your local drug courts, if you have one. If you have other local data, describe the results here:

Law Enforcement Question
Based on information gathered from alcohol conviction rates, youth perceptions, officers assigned to alcohol-related issues, and other local data, what are the concerns around law enforcement that might contribute to underage drinking and the misuse of alcohol as well as its consequences in your community? Justify your decision.

Score
Based on the above considerations, to what degree do you believe enforcement is impacting the misuse of alcohol and its consequences in your community? Justify your decision. (Circle a number from 0 to 10.)

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**Promotion**

**Sponsorships (Youth and Adults)**

To understand the extent of attempts by the alcohol industry and retailers to increase demand through the marketing of their products, you will need to collect some original data to develop a sense of the depth of marketing surrounding alcohol in your community.

List all the major events and festivals in your community that took place or are scheduled to take place between January 1 and December 31, 2011. Next list any alcohol-related sponsors for these events or festivals.

<table>
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<tr>
<th>Community Event or Festival</th>
<th>Dates</th>
<th>Alcohol-Related Sponsorship</th>
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To calculate the percentage of festivals and events in your community that have alcohol-related sponsorships you will need to first count the number of events and festivals and the
number of alcohol-related sponsorships. To obtain the percentage, simply divide the total number of alcohol-related sponsorships by the total number of community events and festivals, and then multiply by 100.

Community alcohol-related sponsorship percentage =__________

Sponsorship Question
Based on the percentage of festivals and events in your community that had alcohol-related sponsorships, what is the magnitude and impact of alcohol-related sponsorships in your community?

Advertising (Youth and Adults)
Advertising in America has become ubiquitous. To gain a better sense of the magnitude of alcohol advertising in your community, you are going to follow a specific research protocol to gather data on alcohol marketing in a sampling of local newspapers and on billboards across your community.

Step One
The first measure of alcohol advertising in your community will be to count all the billboards in your county. To do so, you will need to drive all the U.S. and state highways and interstates in your community. In addition you will need to drive all the business districts in your community’s towns and cities. Using a map, mark the location of each billboard you encounter. A billboard that advertises alcohol, alcohol sales, or alcohol establishments should be marked with a red mark, whereas a billboard that does not advertise alcohol should be marked with a green mark. Each billboard sign should only receive one mark per advertisement presented on that billboard. If a billboard is visible from more than one road, highway or interstate, then it should only be counted once.

After marking the map with all billboards in your community, record both the number of billboards advertising alcohol and the number of billboards not advertising alcohol. To calculate the percent of billboards which advertise alcohol in your community, simply divide the number of alcohol-related billboards by the total number of billboards. This is the percentage of billboard advertisements on roads and highways across your community.
Number of billboards advertising alcohol = ________________

Number of billboards not advertising alcohol = ________________

Percentage of billboards advertising alcohol = ________________

**Step Two**

This step has two concurrent parts. The first part will involve counting the number of alcohol advertisements in your local newspaper(s). The second part will involve counting the number of alcohol advertisements that specifically market promotional events that encourage the increased use of alcohol. The basic methodology you follow is the same for both parts.

To measure the number of alcohol advertisements you will need to look at copies of the major local newspapers in your community at three specific time points over the next three months.

- September 18-24, 2011
- October 23-29, 2011
- November 13-19, 2011

The data collection will capture information about one holiday period and two non-holiday periods.

Note, you will need to examine all issues of the newspaper during the identified time periods. For instance, if your major newspaper only appears once per week you would only count that single day. If the newspaper is biweekly, then you will examine the two issues in the week. If the newspaper is daily, then you will examine all seven issues in the week. If your newspaper only appears once per month, count the ads that appear in that single monthly issue regardless of which week it appears. The reason for this data collection is to better understand exposure to alcohol marketing. As a result, a newspaper that is published only once a week provides less exposure than one that is published every day.

When examining the newspapers, count all advertisements for alcohol brands, alcohol distributors, liquor stores, bars, and saloons. You will also need to count restaurant advertisements that mention alcohol or bar service. You should look at both the regular print advertisements and the classifieds in your search.

As you count the alcohol advertisements, note the number of advertisements that market promotional events encouraging the increased use of alcohol. To be more exact, count the number of advertisements for events like “ladies’ night,” “happy hour,” unlimited drinking for a fixed price or over a fixed time period, free or reduced priced drinks with a coupon, or “2-for-1 night,” that encourages people to over-consume alcohol in retail establishments.
The following example illustrates how the data collection should be done in a week. Noname County members look at editions of the Daily Boomerang from September 18 through September 24. Similarly, Noname County members examine the local college newspaper called the Mooner, which is published on September 21 only. A count from the Daily Boomerang newspapers for that time period might find four ads on Sunday, zero on Monday, four on Tuesday, four on Wednesday, eight on Thursday, ten on Friday, and six on Saturday for a total of 36 alcohol advertisements during the week of September 24, 2011. A count from the Mooner may produce four ads on Wednesday, September 21, 2011 (the only day the weekly newspaper is printed). When these two papers are combined, there are 40 alcohol advertisements. Of the 40 alcohol advertisements, 20 of them may be advertisements for free drinks, dollar drinks, and happy hours.

<table>
<thead>
<tr>
<th>Name of Paper</th>
<th>Frequency of Paper</th>
<th>Time Period</th>
<th>Total Number of Alcohol Advertisements in Local Newspaper</th>
<th>Total Number of Promotional Event Advertisements in Local Newspaper</th>
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<tbody>
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<td>September 18-24, 2011</td>
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**Advertising Question**
Based upon the newspaper data you collected above, how much and what effects is alcohol advertising having on your community?
Promotion – Other Local Data
You may consider and analyze other local data that will help you better understand how and to what extent the promotion of alcohol may influence alcohol-related problems in your community. For example, you may have information on alcohol advertising inside or outside liquor stores, convenient stores etc., or flyers passed out around town, or other ways that alcohol might be promoted on college campuses or at schools. If you have other local data, describe the results here:

Promotion Questions
Based on information gathered from alcohol sponsorships of events and festivals, billboards, newspaper advertisements, and other local data, what are the concerns around promotion that might contribute to underage drinking and the misuse of alcohol as well as its consequences in your community? Justify your decision.

Score
Based on the above considerations, to what degree do you believe promotion is impacting the misuse of alcohol and its consequences in your community? Justify your decision. (Circle a number from 0 to 10.)

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Community Norms

Perceived Adult Use (Youth)
Data on youth who reported that they know adults over 21 who have drank alcohol in the past year can be found in your community 2010 OPNA report. Use the table below as a guide to collect information on your community.

<table>
<thead>
<tr>
<th>Grade</th>
<th>County Percentage</th>
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Perceived Adult Use Questions
Based on the table above, how does the percent of youth reporting that they know adults over 21 who have drank alcohol in the past year in your community compare to the percent of youth across the state? Is your percent higher, lower, or about the same? Discuss the differences.

Youth Perceptions
Data on youth who reported that most adults do not think it is wrong for someone their age to drink alcohol can be found in your community 2010 OPNA report. Use the table below as a guide to collect information on your community.

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Youth Perceptions Questions
Based on the table above, how does the percent of youth reporting that most adults do not think it is wrong for someone their age to drink alcohol in your community compare to the percent of youth across the state? Is your percent higher, lower or about the same? Discuss the differences.

Community Norms – other local data
You may consider and analyze other local data that will help you better understand how and to what extent community norms may influence alcohol-related problems in your community. For example, you may have completed focus groups or surveys of parents, school personnel, or community members. If you have other local data, describe the results here:
Community Norms Questions
Based on information gathered from the OPNA survey and other local data, what are the concerns around community norms that might contribute to underage drinking and the misuse of alcohol as well as its consequences in your community? Justify your decision.

Score
Based on the above considerations, to what degree do you believe community norms are impacting the misuse of alcohol and its consequences in your community? Justify your decision. (Circle a number from 0 to 10.)

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**Individual Factors**

**Perceived Harm (Youth)**
Data on youth who reported that people do not risk harming themselves if they drink can be found in your community 2010 OPNA report. Use the table below as a guide to collect information on your community.

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**Perceived Harm Questions**
Based on the table above, how does the percent of youth reporting that people do not risk harming themselves if they drink in your community compare to the percent of youth across the state? Is your percent higher, lower or about the same? Discuss the differences.

**Favorable Attitudes (Youth)**
Data on youth who reported that they do not think it is wrong for someone their age to drink alcohol regularly can be found in your community 2010 OPNA report. Use the table below as a guide to collect information on your community.

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Favorable Attitudes Questions
Based on the table above, how does the percent of youth reporting that they do not think it is wrong for someone their age to drink alcohol regularly in your community compare to the percent of youth across the state? Is your percent higher, lower or about the same? Discuss the differences.

Perceived Peer Approval (Youth)
Data on youth who reported that they would be seen as cool if they began drinking alcohol regularly can be found in your community 2010 OPNA report. Use the table below as a guide to collect information on your community.

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Perceived Peer Approval Questions
Based on the table above, how does the percent of youth reporting that they would be seen as cool if they began drinking alcohol regularly in your community compare to the percent of youth across the state? Is your percent higher, lower or about the same? Discuss the differences.
Perceived Parental Approval (Youth)
Data on youth who reported that their parents do not think it is wrong for someone their age to drink alcohol regularly can be found in your community 2010 OPNA report. Use the table below as a guide to collect information on your community.

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Perceived Parental Approval Questions
Based on the table above, how does the percent of youth reporting that their parents do not think it is wrong for someone their age to drink alcohol regularly in your community compare to the percent of youth across the state? Is your percent higher, lower or about the same? Discuss the differences.

Individual Factors – Other Local Data
You may consider and analyze other local data that will help you better understand how and to what extent individual factors may influence alcohol-related problems in your community. For example, you may have socio-economic or demographic data that illustrates the differences among individuals in your community. You may want to include information from alternative schools if there is one in your community. If you have other local data, describe the results here:
**Individual Factors Questions**

Based on information gathered from the OPNA survey and other local data, what are the concerns around individual factors that might contribute to underage drinking and the misuse of alcohol as well as its consequences in your community? Justify your decision.

---

**Score**

Based on the above considerations, to what degree do you believe individual factors are impacting the misuse of alcohol and its consequences in your community? Justify your decision. (Circle a number from 0 to 10.)

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Intermediate Variables- Non-Medical Use of Prescription Drugs

Intermediate variables are common across all substances. As you collect data for the non-medical use of prescription drugs or illicit drugs, you can utilize the alcohol tables and data collection processes as templates. Below are some suggested data sources.

- **Retail Availability** addresses the ease at which prescription medications can be purchased. The Physician Monitoring Program (PMP), insurance claims, Medicare, and Medicaid claims might be data sources.

- **Social Availability** includes the ease of obtaining prescription drugs from friends, associates, and family members. Explore the ease of obtaining prescription drugs in your community.

- **Enforcement** includes how both enforcement agencies and the judicial system are enforcing the laws and imposing appropriate consequences or fines. Investigate laws pertaining to the non-medical use of prescription drugs and how they are enforced.

- **Promotion** includes exploring how drugs such as opiates are promoted in your community.

- **Community Norms** refer to the acceptability or unacceptability of certain behaviors in a community, and it is the one causal factor that most often overlaps with other areas like social availability and law enforcement which may also reflect community norms. Explore the norms in your community around sharing prescription drugs.

- **Individual Factors** can influence the non-medical use of prescription drugs and include biological factors, socioeconomic factors, and individual attitudes, beliefs and perceptions around prescription drug use. Since little can be done to change biological predisposition, the primary focus of this last contributing factor will focus on individual attitudes, along with unique characteristics in your community that may influence the non-medical use of prescription drugs.
Intermediate Variables- Illicit Drugs

- **Availability** addresses the ease at which illicit drugs can be purchased. A potential data source could be the 2010 OPNA Survey: “If you wanted to get a drug like cocaine, LSD, or amphetamines, how easy would it be for you to get some?” “If you wanted to get some marijuana, how easy would it be for you to get some?”

- **Enforcement** includes how both enforcement agencies and the judicial system are enforcing the laws and imposing appropriate consequences or fines. A potential data source could be the 2010 OPNA Survey: “If a kid smoked marijuana in your neighborhood, would he or she be caught by the police?” You may also investigate laws pertaining to illicit drug use and how they are enforced.

- **Promotion** includes exploring how illicit drugs are promoted in your community. A potential source of data is the 2010 OPNA Survey: “About how many adults ‘over 21’ have you known personally who in the past year have sold or dealt drugs?”

- **Community Norms** refer to the acceptability or unacceptability of certain behaviors in a community, and it is the one causal factor that most often overlaps with other areas like social availability and law enforcement which may also reflect community norms. Explore the norms in your community around illicit drugs. A potential data source may be the 2010 OPNA Survey: “How wrong would most adults ‘over 21’ in your neighborhood think it is for kids your age to use marijuana?” “About how many adults ‘over21’ have you known personally who in the past year have used marijuana, crack, cocaine, or other drugs?”

- **Individual Factors** can influence the use of illicit drugs and include biological factors, socioeconomic factors, and individual attitudes, beliefs and perceptions around illicit drug use. Since little can be done to change biological predisposition, the primary focus of this last contributing factor will focus on individual attitudes, along with unique characteristics in your community that may increase the use of illicit drugs. A potential source of data is the 2010 OPNA Survey: “How much do you think people risk harming themselves ‘physically or in other ways’ if they try marijuana once or twice?” “How much do you think people risk harming themselves ‘physically or in other ways’ if they smoke marijuana regularly?” “How wrong do you think it is for someone your age to smoke marijuana?” “How wrong do you think it is for someone your age to use LSD, cocaine, amphetamines, or another illegal drug?” “What are the chances you would be seen as cool if you smoked marijuana?” “How wrong do you parents feel it would be for you to smoke marijuana?”
Scoring Intermediate Variables
Prioritizing

The next stage involves prioritizing intermediate variables. The first step is to report the appropriate scores from the intermediate variables section. Once you total the score, divide that total by the number of questions for each of the intermediate variables. For example, there are X questions in the Retail Availability section. Total that score and then divide the total by X. That score will be the one you report in the box under “Score” below. Based on the scores, rank the intermediate variables with 1 being the highest priority (the area with the highest score) and 6 the lowest. In the case of a tie, decide which area is of higher priority for your community in relation to underage drinking and/or the misuse of alcohol. After having completed the ranking, justify your prioritization on the next page.

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<th>Score</th>
<th>Rank</th>
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<td>Social Availability</td>
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Justify your prioritization of the intermediate variables:
Epi Profile
**Epidemiological Profile**

Summarize all the data you’ve collected and provide a snapshot of your community. All the data have been collected and the analyses completed, and now you are ready to create your Epi Profile. When you summarize your findings in a profile, you have a powerful tool. This tool can help you plan how precious resources are spent. You will have the framework laid for surveillance; you will just need to update data and add additional data sources as they become available. The Epi Profile will allow you to examine trends and keep an eye on areas of concern. This powerful tool will help you strategically focus on substances and populations. Your profile will summarize data gaps identified in the assessment and serve as a planning document for how to possibly address those gaps.

The Epi Profile will be a snapshot of the communities in your region. Census data serves as an introduction and broad overview of your community and is important in describing your communities. Census data gives an idea of what the community is like relative to other communities and highlights interesting points. After this introduction, detail the work of your REOW. As important as it is to identify trouble spots and issues, it is also important to note the good. If rates are down, lower than the state, etc., it is important to discuss.

Try to be as objective as possible and report on the data without emotional commentary. You may wish to describe special populations in your community as well. The Oklahoma State Department of Mental Health and Substance Abuse Services (ODMHSAS) has completed several epi profiles and also addressed special populations within the profiles. These profiles are available for you to use as examples.

One way to report on the indicators for various substances is to identify the substance and then list the consumption and consequence indicators for that substance. You could then report additional substance indicators the same way.

Illustrations can be powerful in conveying data. Graphs can highlight profound trends and magnitudes described in the text. The profile should not be all illustrations or all narrative but a balance between the two.

Again, the profile is a detailed picture of your community that should convey both the good and the bad. The profile is a summation of all the work the REOW has performed and should be objective. Once completed, you will have unique insight into your communities.

Samples of Epi Profiles can be found at:
http://www.ok.gov/odmhsas/Prevention_/Prevention_Initiatives/Oklahoma_State_Epidemiology_Outcomes_Workgroup_(SEOW)/index.html
Resources
Epidemiological Data Sources

Alcohol Epidemiologic Data System (AEDS) • AEDS is responsible for maintaining, and extending an alcohol-related epidemiologic databank. AEDS also compiles the Alcohol Epidemiologic Data Directory which is a current listing of surveys and other relevant data suitable for epidemiologic research on alcohol.

Behavioral Risk Factor Surveillance Survey (BRFSS) • Established in 1984 by the Centers for Disease Control and Prevention (CDC), the Behavioral Risk Factor Surveillance System (BRFSS) is a state-based system of health surveys that collects information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. For many states, the BRFSS is the only available source of timely, accurate data on health-related behaviors. Oklahoma has participated in BRFSS since 1995. This report focused on 2007 BRFSS data to give a current picture of substance use/abuse in Oklahoma. http://www.cdc.gov/brfss/about.htm

Bureau of Justice • The Bureau of Justice Statistics was first established on December 27, 1979 under the Justice Systems Improvement Act of 1979. The Bureau of Justice Statistics (BJS) is a component of the Office of Justice Programs in the U.S. Department of Justice.

Center for Disease Control and Prevention (CDC) • The CDC, a part of the U.S. Department of Health and Human Services, is the primary Federal agency for conducting and supporting public health activities in the United States. CDC’s focus is not only on scientific excellence but also on the essential spirit that is CDC – to protect the health of all people. CDC keeps humanity at the forefront of its mission to ensure health protection through promotion, prevention, and preparedness.

Fatal Analysis Reporting System (FARS) • FARS contains data on all fatal traffic crashes within the 50 states, the District of Columbia, and Puerto Rico. The data system was conceived, designed, and developed by the National Center for Statistics and Analysis (NCSA) to assist the traffic safety community in identifying traffic safety problems, developing and implementing vehicle and driver countermeasures, and evaluating motor vehicle safety standards and highway safety initiatives.

National Survey on Drug Use and Health (NSDUH) • The National Survey on Drug Use and Health (NSDUH) provides annual data on drug use in the United States. The NSDUH is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the U.S. Public Health Service and a part of the Department of Health and Human Services (DHHS). The survey provides yearly national and state-level estimates of alcohol, tobacco, illicit drug, and non-medical prescription drug use. Other health-related questions also appear from year to year, including questions about mental health. The NSDUH findings were used to evaluate substance use/abuse from the age of 12. This survey is not a school based survey so it provides a different perspective than the YRBS for youth.
https://nsduhweb.rti.org
National Vital Statistics System (NVSS) • The National Vital Statistics System is the oldest and most successful example of inter-governmental data sharing in Public Health and the shared relationships, standards, and procedures form the mechanism by which NCHS collects and disseminates the Nation’s official vital statistics. These data are provided through contracts between NCHS and vital registration systems operated in the various jurisdictions legally responsible for the registration of vital events – births, deaths, marriages, divorces, and fetal deaths.

Oklahoma Bureau of Narcotics and Dangerous Drugs (OBN) • The Oklahoma State Bureau of Narcotics and Dangerous Drugs Control is a law enforcement agency with a goal of minimizing the abuse of controlled substances through law enforcement measures directed primarily at drug trafficking, illicit drug manufacturing, and major suppliers of illicit drugs.

Oklahoma Department of Corrections (ODOC) • Following the enacting of the Oklahoma Corrections Act of 1967, the new Department of Corrections was created on July 1, 1967. The ODOC is a network of facilities comprised of 17 institutions, seven Community Corrections Centers, and 15 Community Work Centers. The incarcerated women data was obtained from the ODOC.

Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) • The ODMHSAS was established in 1953 and continues to evolve to meet the needs of all Oklahomans. Collaborating with leaders from multiple state agencies, advocacy organizations, consumers and family members, providers, community leaders and elected officials, the way has been paved for meaningful mental health and substance abuse services transformation in Oklahoma. The ODMHSAS is responsible for providing services to Oklahomans who are affected by mental illness and substance abuse.

Oklahoma Prevention Needs Assessment Survey (OPNA) • The Oklahoma Prevention Needs Assessment is a paper/pencil survey administered in opposite years of the YRBS in schools to 6th, 8th, 10th and 12th grade students. The survey is designed to assess students’ involvement in a specific set of problem behaviors, as well as their exposure to a set of scientifically validated risk and protective factors. In 2008, 60,720 students were surveyed from 686 schools across 74 of Oklahoma’s 77 counties.* The major limitation of this survey is that it is not a random sample; schools choose whether or not they participate, making it a convenience sample.

Oklahoma State Bureau of Investigation (OSBI) • The Oklahoma State Bureau of Investigation Uniform Crime Reporting (UCR) Program is part of a nationwide, cooperative statistical effort.

Oklahoma State Department of Health (OSDH) • The OSDH is a department of the government of Oklahoma responsible for protecting the health of all Oklahomans and providing other essential human services and through its system of local health services delivery, is ultimately responsible for protecting and improving the public’s health status
through strategies that focus on preventing disease. The OSDH serves as the primary public health protection agency in the state.

**Oklahoma Tax Commission** • Since 1931, the Oklahoma Tax Commission has held the responsibility of the collection and administration of taxes, licenses and fees that impact every Oklahoman. Under the direction of the state legislature, the Tax Commission manages not only the collection of taxes and fees, but also the distribution and apportionment of revenues to various state funds. The collected revenues fuel such state projects as education, transportation, recreation, social welfare and a myriad of other services.

**Oklahoma Violent Death Reporting System (OKVDRS)** • Oklahoma and 16 other states (Massachusetts, Maryland, New Jersey, Oregon, South Carolina, North Carolina, Virginia, Alaska, Colorado, Georgia, Wisconsin, Rhode Island, Kentucky, Utah, New Mexico and California) participate in the National Violent Death Reporting System. Violent deaths include homicides, suicides, deaths from legal intervention, unintentional firearm deaths, deaths of undetermined manner and deaths from acts of terrorism. Data for OKVDRS are collected from death certificates, medical examiner reports, police reports, supplemental homicide reports and crime labs. Standardized methodology and coding are used to collect the data and enter into a database that is housed at the Oklahoma State Department of Health (OSDH). The OSDH partners with the Oklahoma State Bureau of Investigation and the Oklahoma Medical Examiner’s Office to collect the data.

**Oklahoma Youth Tobacco Survey (OYTS)** • Designed to provide comprehensive data for planning and evaluating progress toward reducing tobacco use among youth. Items measured as part of the OYTS survey include correlates of tobacco use such as demographics, minors’ access to tobacco, and exposure to secondhand smoke. It provides data representative of Oklahoma middle school and high school youth’s tobacco-related beliefs, attitudes and behaviors, and exposure to pro- and anti-tobacco influences such as curricula and media. The data can be compared to results from the National Youth Tobacco Survey and results from other states.

**Pacific Institute for Research and Evaluation (PIRE)** • PIRE is one of the Nation’s preeminent independent, nonprofit organizations focusing on individual and social problems associated with the use of alcohol and other drugs. PIRE is dedicated to merging scientific knowledge and proven practice to create solutions that improve the health, safety, and well-being of individuals, communities, nations, and the world.

**Pregnancy Risk Assessment Monitoring System (PRAMS)** • PRAMS was initiated in 1987 with a goal to improve the health of mothers and infants by reducing adverse outcomes such as low birth weight, infant mortality and morbidity, and maternal morbidity. PRAMS provides state-specific data for planning and assessing health programs and for describing maternal experiences that may contribute to maternal and infant health.

**Smoking Attributable Mortality, Morbidity, and Economic Costs (SAMMEC)** • SAMMEC is an internet-based, computational application. SAMMEC calculates annual state- and national-level smoking-attributable deaths and years of potential life lost for adults and
infants in the United States. The Adult application also calculates medical expenditures and productivity costs among adults. Likewise, Maternal and Child Health (MCH) SAMMEC estimates annual state- and national-level smoking-attributable deaths and years of potential life lost for infants.

**Substance Abuse and Mental Health Services Administration (SAMHSA) •** The Substance Abuse and Mental Health Services Administration (SAMHSA), part of the U.S. Department of Health and Human Services (HHS), focuses attention, programs and funding on promoting a life in the community with jobs, homes and meaningful relationships with family and friends for people with or at risk for mental or substance use disorders. The Agency is achieving that vision through an action-oriented, measurable mission of building resilience and facilitating recovery.

**The Uniform Crime Report (UCR) •** The UCR was conceived, developed, and implemented by law enforcement for the express purpose of serving as a tool for operational and administrative purposes. Under the auspices of the International Association of Chiefs of Police, the UCR Program was developed in 1930. Prior to that date, no comprehensive system of crime information on a national scale existed. The Oklahoma State Bureau of Investigation assumed the statewide administration of the UCR Program on September 1, 1973. Statistical information was collected and compiled through the year 2007 with a comparative analysis of the years 2006 and 2005.

**United States Census Bureau •** The Census Bureau serves as the leading source of quality data about the Nation’s people and economy. The bureau of the Commerce Department, responsible for taking the census, provides demographic information and analyses about the population of the United States. Census data was used for all Oklahoma demographics. http://www.census.gov/main/www/aboutus.html

**Youth Risk Factor Behavioral Survey (YRBS) •** The Youth Risk Behavior Surveillance System (YRBSS) monitors six categories of priority health-risk behaviors among youth and young adults, including behaviors that contribute to unintentional injuries and violence; tobacco use; alcohol and other drug use; sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases (STDs), including human immunodeficiency virus (HIV) infections; unhealthy dietary behaviors; and physical inactivity. YRBSS includes a national school-based survey conducted by CDC and state and local school-based surveys conducted by state and local education and health agencies. Oklahoma has participated in the YRBS since 2003.
Glossary

**Age-adjusted rate** is a measure that controls for the effects of age differences on health event rates. When comparing across geographic areas, some method of age-adjusting is typically used to control for the influence that different population age distributions might have on health event rates.

**Anecdotal Evidence** - Information derived from a subjective report, observation, or example that may or may not be reliable but cannot be considered scientifically valid or representative of a larger group or of conditions in another location.

**Archival Data** - Relative to the collection of data for needs assessment purposes, information that is collected and stored on a periodic basis. For example, most public agencies collect data that can be used directly or indirectly for an overall picture of substance use or abuse within the geographic area served by that agency (e.g., emergency room statistics, school surveys on substance abuse trends, crime reports). Once collected, the data can be cross-referenced in various combinations to identify individuals, groups, and geographic areas that are most appropriate for prevention or reduction purpose.

**Assessing Community Needs** - Implementing prevention-focused tasks to determine the need for prevention services, identify at-risk and high-risk populations, or determine priority prevention populations for service delivery. Examples are conducting/participating in statewide prevention needs assessments, community prevention needs assessments, or neighborhood needs assessments.

**At Risk** - For persons, the condition of being more likely than average to develop an illness or condition, e.g., substance abuse, because of some predisposing factor such as family history or poor environment. For organizations, a situation in which a healthcare organization is vulnerable to providing or paying for the delivery of more services than are received through premiums or per capita payments.

**ATOD** - Alcohol, tobacco, and other drugs

**Baseline** - Observations or data about the target area and target population prior to treatment or intervention, which can be used as a basis for comparison once a program has been implemented.

**Baseline Data** - The initial information collected prior to the implementation of an intervention, against which outcomes can be compared at strategic points during and at completion of an intervention.
Benchmark - For a particular indicator or performance goal, the industry (healthcare or non-healthcare) measure of best performance. The benchmarking process identifies the best performance in the industry for a particular process or outcome, determines how that performance is achieved, and applies the lessons learned to improve performance elsewhere.

Bias - Bias is the extent to which a measurement, sampling, or analytic method systematically underestimates or overestimates the true value of something. Bias in questionnaire data can stem from a variety of other factors, including choice of words, sentence structure, and the sequence of questions. Bias is also created when a significant number of respondents do not answer a question. If those responding and those not responding have different characteristics, the responding cases may not be representative of the entire group.

Block Grant - Refers to the Substance Abuse Prevention and Treatment Block Grant funding provided by Substance Abuse and Mental Health Services Administration (SAMHSA) for treatment and prevention services.

Capacity - The various types and levels of resources that an organization, collaborative group or coalition has at its disposal to meet the implementation demands of specific interventions.

Capacity Building refers to activities conducted to improve the ability of an organization or community to deliver substance abuse prevention services, such as improving organizational resources; improving awareness about substance abuse problems; building new relationships or strengthening existing relationships among coalitions, groups, and organizations involved in substance abuse prevention; and working to ensure prevention intervention activities and outcomes continue after funding ends.

Case Study - Descriptive account of behavior, past history, and so forth, of a certain individual.

Community - People with a common interest living in a defined area. For example, a neighborhood, town, part of a county, county, school district, congressional district or regional area.

Community Coalition - A formal arrangement for cooperation and collaboration between groups or sectors of a community, in which each group retains its identity but all agree to work together toward a common goal of building a safe, healthy, and drug-free community.

Community Needs and Resources Assessments examine needs external to the organization and include community readiness, rates of substance use, prevention resources (e.g., call centers and trained counselors), partnerships, community prevention experience, and other monetary and non-monetary resources.
Community Readiness - The community's level of awareness of, interest in, and ability and willingness to support substance abuse prevention initiatives. More broadly, connotes readiness for changes in community knowledge, attitudes, motives, policies, and actions.

Community Survey Data - Includes the results from community-administered surveys.

Consequences are defined as the social, economic and health problems associated with the use of alcohol and illicit drugs e.g., illnesses related to alcohol (cirrhosis, fetal effects), drug overdose deaths, crime, and car crashes or suicides related to alcohol or drugs.

Construct - An attribute, usually unobservable (such as educational attainment or socioeconomic status) that is represented by an observable measure.

Consumption Patterns are the way in which people drink, smoke and use drugs. Consumption includes overall consumption, acute or heavy consumption, consumption in risky situations (e.g., drinking and driving) and consumption by high-risk groups (e.g., youth, college students, and pregnant women).

Core Measures - As used in SAMHSA terminology, a compendium of data collection instruments that measure underlying conditions-risks, resources, attitudes, and behaviors of different populations-related to the prevention and/or reduction of substance abuse.

Crude Rate is the measure of events occurring in an entire population over a period of time without reference to any of the individuals or subgroups within the population. This rate is not adjusted for the age and sex structure of a population.

Cultural Competence is the attainment of knowledge, skills, and attitudes to enable administrators and practitioners to provide for diverse populations. This includes an understanding of that group’s or members’ language, beliefs, norms, and values, as well as socioeconomic and political factors that may have a significant impact on their well-being, and incorporating those variables into programs. Cultural competence is comprised of four components: (a) Awareness of one’s own cultural worldview, (b) Attitude towards cultural differences, (c) Knowledge of different cultural practices and worldviews, and (d) Cross-cultural skills. Developing cultural competence results in an ability to understand, communicate with, and effectively interact with people across cultures.

Data - Information collected according to a methodology using specific research methods and instruments.

Data Analysis - The use of statistical and/or classification procedures that provide at least a preliminary understanding of the phenomena in question. In general terms, the assessment, interpretation, and/or appraisal of systematically collected information. (Achieving Outcomes, 12/01).
Data Driven - A process whereby decisions are informed by and tested against systematically gathered and analyzed information (Achieving Outcomes, 12/01).

Data Source - The entity (person or device) providing responses to measurement devices (see Respondent).

Data Targets - The Who or What that is being evaluated (see Evaluation Targets).

Data Warehouse - A component of a computer-based patient record that accepts, files, and stores clinical data over time from a variety of intervention systems for the purposes of developing population-based practice guidelines, outcomes management, and research.

Defined Population - In the Achieving Outcomes Guide, the people whose attitudes, knowledge, skills, risks/assets, and behaviors are to be strengthened or changed. Also known in the field as the target group, the population of interest, or the target population/group (Achieving Outcomes, 12/01).

Demographics - The characteristics of a human population, including sex, age, socioeconomic status (SES), and so forth.

Descriptors - A word or phrase used to identify an item in an information retrieval system.

Domain - Sphere of activity or affiliation within which people live, work, and socialize (e.g., self, peer, school, workplace, community, society) (Achieving Outcomes, 12/01). See also "Prevention Domains."

Early Indicators - Subtle symptoms or other outwards signs that someone may have a substance abuse problem. Examples: frequent absences from work, sudden poor job performance, mood swings, difficulty eating or sleeping.

Entity - An agency or organization that provides substance abuse prevention services as prescribed by the State in which it is located.

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 abuse, the environment is a societal climate that encourages, supports, reinforces, or sustains problematic use of drugs.

Environmental Approaches - Efforts to establish or change community standards, codes, and attitudes and thus influence incidence and prevalence of substance abuse. Approaches can center on legal and regulatory issues or can relate to service and action-oriented initiatives. Examples include TA to communities to maximize enforcement of laws governing availability
and distribution of legal drugs, product pricing strategies, and modification of practices of advertising alcohol and tobacco

Environmental Factors - Those factors that are external or perceived to be external to an individual but that may nonetheless affect his or her behavior. At a narrow level these factors relate to an individual's family setting and relationships. At the broader level, these refer to social norms and expectations as well as policies and their implementation.

Epidemiology - The study of the determinants and distribution of disease with respect to person, place, or time. It is the basic science of developing and applying disease prevention and control.

Epidemiology Profile - A summary and characterization of the consumption (use) patterns and consequences of the abuse of alcohol, tobacco, marijuana, heroin, cocaine, methamphetamines, inhalants, prescription drugs, or other substances. The epidemiological profile identifies the sources of data on consumption patterns as well as the indicators used to identify consequences (e.g., morbidity and mortality). It should provide a concise, clear picture of the burden of substance abuse in the State using tables, graphs, and words as appropriate to communicate this burden to a wide range of stakeholders.

Evaluation - A formalized approach to studying the goals, processes, and outcomes of projects, policies, and programs. Evaluations can involve quantitative methods of social research or qualitative methods or both.

Evaluation Plans - Systematic blueprints detailing all the evaluation aspects of the project including the database structures to manage the project data.

Evidence-Based Practice - An evidence-based practice, also called EBP, refers to approaches to prevention or treatment that are validated by some form of documented research evidence. The ODMHSAS has adopted the following three criteria to define an evidence-based practice - Tier 1: Inclusion in Federal registries of evidence-based interventions; Tier 2: Reported (positive effects on the primary target outcome) in peer-reviewed journals; or Tier 3: Documented effectiveness supported by other sources of information and the consensus judgment of informed experts.

Final Outcomes - Outcomes inferred from the change as measured between the baseline descriptions of the substance abuse problem (for the people, places, or policies that are the focus of the intervention) and the results, using the same measures, at the completion of the intervention.

Focus Group - A representative group of people questioned together about their opinions, usually in a controlled setting. Focus groups are widely used as a method of gathering qualitative data. When created and implemented skillfully, they can bring an evaluator or evaluation team "inside" the issue of interest.
Framework - A general structure supporting the development of theory.

General Population - Youth and adult citizens of a State rather than a specific group within the general population.

Generalizability - The extent to which the positive or negative findings produced by specific interventions under specified conditions can be expected to produce the same findings in future efforts in different settings with different populations.

Goal - The clearly stated, specific, measurable outcome(s) or change(s) that can be reasonably expected at the conclusion of a methodically selected intervention.

Immediate Outcome - The initial change in a sequence of changes expected to occur as a result of implementation of a science-based program.

Impact - The long-term effect and/or influence of the intervention on the conditions described in baseline data.

Imputation - The process of replacing missing data. May be done logically (based on other existing data) or with statistical techniques based on variables that are correlated with the variable and the missing data.

Incidence - A measure of the number of people (often in a defined population) who have initiated a behavior—such as drug, alcohol, or tobacco use—during a specific period of time. The measure's special value is that it identifies new users to be compared to the number of new users historically, over comparable periods of time.

In epidemiology, incidence generally refers to new cases observed during 1 year's time.

Indicator - A variable that relates directly to some part of a program goal or objective. Positive change on an indicator is presumed to indicate progress in accomplishing the larger program objective. For example, a program may aim to reduce drinking among teens. An indicator of progress could be a reduction in the number of drunk driving arrests or the number of teens found to be drinking under age in clubs. It can also be a substitute measure for a concept that is not directly observable or measurable (e.g., prejudice, substance abuse). For example, an indicator of "substance abuse" could be "rate of emergency room admissions for drug overdose." Because of the imperfect fit between indicators and concepts, it is better to rely on several indicators rather than just one when measuring this type of concept.

Instrument - An ordered set of measures or a device researchers use to collect data in organized fashion, such as a standardized survey or interview protocol.

Integrity - The level of credibility of study findings based on peer consensus ratings of
**Intermediate Outcomes** - In a sequence of changes expected to occur in a science-based program, the changes that are measured at program completion. Depending on the theory of change guiding the intervention, an intermediate outcome in one intervention may be an immediate or final outcome in another. See also "Outcomes".

**Internal Validity** - Refers to the ability to make statements about causal relationships between variables. Internal validity threats may diminish the truthfulness of those statements.

**Intermediate Variables** - Are factors that have been identified through research as being strongly related to and influencing the occurrence and magnitude of substance use and related risk behaviors and their subsequent consequences. These variables are the focus of prevention strategies, changes in which are then expected to affect consumption and consequences. It is a comprehensive category including causal factors, risk and protective factors, contributing factors, and intervening variables.

**Item** - A question or query accompanied by a response measurement system.

**Key Informant Interview** - Interview with a member of, or someone who is knowledgeable about, the social phenomena you wish to study.

**Logic Model** - A graphic depiction of the components of a theory, program, initiative, or activity that shows the program’s components and plausible linkages between the program components.

**Long-term Outcomes** - Over time, the change(s) that result from the program or intervention.

**Measure** - An assessment item or ordered set of items (see Outcome Measure and Process Measure). Measures are the tools used to obtain the information or evidence needed to answer a research question. They are similar to indicators, but more concrete and specific. Often an indicator will have multiple measures. Indicators are statements about what will be measured; measures answer the question exactly how will it be measured.

**Methodology** - A procedure for collecting and analyzing data.

**Morbidity** - Any subjective or objective departure from a state of physiological or psychological well-being. (Sickness, illness, and morbid condition are synonyms in this sense.) It is also, an actuarial determination of the incidence and severity of sicknesses and accidents in a well-defined class or classes of persons.

**Mortality** - An actuarial determination of the death rate at each age as determined from prior experience.
Needs Assessment - Needs assessment activities include surveys of various targeted populations and communities, assessment of prevention resources within the State, studies of current outcome indicators, geographic and demographic analyses of social marketing data, and household and school surveys. ODMHSAS will continue to support communities in various needs assessment activities and methodologies, helping them to target their prevention programming dollars by providing sound data on specific populations and localities, and identifying the distribution of particular risk factors.

Objective - Specific results or effects of a program's activities that must be achieved in pursuing the program's ultimate goals (for example, a treatment program may expect to change participants' attitudes (objective) in order to ultimately reduce recidivism (goal). As used in the Achieving Outcomes Guide, measurable statements of the expected changes in risks, assets, or other underlying conditions as expressed in the program's guiding theory of change.

Oklahoma Data Query System (DQS) – Oklahoma’s online data system houses indicators collected by the Oklahoma State Epidemiological Outcomes Workgroup related to substance abuse and substance abuse prevention. Through this website, users can view charts and maps of indicators that will be useful for planning and evaluating substance abuse prevention activities.

Organizational Needs Assessments - examine an organization’s internal needs and include assessments of leadership, human resources, technical resources (e.g., telephones, computers, or appropriate software), infrastructure (e.g., facility, staff offices, conference rooms), funding sources, etc.

Outcome Evaluation - The systematic assessment of the results or effectiveness of a program or activity (see Performance Measures). It is a type of evaluation used to identify the results of a program's effort. It seeks to answer the question, "What difference did the program make?" It yields evidence about the effects of a program after a specified period of operation.

Outcome Measures - Assessments that gauge the effect or results of services provided to a defined population. Outcomes measures include the consumers' perception of restoration of function, quality of life, and functional status; as well as objective measures of mortality, morbidity, and health status.

Outcomes - The extent of change in targeted attitudes, values, behaviors, or conditions between baseline measurement and subsequent points of measurement. Depending on the nature of the intervention and the theory of change guiding it, changes can be immediate, intermediate, final, and longer term outcomes. For example, changes in attitudes and values may be the final outcome of an informational intervention. However, changes in attitudes and values may be the immediate outcome of a parenting program that builds on those changes to bring about changes in communication patterns and other skills (intermediate outcomes). Changes in communication patterns would, in turn, strengthen middle school
children’s resistance to negative peer pressure (intermediate outcome), resulting in a delay in the onset of substance use (final outcome).

**Outlier Data** - Extremely high or low values of a variable of interest.

**Population of Focus**
The audience to which your program and activities are aimed. Often referred to as the target population. This includes those who are primarily affected by the issue and among whom you are trying to create change (e.g., drug abusing parents, young children at risk of negative ATOD experience).

**Predictive** - One variable is considered to be predictive of another if there is a systematic relationship between the two. However, the fact that there is a relationship does not mean that one thing causes the other. For example, low school achievement is often associated with drug abuse in the teen years, but low school achievement does not cause drug abuse. Young people who perform poorly in school are at high risk, but there are many other risk factors, none of which predict with complete accuracy who will become involved with drugs.

**Prevalence** - The number of instances of a given disease or other condition in a given population at a designated time. If the period is not mentioned, the concept usually refers to the situation at a specified point in time, that is, point prevalence. The numbers of people using or abusing substances during a specific period. In general epidemiological terms, the number of new plus old cases existing at or during a specified time.

**Prevention** - A proactive process that empowers individuals and systems to meet the challenges of life events and transitions by creating and reinforcing conditions that promote healthy behaviors and lifestyles. The goal of substance abuse prevention is the fostering of a climate in which (a) alcohol use is acceptable only for those of legal age and only when the risk of adverse consequences is minimal; (b) prescription and over-the-counter drugs are used only for the purposes for which they were intended; (c) other abusable substances, e.g., aerosols, are used only for their intended purposes; and (d) illegal drugs and tobacco are not used at all.

**Prevention Domain** - Prevention domains are spheres of influence in which prevention activities are conducted. Domains are usually considered to include individuals (self and peers), school, workplace, family, community, and society.

**Primary Prevention** - Prevention activities designed to prevent substance abuse before any signs of a problem appear. Also, strategies designed to decrease the number of new cases of a disorder or illness.

**Process Evaluation** - Process evaluation focuses on how a program was implemented and operates. It identifies the procedures undertaken and the decisions made in developing the program. It describes how the program operates, the services it delivers, and the functions it
carries out. It addresses whether the program was implemented and is providing services as intended. However, by additionally documenting the program's development and operation, it allows an assessment of the reasons for successful or unsuccessful performance, and provides information for potential replication.

**Process Measures** - Measures of participation, "dosage," staffing, and other factors related to implementation. Process measures are not outcomes, because they describe events that are inputs to the delivery of an intervention.

**Priority** – The problem behavior recommended by the epidemiological workgroup and selected by the community to address with the available grant funding.

**Prioritization** – A systematic process involving the collection of data to determine the relevancy of problems in a community to determine which problem(s) to address using evidence-based strategies. This process involves collecting data that examines the size and magnitude of the problem, the severity of consequences, timetrends, comparisons, economic impact, social impact, preventability, changeability, capacity, resources, and awareness.

**Project Site** - Refers to the specific geographic location for the population of focus or where the services are provided/targeted.

**Protective Factors** - Conditions that build resilience to substance abuse and can serve to buffer the negative effects of risks. Also referred to as assets.

**Prevention system** - The entire set of agencies, organizations, and persons that contribute to efforts to prevent substance abuse and related problems within the community.

**Proxy Measures** - Data that can be used as an indicator, an indirect measure of of substance use or abuse. In general, multiple indirect measures (proxies) are more reliable than a single proxy. An individual can also serve as a proxy. For example, a parent can serve as a proxy for his or her child; a community stakeholder can serve as the spokesperson/proxy for a group unwilling to talk with an interviewer.

**Public Health Approach** - A public health approach focuses on change for entire populations. Population-based public health considers an entire range of factors that determine health.

**Region** - The geographical unit used by the ODMHSAS to describe the service area for the block grant/state appropriated funded portion of this project. Each region is comprised of one or more counties. There are 17 RPC regions in the state of Oklahoma.

**Qualitative** - A term used to refer to information that is difficult to measure, count, or express in numerical terms (for example, how safe a resident feels in his or her neighborhood). In evaluation, qualitative data provide contextual information that describes
participants and interventions. These data are often presented as text. A strength of qualitative data is their ability to illuminate findings derived from quantitative methods.

**Qualitative Data** - Qualitative data is information that is difficult to measure, count, or express in numerical terms (for example, the nature of relationships among various groups in a community). These types of data are used in research involving detailed, verbal descriptions of characteristics, cases, and settings. Qualitative research typically uses observation, interviewing, and document review to collect data. A qualitative analysis might lead to the conclusion that relationships between parents and teens are strained, that parents are often working two jobs to make ends meet, and that there are not enough positive recreational opportunities for youth. In evaluation studies, this is the contextual information that usually describes participants and interventions. These data are often presented as text. The strength of qualitative data is their ability to illuminate evaluation findings derived from quantitative methods.

**Quantitative** - A term used to refer to information that can be expressed in numerical terms, counted, or compared on a scale (for example, the number of alcohol-related traffic accidents per month). In evaluation, quantitative data are used to measure changes in targeted outcomes (for example, substance use) and intervening variables (for example, attitudes toward substance use). The strength of quantitative data is their use in testing hypotheses and determining the strength and direction of effects.

**Quantitative Data** - Quantitative data is information that can be expressed in numerical terms, counted, or compared on a scale (for example, the number of 911 calls received in a month). Quantitative data might lead to the conclusion that there has been an increased number of arrests for selling drugs, that the quantity involved in sales is larger than in previous years, and that the sellers are younger. In evaluation studies, quantitative data includes measures that capture changes in targeted outcomes (e.g., substance use) and intervening variables (e.g., attitudes toward substance use). The strength of quantitative data is their use in testing hypotheses and determining the strength and direction of effects.

**Race** - A socially defined population based on visible, genetically transmitted physical characteristics.

**Reference Group** - The group that is the focus of a needs assessment. Members of the reference group are similar in some important way. For example, they may all live in the same community, attend the same school, or be members of the same organization.

**Reliability** - The consistency of a measurement, measurement instrument, form, or observation over time. The consistency of results (similar results over time) with similar populations, or under similar conditions, confirms the reliability of a measure.

**Regional Epidemiology Outcomes Workgroup (REOW)** - The REOW are groups of individuals at the regional level that collect, analyze, and apply implications from data about alcohol,
tobacco and illicit drug-related problems to improve prevention practice. The workgroups bring systematic, analytical thinking to understanding the causes and consequences of the use of alcohol, tobacco and other drugs. The REOW will provide ongoing community-level surveillance of drug abuse through analysis of quantitative and qualitative research data.

**Regional Prevention Coordinators (RPCs)** - RPCs represents the name used by the ODMHSAS for those agencies providing regional and SPF SIG prevention services.

**Representative Sample** - A segment of a larger body or population that mirrors the characteristics of the larger body or population.

**Resilience** - Refers to the ability of an individual to cope with or overcome the negative effects of risk factors or to "bounce back" from a problem. This capability develops and changes over time, is enhanced by protective factors, and contributes to the maintenance or enhancement of health.

**Resources** - Social, fiscal, recreational, and other community support that presently target substance abuse prevention and/or reduction.

**Respondent** - An individual from whom data are collected via questionnaire, interview, or other means. Respondents may be members of the target population, but they also include others from whom information is gathered. For prevention programs, respondents often include program staff, social service providers, educators, parents, and others.

**Risk Factor** - Conditions for a group, individual, or defined geographic area that increase the likelihood of a substance use/abuse problem occurring.

**Sample Size** - Reflects the number of subjects from a population in your study. Determining the sample size involves using certain techniques and procedures in selecting elements of a population for study.

**School Survey** - A process, most often using a specially designed instrument, to collect information relevant to school administration, student attitudes and behavior, and/or student performance (Achieving Outcomes, 12/01).

**Secondary Prevention** - Prevention activities designed to intervene when risk factors or early indicators of substance abuse, such as marital strife or poor school performance, are present. Also, prevention strategies designed to lower the rate of established cases of a disorder or illness in the population (prevalence).

**Social Indicator** - A measure of a social issue that has been tracked over time (e.g., family and community income, educational attainment, health status, community recreation facilities, per pupil expenditures, etc.). Social indicators are often used to document levels of
community and group risk, and to serve as proxies for the existence of social problems, such as substance use/abuse.

**Sociodemographic Factors** - Social trends, influences, or population characteristics that affect risks, attitudes, or behaviors related to substance abuse. Such factors can have an indirect but powerful influence.

**Stages of Change (Theory)** - Conceives behavioral change as a process, rather than as an event, and states that an individual's readiness or motivation to change progresses through a series of stages. Five stages identified by this model are precontemplation, contemplation, decision/determination, action, and maintenance. This model is not linear in that people may enter and exit a stage at any point in time and may move back and forth between stages (Theory at a Glance). Prochaska, J.O., DiClemente, C.C., & Norcross, J.C. (1992). In search of how people change: Applications to addictive behaviors. American Psychologist, Vol. 47, pp. 1102-1114.

**Stakeholders** - All members of the community who have a vested interest (a stake) in the activities or outcomes of a substance abuse intervention. In general, groups or persons with a vested interest in something tangible or intangible.

**Standardized Instruments** - An assessment, inventory, questionnaire, or interview that has been tested with a large number of individuals and is designed to be administered to program participants in a consistent manner. Results of tests with program participants can be compared to reported results of the tests used with other groups.

**State Epidemiological Outcomes Workgroup (SEOW)** – The SEOW are groups of individuals at the state level that collect, analyze, and apply implications from data about alcohol, tobacco and illicit drug-related problems to improve prevention practice. The workgroups bring systematic, analytical thinking to understanding the causes and consequences of the use of alcohol, tobacco and other drugs.

**Statistical Power** - The ability to accurately detect differences between groups or relationships between variables.

**Statistical Significance** - The strength of a particular relationship between variables. A relationship is said to be statistically significant when it occurs so frequently in the data that the relationship's existence is probably not attributable to chance.

**Statistical Testing** - A type of statistical procedure that is applied to data to determine whether the results are statistically significant (that is, the outcome is not likely to have resulted by chance alone.)

**Strategic Plan** – This is a comprehensive document that includes a work plan with goals, objectives, measures, and other key project information. A strategic plan may also articulate
assessment findings, justification for strategy, plans for sustainability and other key project elements.

**Strategic Prevention Framework (SPF)** - The SPF represents a public health framework for preventing substance use and the problems related to it. The model is based on the five steps of assessment, capacity building, planning, implementation of evidence-based practices, and evaluation with two cross-cutting principles of cultural competency and sustainability.

**Strategic Prevention Framework State Incentive Grant (SPFSIG)** - The SPF SIG is a time-limited prevention project (cooperative agreement) funded by the SAMHSA, CSAP. The purpose of the SPF SIG program is to provide funding to States, Federally recognized Tribes and U.S. Territories to: (1) Prevent the onset and reduce the progression of substance abuse, including childhood and underage drinking; (2) Reduce substance abuse-related problems; and (3) Build prevention capacity and infrastructure at the State, tribal, territorial and community-levels.

**Stratification Variables** - These variables represent different sub segments of a pool of individuals being studied. Stratification variables include age, gender, socioeconomic status, and location.

**Substance Abuse** - Substance abuse is the overindulgence in and dependence of a drug or other chemicals including alcohol leading to effects that are detrimental to the individual’s physical and mental health, or the welfare of others. The disorder is characterized by a pattern of continued pathological use of a medication, non-medically indicated drug, alcohol, or toxin that results in repeated adverse social consequences related to drug use, such as failure to meet work, family, or school obligations, interpersonal conflicts, or legal problems.

**Suppressor or Masking Variable** - A variable that may have a low correlation with a dependent variable, but which, when entered in a multiple regression analysis, leads to improvement in the predictive power of another predictor in the equation. The inclusion of the variable is thought to control for irrelevant variance, that is, variance that it shares with the predictors but which may not be shared with the dependent variable.

**Surveillance**
The ongoing and systematic collection, analysis, and interpretation of outcome-specific data for use in the planning, implementation, and evaluation of public health practice.

**Survey Data** - Information collected from specially designed instruments that provide data about the feelings, attitudes, and/or behaviors of individuals.

**Sustainability** - Sustainability in its simplest form describes a characteristic of a process or outcome that can be maintained at a certain level indefinitely. To elaborate further, it is the
ability of a program to deliver an appropriate level of benefits for an extended period of time after major financial, managerial, and technical assistance from an external donor is terminated.

**Technical Assistance (TA)** - Services provided by professional prevention staff intended to provide technical guidance to prevention programs, community organizations, and individuals to conduct, strengthen, or enhance activities that will promote prevention.

**Tertiary Prevention** - Intervention, also known as treatment, that seeks to address symptoms of substance abuse and prevent further problems. Also, strategies designed to decrease the amount of disability associated with an existing disorder or illness.

**Theory of Change** - As used in the Achieving Outcomes Guide, a set of assumptions (also called hypotheses) about how and why desired change is most likely to occur as a result of a program. Typically, the theory of change is based on past research or existing theories of human behavior and development.

**Underlying Factors** - Behaviors, attitudes, conditions, or events that cause, influence, or predispose an individual to resist or become involved in problem behavior, in this case, substance abuse. See also "Risk and Protective Factors" (Achieving Outcomes, 12/01).

**Validity** - The extent to which a measure of a particular construct/concept actually measures what it purports to measure. For example, is "years of schooling" a valid measure of education?

**Validity, Threats to** - Plausible alternative explanations for measured program effects (e.g., history, maturation, selection, attrition, measurement).

**Variable** - A factor or characteristic of an intervention, participant, or context that may influence or be related to the possibility of achieving intermediate or long-term outcomes.

**Variables, Mediating** - Measured constructs that fall between the interventions and outcomes in the causal sequence.

**Variables, Predictive** - One variable is considered to be predictive of another if there is a systematic relationship between the two. However, the fact that there is a relationship does not mean that one thing causes the other. For example, low school achievement is often associated with drug abuse in the teen years, but low school achievement does not cause drug abuse. Young people who perform poorly in school are at high risk, but there are many other risk factors, none of which predict with complete accuracy who will become involved with drugs.

**Vulnerable Populations** - Refers to children, elderly persons, and persons with disabilities.
References
A special thank you to the State of Wyoming for allowing Oklahoma to adapt their Community Needs Assessment Workbook for our use.

References


