



# **ND Strategic Prevention Framework Special Incentive Grant (SPF SIG)**

**Ruth Bachmeier, Director of Public Health  
Fargo Cass Public Health  
August 6, 2014**

# What is SPF SIG?

## Strategic Prevention Framework (SPF)

- five-step process used to guide community change and effectively prevent substance abuse.
- influenced by the public health approach to prevention
- data driven process backed by decades of research.

## State Incentive Grant (SIG)

- federal grant dollars awarded to states to build substance abuse prevention infrastructure.



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# Five-step Process

## 1. *Assessment*

Collection and review of data to pinpoint the problem and identify those factors contributing to the problem.

## 2. *Capacity*

Mobilizing human, organizational, and financial resources to support prevention efforts.

## 3. *Planning*

Development of a comprehensive strategic plan where evidence-based strategies are selected based on the needs of the community determined in the assessment phase.

## 4. *Implementation*

Implementation of evidence-based strategies mapped out in the planning process.

## 5. *Evaluation*

The process of monitoring effectiveness by recognizing what has been done well.



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# Throughout all Steps

## *Sustainability*

- ensuring prevention efforts achieve long term results and continue when funding is gone.

## *Cultural Competence*

- considering community-based values, traditions and customs when planning and implementing prevention strategies.



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# North Dakota Priority Areas

- Underage Drinking
- Adult Binge Drinking



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# Funding

- Substance Abuse Mental Health Services Administration, Center for Substance Abuse Prevention (SAMHSA-CSAP) awarded North Dakota Department of Human Services (NDDHS) Division of Mental Health and Substance Abuse Services \$1.94 million a year for 5 years
- 85% local-level implementation
- State funding to LPHUs and Tribes
- Fargo Cass Public Health (FCPH) will issue an RFP for strategy implementation by community partners



# Funding continued

FCPH awarded \$389,503 for Cass County

Funds distributed in phases:

- Assessment: 15% of total award allowed
- Planning: 20% of total award allowed
- Implementation: minimum of 65% of award
  - Anticipated approximately \$285,000 will be available to community partners
- State will allocate additional funds to local-level media and evaluation
- Continuation based on program compliance, completion of deliverables, and funding availability
- Primary Prevention: funds cannot be used for existing strategies, treatment, intervention, or relapse prevention



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# Timeline

- **Assessment:** February – May
- **Strategic Planning:** June – August
- **Implementation of Strategies:**  
September 2014- September 2015
- 18 months allotted for a 5 year process due to federal funds being allocated but not released





# Summary

- The SPF SIG is a 5-step process to guide community change and effectively prevent substance abuse
- Cass County will receive \$389,503 of the \$1.94 million grant
- Community partners looking to receive funding must provide services to residents of Cass County
- Underage drinking and adult binge drinking are the SPF SIG priority areas
- Local timeline for the project is February 2014 through September 2015



# Why Did We Invite You Here?

- Learn more about the problem
- Share information regarding community readiness
- Gather your input regarding intervening variables (risk/protective factors)
- Gather input on potential community strategies





# **Strategic Prevention Framework Needs Assessment Data**

**Robyn Litke Sall, alcohol prevention coordinator  
Community Forum on Alcohol Misuse Prevention**

**August 6, 2014**

# Underage Drinking is a problem in North Dakota

- Alcohol is the most widely used drug by our youth.
  - **67%** of high school students have used alcohol
  - **25%** of middle school students have used alcohol (YRBS, 2013)
- Youth start drinking early.
  - 15% of high school students had their first full drink *before age 13.* (YRBS, 2013)
- People who begin drinking **before age 15** are **four times** more likely to become addicted than those who wait until age 21. (Center for Adolescent Health)



# Underage Drinking is a problem

- North Dakota youth are drinking to get drunk.
  - 17.6% of high school students in our region engaged in binge drinking in the past 30 days. (YRBS, 2013)
- The brain goes through dynamic changes during adolescence, and alcohol can seriously damage long- and short-term growth processes. (American Medical Association, 2003)
- Research indicates that brain development continues until about age 25. (Coalition for Juvenile Justice, 2006)



# Underage Drinking is a problem

- North Dakota youth don't think it's risky.
  - 65% of 12-17 year old youth believe drinking to get drunk 1 or 2 times a week does not pose a great risk. (SAMHSA, 2011-2012)
- But it is...
  - Not only is using alcohol illegal, it's dangerous. Youth who drink are **MORE LIKELY** to become victims of crime, have serious problems in school, and be involved in alcohol-related traffic crashes. (NIAAA, 2006)
    - Almost **1 in 5**, or 18% of high school students in our region have ridden in a vehicle with a driver who had been drinking. (YRBS, 2013)
    - Nearly **10%** of high school students in our region reported driving after drinking in the past 30 days. (YRBS, 2013)



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# Underage Drinking is a problem

- Nationally, each year approximately 5,000 young people die as a result of underage drinking, which is **greater** than all other illegal drugs combined. Drinking alcohol even once is a risk. (NIAAA, 2006)
- Underage Drinking Cost the citizens of North Dakota \$168 million in 2010. (PIRE, 2010)
  - \$240 for every person
  - Almost \$1000 for a family of four





# Do we think underage drinking is a problem?

- Teaching youth to “drink responsibly” or adult-supervised drinking ***increases*** the likelihood they will engage in future harmful use. (Journal of Studies on Alcohol and Drugs, 2011)
- Only 37% of adults in our region think youth alcohol use in the community is a serious problem. (CRS, 2008)
- 29% of adults feel drinking among teenagers is acceptable in their community. (CRS, 2008)
  - 53% of high school students in our region agree that teenage drinking is acceptable in their community. (YRBS, 2013)



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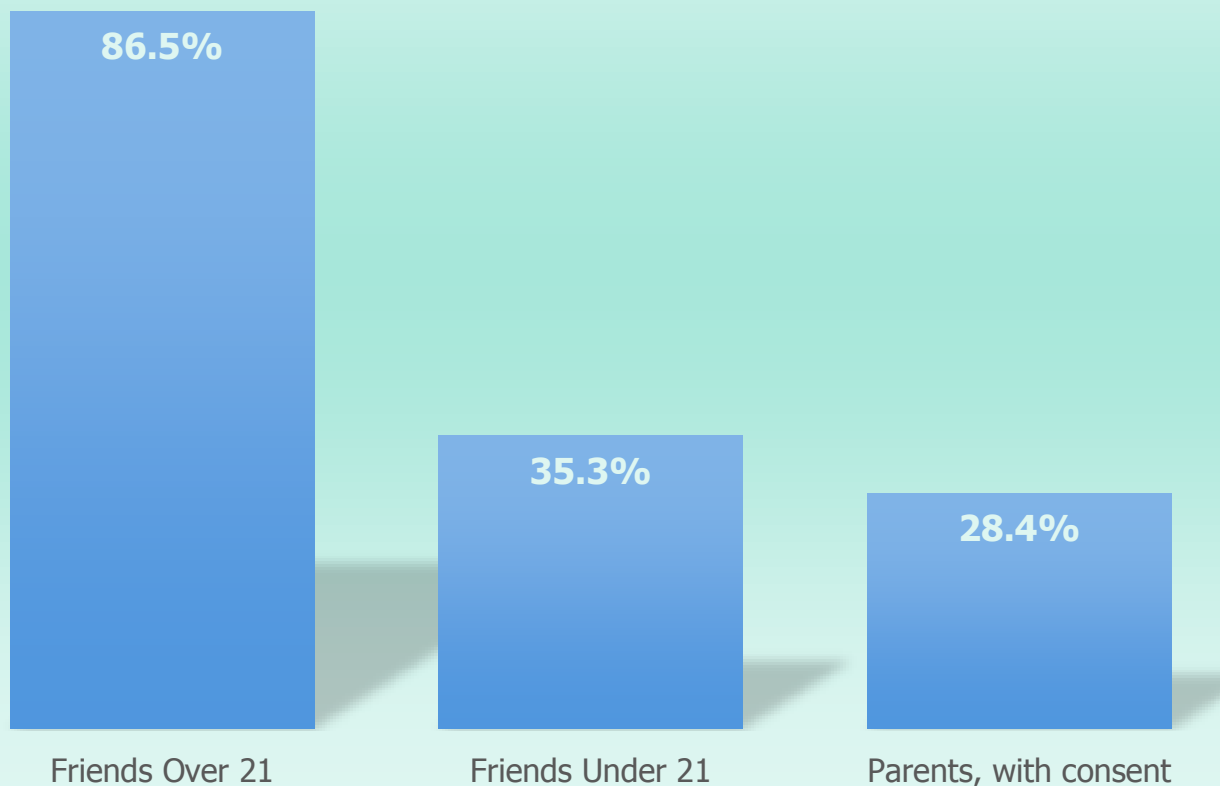


# Source of Alcohol for Underage Drinkers

Over a third (37%) of high school students in our region said the alcohol they drank was given to them by another person. (YRBS, 2013)

## Sources of Alcohol for Underage NDSU Students

■ Sources of Alcohol for Underage NDSU Students



# Adult Binge Drinking is a problem

- Fargo/Moorhead ranks **#1 in binge drinking** in the nation (out of 187 metro areas) for past month BINGE alcohol use. (BRFSS, 2012)
- **52%** of NDSU students reported binge drinking. (CORE, 2012)

Geographic Area	Binge Drinking Rate
United States	16.9%
North Dakota	24.1%
Cass County	26%
Fargo/Moorhead	28.1%

(BRFSS, 2012)



# Alcohol and Crime

- Almost half of new domestic violence cases involve alcohol as a contributing factor. (NDCAWS, 2011)
- 27% of Cass County arrests in 2013 were alcohol violations. (Crime in ND, 2013)
- 999 DUI arrests and 465 liquor law violations occurred in Cass County in 2013. (Crime in ND, 2013)
- 10.5 alcohol-related crashes per 10,000 (NDDOT 2008-2012)



# Retail Availability

- There are **180** alcohol licenses in the city of Fargo.
- **48.2%** and **59.2%** believe it is quite difficult or extremely difficult for youth to purchase alcohol and **stores** and **bars** respectively.



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# Promotion of Alcohol

- 4.29 alcohol ads per newspaper issue
  - State average is 1.83
- 1.25 alcohol ads per radio hour
  - State average is .93

	State Average Ads Per Newspaper Issue	LSA Average Ads Per Newspaper Issue	LSA Differences from State
Promotional Events ads	0.88	2.38	>
Non-Promotional Alcohol Ads	0.94	1.90	>
<b>Total Alcohol Ads (promo and non-promo)</b>	<b>1.83</b>	<b>4.29</b>	<b>&gt;</b>

Alcohol Related Radio Advertisements			
	State Average	LSA Average	LSA Differences from State
Average Count Per Hour of Radio Listening	0.93	1.25	=



# Alcohol and Health

- Long-term, heavy alcohol use can lead to:
  - Dementia
  - Stroke
  - Cardiovascular problems
  - Psychiatric problems including depression, anxiety and suicide
  - Cancer of the mouth, throat, esophagus, liver, colon, and breast (in general, the risk of cancer increases with increasing amounts of alcohol)
  - Liver diseases, include Cirrhosis
  - Other gastrointestinal problems, including pancreatitis and gastritis

([www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm](http://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm))



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# Community Capacity Surveys

- Interviews with community stakeholders representing
  - Law Enforcement
  - Education
  - Government, such as city commission
  - Medical Community
  - Community leaders/Coalition members
- Readiness was assessed in nine areas
  - nine stages of readiness



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Stage of Readiness	Description
1. Limited Awareness	The misuse and abuse of ATOD is not generally recognized by the population or the leaders as a problem (if it truly is an issue as indicated by statistics).
2. Denial/Resistance	At least some community members recognize that the misuse and abuse of ATOD is a concern, but there is little recognition that it might be occurring locally.
3. Vague Awareness	Most feel that there may be a local concern, but there is no immediate motivation or willingness to do anything about it.
4. Preplanning	There is clear recognition that something must be done and there may even be a group addressing it. However, efforts are not yet focused or detailed.
5. Preparation	Active leaders begin planning in earnest. The community offers modest interest in efforts.
6. Initiation	Enough information has been gathered to justify initiation of efforts. Activities are underway.
7. Stabilization	Activities are supported by administrators or county decision makers. Staff are trained and experienced. The efforts are stable.
8. Confirmation/Expansion	Efforts are established. Community members feel comfortable using services and are supportive. Efforts may expand to related issues. Local data are regularly obtained.
9. High Level of Community Ownership	Detailed and sophisticated knowledge exists about the misuse and abuse of ATOD prevalence, causes, and consequences. In-depth evaluation guides new directions. Model is applied to other issues.



# Community Climate

## Denial/Resistance

*(Score of 2.6)\**

The community climate regarding alcohol prevention efforts is one that could be described as neutral, disinterested, or a general belief that underage drinking is merely a right of passage, and adult overconsumption is a normal part of social life.

*\*Ranked similar to statewide readiness stage*



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"...It's how we celebrate or we commiserate or how we rejoice..."

# Enforcement

## Vague Awareness

*(Score of 3.4)\**

The general perception is Enforcement are performing their duties, and upholding the law. Enforcement is perceived by the community primarily to be reactive as opposed to proactive.

*\*Ranked below statewide readiness stage*

“...It sometimes results in penalties or consequences for the individuals, but it doesn't really result in penalties or consequences for the entities.”



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# Leadership

## Denial/Resistance

*(Score of 2.6)\**

Some appointed officials and influential community stakeholders are perceived as recognizing the need to address underage and adult binge drinking in Cass County.

*\*Ranked below statewide readiness stage*



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"I think some of the local issues are there isn't a lot of strong support for increasing any ordinances to address adult binge drinking or that many ordinances to address underage drinking for that matter."

# Existing Efforts

## Preparation

*(Score of 5.4)*

Cass County is perceived to have established efforts in place, but struggle to bring forward new initiatives and strengthen efforts and policies.

"...I think we do struggle with moving forward with any new policy initiatives."



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# Resources

## Preplanning

*(Score of 4.1)*

Stakeholders perceive resources as available for prevention efforts, and are working toward developing more consistent and stable resources and funding.



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# Data Usages & Evidence Based Practices

## Preplanning

*(Score of 4.6)*

Expertise for data collection and evaluation is available but not necessarily expected, and some evidence-based practices are perceived to be available and employed. More comprehensive data and evaluation plans should be developed.



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"I think people like feel good prevention....Evidence-based is not flashy."

# Planning & Sustainability

## Vague Awareness

*(Score of 3.1)*

There are Community-level Stakeholders who have working groups that meet and plan prevention efforts, however these efforts are not integrated across agencies, education institutions, and organizations. More coordinated community efforts are suggested.



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# Community Expertise & Training

## Vague Awareness

*(Score of 3.9)*

There is knowledge, awareness, and understanding of prevention, the community understand the importance of prevention and evidence-based practices, there are trained professionals available in the community, training is accessible, but certification is not available or expected.



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"...We do have a lot of people that have a lot of knowledge and are supportive, at least in idea and in words..."



# Cultural Competency

## Vague Awareness

*(Score of 3.1)*

The importance of culturally competent and culturally relevant prevention efforts is understood, but support and resources available for training are limited.

"...Its amazing how many different cultures we do have living in this area..."



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# **Intervening Variables & Strategies**

## **Community Forum Input Exercises**

# What are Intervening Variables?

- Underlying factors that contribute to a substance use problem and its initiation, escalation, and adverse consequences.
- Influence change
- Research has indentified key intervening variables associated with the problems of alcohol use/abuse among youth and adults.



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# Intervening Variables

## 1. Community Norms

- General attitudes that govern the acceptability of a behavior in a community

## 2. Retail Availability

- The easier it is to obtain, the higher the consumption

## 3. Economic/Retail Pricing

- The lower the price, the higher the consumption



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# Intervening Variables

## 4. Promotion of Alcohol

- Deals, discounts, ads, billboards, commercials, logos, sponsorships

## 5. Social Availability

- Obtaining alcohol from friends, family, or at a party

## 6. Enforcement

- Consumption is influenced by perceived and actual enforcement

## 7. Individual Factors

- Variety of characteristics that make alcohol misuse more or less likely



# What are Strategies?

- Interventions that affect intervening variables
- Programs, policies and practices
- Must be evidence-based



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# Community Norms Strategies

- Appropriately Use Mass Media
- Coalition Building
- College Campus Policies
- Communities Mobilizing for Change on Alcohol
- Get to Know State Legislators – General Policy Development
- Healthcare Initiatives
- Media Advocacy
- Open Container Laws
- Prohibiting Minors from Bars
- Social Norms Campaign



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# Retail Availability Strategies

- Checking ID for Alcohol Sales
- Compliance Checks of Alcohol Retailers
- Conditional Use Permits/Land Use Ordinance of Alcohol Outlets
- Increase Beverage Servers' Legal Liability
- Limit and Restrict the Location and Density of Alcohol Retail Outlets
- *Cops in Shops* programs
- Minimum Age of Purchase for Alcohol
- Minimum Age of Seller/Server Requirements
- Regulations on Home Delivery of Alcohol
- Responsible Beverage Service Training



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# Economic/Retail Price Strategies

- Increase Price or Taxes on Alcohol
- Restrictions of Alcohol Discount Promotions



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# Promotion of Alcohol Strategies

- Alcohol Advertising Restrictions in Public Places
- Alcohol Warning Posters
- Counter-marketing & Counter-advertising Campaigns
- Media Literacy
- Prohibition of Alcohol Sponsorship of Events and Other Promotions



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# Social Availability Strategies

- Alcohol Restrictions at Community Events
- Alternative Events for Youth
- Beer Keg Registration
- Responsible Event Assessment
- Shoulder Tap Enforcement Programs
- Social Host Liability
- Texting Tipline



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# Enforcement Strategies

- Administrative Penalties
- Apply Appropriate Penalties for Minors in Possession of Alcohol
- Enforce Impaired Driving Laws
- Enhanced Enforcement
- Graduated Driver's License Policies
- Lower (<.08) Blood Alcohol Concentration Limits
- Revoke Drivers' Licenses for Impaired Drivers
- Sanctions and Monitoring for Convicted Drunk Drivers
- Sobriety Checkpoints
- Teen Party Ordinances



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# Prioritizing Intervening Variables

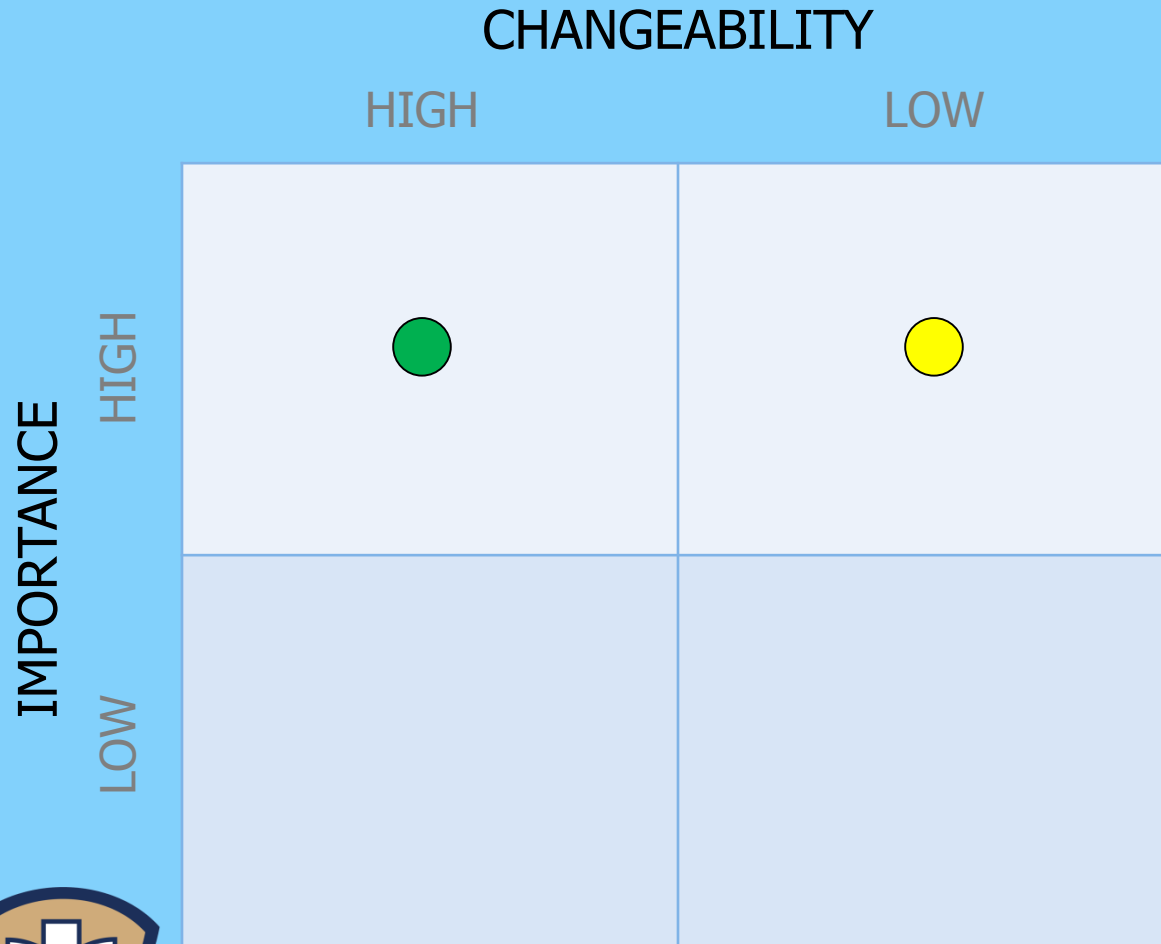
## Importance

- How much an intervening variable impacts the problem
  - Will it impact other behavioral health issues?
  - Does it impact the developmental stage of the population with the problem?

## Changeability

- Readiness and resources
- Suitable evidence-based strategy exists
- Reasonable timeframe

# Prioritization Matrix Exercise



- (Green) = Adult Binge Drinking
- (Yellow) = Underage Drinking

# Strategy Ranking Exercise

- Seven intervening variables for:
  - Underage Drinking and
  - Adult Binge Drinking
- Strategies listed under each intervening variable
- Rank strategies in numeric order with “1” being your first/highest preference



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# Closing Comments

- Thank You for your time and insight
- Next Steps
  - Compile today's information
  - Complete the planning documents provide by NDDHS
  - Prepare Request for Proposals (RFP)
  - Shortly after September 1, RFP will be made available to community partners

