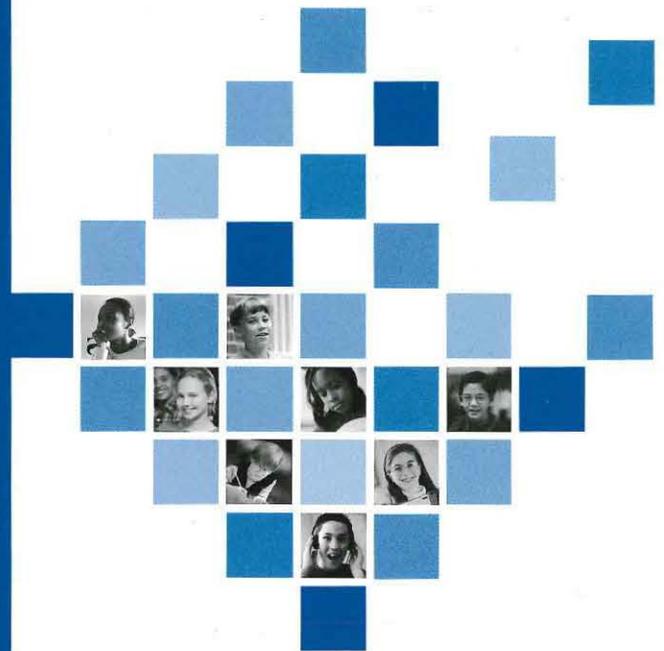


17357

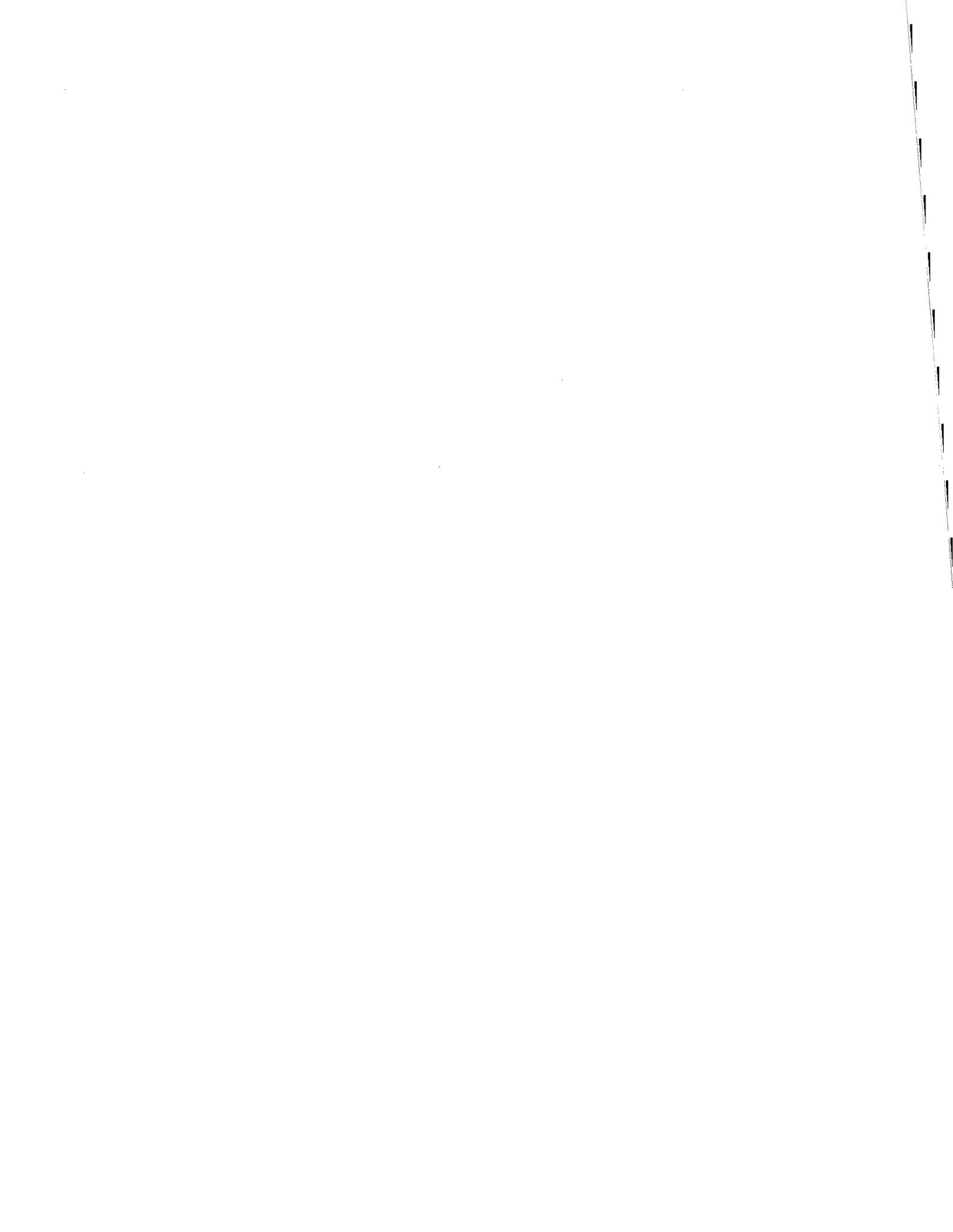


Too Smart to Start
**Implementation
Guide**



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention
www.samhsa.gov





Too Smart to Start Implementation Guide



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention
www.samhsa.gov



Public Domain Notice

All material appearing in this guide is in the public domain and may be reproduced or copied without permission from the Substance Abuse and Mental Health Services Administration (SAMHSA). However, this publication may *not* be reproduced or distributed for a fee without specific, written authorization of the Office of Communications, SAMHSA, U.S. Department of Health and Human Services. Citation of the source is appreciated. Suggested citation:

Substance Abuse and Mental Health Services Administration. *Too Smart To Start Implementation Guide*. Center for Substance Abuse Prevention, DHHS Publication No. (SMA) 03-3866. Rockville, MD, 2003.

Obtaining Additional Copies of Publication

Copies may be obtained, free of charge, from the National Clearinghouse for Alcohol and Drug Information (NCADI). NCADI is a service of SAMHSA. For copies of publications, please write or call:

National Clearinghouse for Alcohol and Drug Information
P.O. Box 2345
Rockville, MD 20847-2345
(301) 468-2600; 1-800-729-6686
TDD 1-800-487-4889

Electronic Access to Publication

This publication can be accessed electronically through the Internet World Wide Web connection at:
www.ncadi.samhsa.gov

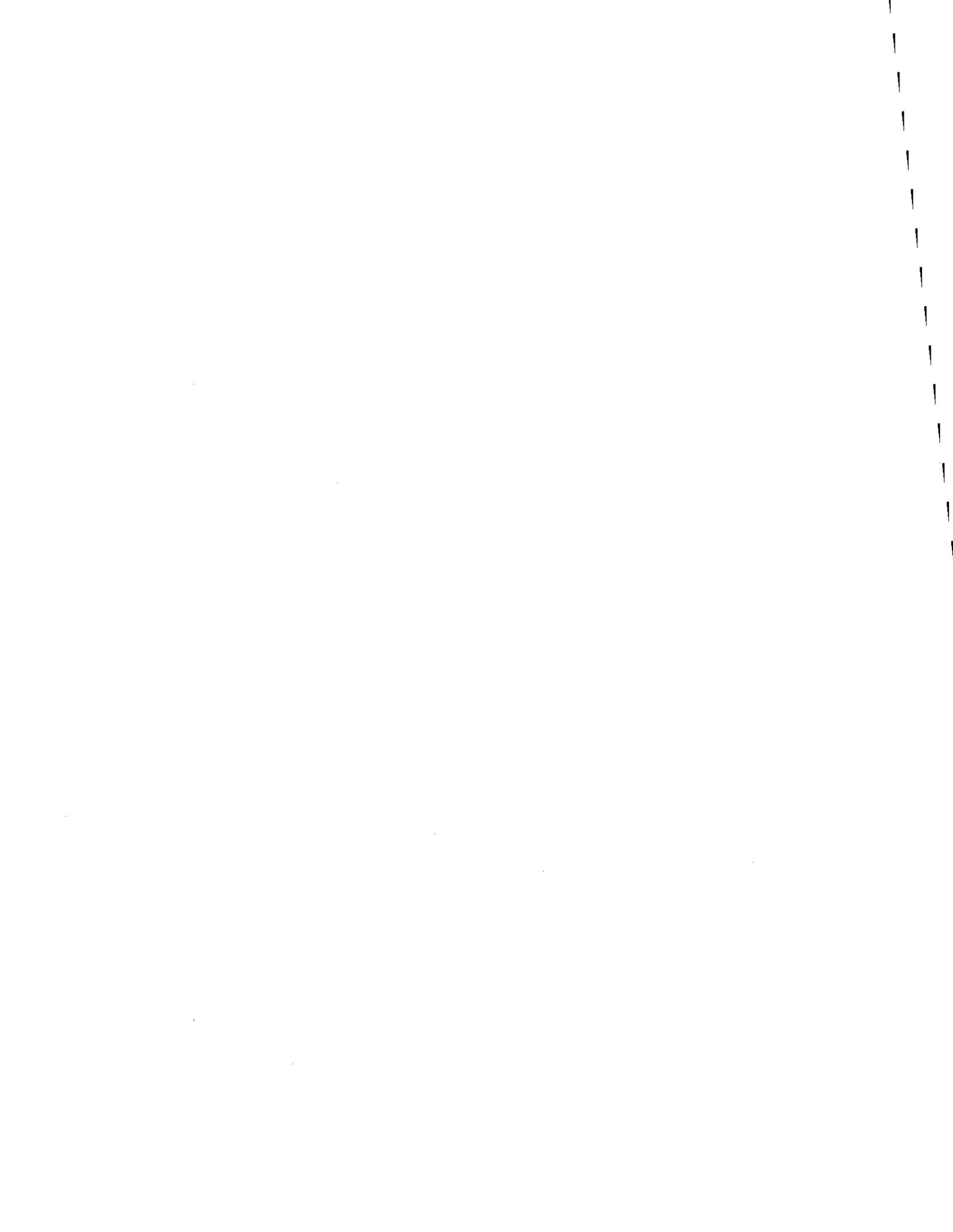
Originating Office

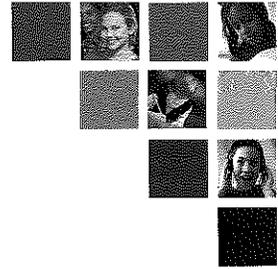
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention
5515 Security Lane
Rockville, MD 20857

Too Smart To Start Implementation Guide

Table of Contents

Introduction	v	Special Events	17
Using This Guide	1	Skill-Building/ Educational Programs	18
Overview of the Issues	3	Communication Channel Three: Mass Media	18
Why Focus on 9- to 13-Year-Olds and Their Families?	3	Making Media Contacts	19
Keep the Focus in Context	4	Finding Media Spokespersons	19
Getting Started	7	Using Media Advisories and Press Releases Effectively	19
Research Target Audiences	7	Holding News Conferences	20
Assess Local Needs	8	Other Ways of Communicating Through Media	20
Mobilize the Community	9	Public service announcements (PSAs)	21
Identifying Allies or Partners	9	Editorials: Letters to the editor and op-eds	22
Local partners	10	Monitoring Your Media Coverage	23
State, regional, and national partners	10	Resources	25
Creating an Action Plan	10	Appendix A: Community Needs Assessment Guide (Including a Needs Assessment Form and Performance Target Outline Forms)	33
Get ready—Organize your task force	11	Appendix B: Profiles of the Target Audiences ..	59
Get set—Set your parameters	12	Appendix C: State/National Resources	63
And go!	12	Appendix D: Talking Points for PowerPoint Presentations	65
Raising Public Awareness	13	Appendix E: Quiz Answers	79
Communication Channel One: Interpersonal	13	Appendix F: Events, Activities, and Communication Products	81
Starting Your Presentation	13	Appendix G: Press Release Format, Media Advisory Format, and Sample Letter to the Editor	85
Icebreaker Quiz: How much do you know about alcohol? ...	14		
Icebreaker: Insider's guide to 9- to 13-year-olds	15		
Ending Your Presentation	16		
Communication Channel Two: Community	17		





Introduction

TOO SMART TO START is a public education initiative that provides professionals and volunteers at the community level with materials and strategies to help them conduct an underage alcohol use prevention initiative. The materials contained in this guide are designed to help you plan, develop, promote, and implement a local initiative to educate 9- to 13-year-olds and their parents about the harms of underage alcohol use and to support parents and caregivers as they participate in their children's activities.

The hallmark of the Too Smart To Start program is its flexibility in the way it can be implemented in the local community. Too Smart To Start is not intended to be prescriptive. Rather, it offers information on the alcohol use behaviors of 9 to 13 year olds, a consistent message, and basic materials and strategies to deliver the core behavioral messages. The expectation is that local specific data will be added to Too Smart To Start information, messages, and materials, and elements will be tailored or adapted to the locality.

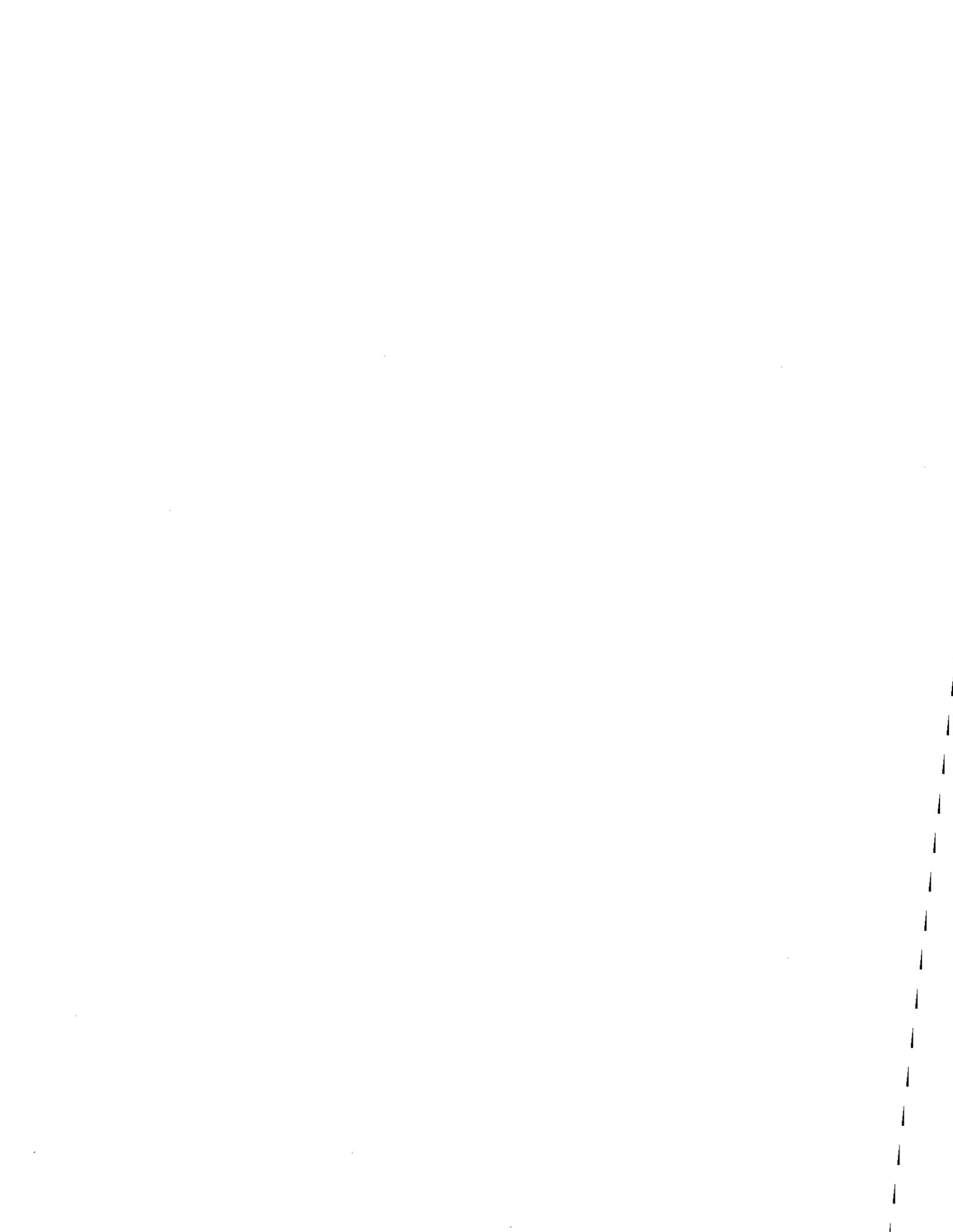
Too Smart To Start has three objectives:

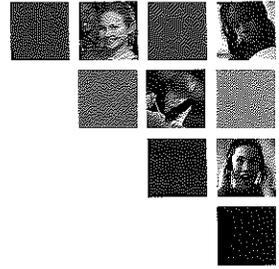
- To increase the number of conversations between parents/caregivers and their 9- to 13-year-old children about the harms of underage alcohol use.
- To increase the percentage of 9- to 13-year-olds and their parents/caregivers who see underage alcohol use as harmful.
- To increase public disapproval of underage alcohol use.

Research shows that most 9- to 13-year-olds do not currently use alcohol. In fact, according to the 2001-2002 PRIDE Survey, 94 percent of fourth through sixth graders did not consume beer in the last year.¹ However, delaying the onset of alcohol use among this age group is key; more than 40 percent of people who begin drinking before age 15 will develop alcohol abuse problems or alcohol dependence sometime in their lives.² Drinking at such an early age can have profound effects on children's physical and psychological development. It is easier to prevent children from beginning to use alcohol than it is to intervene once patterns of behavior are firmly established.

¹ PRIDE, Inc. (2002, May 7). 2000-2001 Pride national summary: Alcohol, tobacco, illicit drugs, violence, and related behaviors grades 4 thru 6. Retrieved June 5, 2002, from www.pridesurveys.com/ue00.pdf

² National Institute on Alcohol Abuse and Alcoholism, Leadership To Keep Children Alcohol Free. (2002). Making the link: Underage drinking and violence. Retrieved February 4, 2003, from <http://www.alcoholfreechildren.org/stats>





Using this Guide

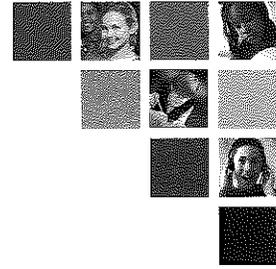
THIS GUIDE is a starting point for people like you—health professionals, prevention practitioners, and others who are concerned with the well-being of 9- to 13-year-olds. It describes how you can localize Too Smart To Start to meet the needs of your community.

This guide covers relevant issues such as assessing the community's needs and resources, recruiting members to help, planning and publicizing events and activities to reach your Too Smart To Start audiences, and raising public awareness of the dangers of underage alcohol use.

This guide includes several items that are designed to support the infusion of Too Smart To Start into your existing substance abuse prevention efforts:

- Insights and relevant facts and statistics to help you understand the unique mindset of 9- to 13-year-olds, and that of their parents and caregivers
- Tips on creating, implementing, and updating your Too Smart To Start action plan
- Pointers on using the media to help you raise public awareness and publicize your events
- PowerPoint presentations (on CD) that can be used to supplement public presentations or discussions on Too Smart To Start
- Too Smart To Start graphic (on CD) that can be localized by including your organizational name, and the standards manual on preferred use of the graphic
- Broadcast quality audio public service announcements that can be used to help parents/caregivers of 9- to 13-year-olds understand the harms of underage alcohol use.

Overview of the Issues



Why Focus on 9- to 13-Year-Olds and Their Families?

The majority of 9- to 13-year olds are not using alcohol. They have strong negative attitudes about underage alcohol use, and they know that using alcohol is harmful to their health. So why are we focusing on these children and their families when it appears that most of them are making healthy choices related to alcohol use? Because 9 to 13 is the age range in which lifelong health behaviors are established. Therefore, influencing the attitudes and health behaviors of 9- to 13-year-old children can benefit society for years to come.

Parents/caregivers of children 9 to 13 tend to underestimate their child's vulnerability to alcohol use and their own ability to affect their child's decisions to use alcohol. Yet the research suggests that parents who establish regular, open, and honest communication with their 9- to 13-year-old children set a pattern that encourages the discussion of anything, even "tough" issues like underage alcohol use. Through these discussions, parents can influence their child's attitudes and health behaviors. Thus, contrary to popular belief . . .

Family is a major influence on children's alcohol use.

- Current research suggests children are less likely to use alcohol when their parents are

involved with them and when they and their parents report feeling close to each other.^{3,4}

- Adolescents use alcohol less and have fewer alcohol-related problems when their parents discipline them consistently and set clear expectations.³
- Parents' favorable attitudes about alcohol use have been associated with adolescents' initiating and continuing alcohol use.^{3,5,6}

Underage alcohol use begins earlier than the late teens.

- Almost 42 percent of ninth grade students reported having consumed alcohol before they were 13.⁷
- About 44 percent of ninth grade students reported using alcohol in the past month.⁷
- One-fourth (25 percent) of ninth grade students reported binge drinking (having had five or more alcoholic beverages on one occasion) in the past month.⁷
- Three-quarters of eighth graders reported having friends who use alcohol. In fact, one-fourth of eighth graders said that most or all of their friends use alcohol.⁸
- Although the majority of 9- to 13-year olds are not using alcohol, it is worth noting that underage alcohol use is a serious issue that has been linked with problems ranging from brain damage to truancy and poor school performance.

Underage alcohol use causes serious problems.

- In 1994, suicides or homicides accounted for an estimated 18 percent of alcohol-related deaths of children ages 9 to 15.⁹
- Among eighth graders, higher truancy rates were associated with greater rates of alcohol use in the past month.¹⁰
- Of all children under age 15 killed in vehicle crashes in 1998, 20 percent were killed in alcohol-related crashes.¹¹
- Forty percent of children who start using alcohol before the age of 15 will become alcoholics at some point in their lives.¹²

Keep the Focus in Context

As we focus on 9- to 13-year-olds to prevent underage alcohol use, we must address those issues that are relevant to them, not issues such as drinking and driving and enforcement, which are relevant to older children. Other issues to consider that will help keep efforts focused on this unique age group are:

- The perceptions of 9- to 13-year-olds regarding the harms that underage alcohol use can cause
- The stressful transitions that put them at risk for using alcohol
- How they communicate with their parents/ caregivers about alcohol use.

Some implications for addressing each of the three issues are as follows.

Perceptions held by children ages 9 to 13 regarding the harms of underage alcohol use aren't always correct.

This age group tends to have strong negative attitudes about underage alcohol use and knows that using alcohol is harmful to their health. However, they often confuse the harms of underage alcohol use with those of illicit drug or tobacco use. For example, when asked to identify the harmful effects of underage alcohol use, 9- to 13-year-olds stated:

- "If you drink too much alcohol, then it will ruin your brain and your lungs will get black."
- "Can cause you to be paralyzed."
- "Can cause you to eat a lot."

Implications. Identify the perceptions of harm related to underage alcohol use held by the 9-to 13-year-olds in your community. Build a mechanism into your Too Smart To Start initiative that allows you to correct misinformation and reinforce correct information regarding the harms of underage alcohol use.

Stressful transitions put 9-to 13-year-olds at risk for using alcohol.

Children's vulnerability to alcohol use initiation is heightened during periods of transition that cause stress. One example of a stressful transition is the onset of puberty, which includes physical, biological, and behavioral changes. The transitions from elementary to middle or junior high school, and from middle or junior high school to high school, are also stressful for this age group. Nine percent of 12th grade students in 2001 reported using alcohol by the end of the sixth grade, the grade which often represents a child's final year in elementary school or first year in middle or junior high school.¹³

Implications. Consider that the behaviors of 9- to 13-year-olds you may have written off in the past as bad behavior may be connected to one or more of the stressful transitions that all children must go through as they age. Plan activities that encourage children and their parents/caregivers to discuss these stressors and ways to handle them.

Children 9 to 11 years olds are more willing to communicate with their parents than with their 12- and 13-year-old peers. Although kids

of every age in this group say that the ideal person to get information from should be their parents, only the younger ones (9- to 11-year-olds) actually feel comfortable bringing up alcohol-related issues with them. They tend to view their parents as trusted sources of information and to see such exchanges as evidence of their parents' care and concern. For example, when asked how they felt when their parents talked to them about underage alcohol use, youth 9 to 13 responded:

- "It makes me feel safe, like my parents really care about me."
- "It makes me feel like, I guess they want me to make the right choices in my life."

Youth 12 to 13, however, are less likely to ask their parents about issues related to alcohol use for fear that such questions may raise their parents' suspicions. In fact, parents themselves have confirmed this fear, saying that questions about alcohol would raise concerns.

- "Because they'd [parents] be like, why are you asking this question? Are you going to do this or something?"

Implication. Consider developing and/or strengthening messages that urge parents to adopt more open communication with their kids.

³ Hawkins, J.D., et al. (1997). Exploring the effects of age of alcohol use initiation and psychosocial risk factors on subsequent alcohol misuse. *Journal of Studies on Alcohol* 58(3): 280-290.

⁴ Resnick, M.D., et al. (1997). Protecting adolescents from harm: Findings from the National Longitudinal Study on Adolescent Health. *Journal of the American Medical Association* 278(10): 823-832.

⁵ Andrews, J.A., et al. (1993). Parental influence on early adolescent substance use: Specific and nonspecific effects. *Journal of Early Adolescence* 13(3): 285-310.

⁶ Ary, D.V., et al. (1993). The influence of parent, sibling, and peer modeling and attitudes on adolescent use of alcohol. *International Journal of the Addictions* 28(9): 853-880.

⁷ Centers for Disease Control and Prevention. Youth risk behavior surveillance—United States, 1997. (Morbidity and Mortality Weekly Report: CDC Surveillance Summaries 47, No. SS-3), pp. 1-89.

⁸ Johnson, L.D., et al. (1998). National survey results on drug use from the Monitoring the Future Study, 1975-1997: Vol. 1. Secondary School Students. Rockville, MD: National Institute on Drug Abuse.

⁹ National Institute on Alcohol Abuse and Alcoholism, Alcohol Epidemiological Data System. (1999). [Estimates for alcohol-related deaths by age and cause.] Unpublished data based on National Center for Health Statistics 1994 Mortality Data.

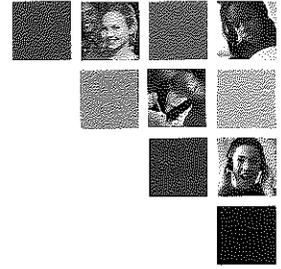
¹⁰ O'Malley, P.M., et al. (1998). Alcohol use among adolescents. *Alcohol Health & Research World* 22(2): 85-93.

¹¹ National Highway Traffic Safety Administration. (1999). *Traffic safety facts 1998—Children*. Washington, DC: U.S. Department of Transportation.

¹² Grant, B.F., & Dawson, D.A. (1997). Age at onset of alcohol use and association with DSM-IV alcohol abuse and dependence: Results from the National Longitudinal Alcohol Epidemiological Survey. *Journal of Substance Abuse* 9: 103-110.

¹³ Johnson, L.D., et al. (2002). National survey results on drug use from the Monitoring the Future Study, 1975-2001: Vol. 2. Secondary School Students. Rockville, MD: National Institute on Drug Abuse.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65
66
67
68
69
70
71
72
73
74
75
76
77
78
79
80
81
82
83
84
85
86
87
88
89
90
91
92
93
94
95
96
97
98
99
100



Getting Started

As you begin your Too Smart To Start initiative, there are several research and planning activities that you should conduct. These tasks will help ensure that your program is tailored to your community's needs and effectively uses your community's existing resources. The tasks for getting started include researching your target audiences, assessing local needs, identifying local resources, and mobilizing a network of supporters in your community, which involves identifying allies or partners and creating a detailed action plan. Each of these steps is described in this section, and helpful tools, such as a guide for conducting a needs assessment, are included in Appendix A for your use.

Research Target Audiences

Nine- to thirteen-year-olds are unlike any other generation of youth, so forget all the stereotypes about youth. Find out what makes this group unique, what they think about alcohol use for kids their age, and what their current alcohol use behaviors are. "TSTS SmartSTATS: A Data Book" includes national data on this population and their parents. Use this as a starting point. Talk with 9- to 13-year-olds in your local area not only to see if their thoughts and actions are similar to the national data but also to figure out the best types and directions for your local TSTS activities.

For example, according to the audience profiles (see Appendix B), 9- to 13-year-olds are self-reliant. They like to believe that they are making

decisions for themselves, and they want to participate in the discovery of information rather than being told what to do. So one thing you might do, in this instance, is to include opportunities for discovery in your local TSTS initiative.

For another example, SmartSTATS data tell us that "more than three out of five 9- to 13-year-olds (62 percent) do not like watching television commercials, and more than half (56 percent) sometimes/usually change the channel when a commercial begins." The data also tell us that 9- to 13-year-olds tend to equate television commercials with public service announcements, and that subsequently television public service announcements should not be considered the only or central mechanism for reaching youth with messages. Check this out in your area, and ask local 9- to 13-year-olds about their impressions of TV commercials and public service announcements. Unlike others, you might find compelling reasons to include or develop television public service announcements for this group.

As yet another example, SmartSTATS data reveal that although parents exert a critical influence on their children, many parents perceive that they have little effect on their children's alcohol use decisions and behaviors. To support parents in exercising their influence, your local effort might focus on ways in which you can encourage more conversations between parents and children, or you might focus on other activities that suggest steps toward actual changes in the parents' behavior.

In short, how Too Smart To Start is implemented depends greatly on the knowledge, needs, experiences, practices, values, and composition of each locality. Examine carefully the initiative's desired behavior (more conversations between parents and kids), the benefits associated with the behavior change (improved understanding of the role alcohol may or may not play in the life of a 9- to 13-year-old), the price the audience will pay to adopt the current behavior (time), the appeal used to promote the behavior (respect for 9- to 13-year-olds' current knowledge), and the vehicle used to convey the message (radio public service announcements). Ensure that such things will work in your locality. And remember that no population is static. Factors related to acceptance of a new idea and the audiences' knowledge levels are constantly changing. Therefore, pretesting the Too Smart To Start material is advisable.

Assess Local Needs

An important first step in designing and developing any effective health education program is to conduct a community needs assessment. A needs assessment is a tool to help communities plan for and implement strategies. A community needs assessment will help you tailor public education initiatives, such as Too Smart To Start, to your community in the following ways:

- **A needs assessment can make a project justifiable, fundable, and measurable.** Projects that rely on needs assessments achieve results because the solutions are targeted at the real causes of the problem. With the needs assessment in hand, supporters of the prevention program can explain and defend their activities by describing the

relationship of each activity to actual problems. They can also justify their project when they request participation or financial assistance from Government agencies, corporations, foundations, or other potential supporters and funders.

- **A needs assessment targets resources.** A completed needs assessment enables an agency to effectively use existing resources and readily identify needed resources. Because resources are scarce for most organizations, this targeting can help to achieve results without wasting precious funds or time.
- **A needs assessment reenergizes efforts.** A new initiative or a different twist on an existing program, identified by a needs assessment, can be the energizer that gets people involved and active again.
- **Needs assessment findings can be used to attract media attention.** A good needs assessment contains pertinent, useful information, and can convince the media that the problem is a story worth covering.
- **A needs assessment involves more people.** It is a good technique for involving various members of an organization in important activities. One of the best ways to make people feel valued is to ask their opinion.
- **A needs assessment can change the way you do things.** It is an opportunity to take a fresh look at a problem and determine whether old programs can be ended and new ones begun, or whether existing programs are working well and should be sustained and/or replicated.

A completed needs assessment will help you determine the nature of the underage alcohol use by 9- to 13-year-olds in your community, how far it reaches, and how different groups of people in your area view the issue. It will help you design activities that will appeal to your community's 9- to 13-year-olds and their parents and caregivers, and uncover the most effective ways to communicate. The needs assessment will also help you determine the resources you and your community can bring to this initiative as well as point out the areas in which you may need assistance.

Five steps should be followed in conducting the needs assessment:

1. Identify the goals of the needs assessment (Ask yourself why you are doing this.)
2. Conduct a review of past and current prevention programs and activities
3. Identify existing community resources
4. Gather key information from and about the target audience(s)
5. Synthesize and analyze all assembled data.

For details on how to conduct each of these steps, see the Community Needs Assessment Guide in Appendix A. You can use the forms provided to get started.

Mobilize the Community

Community mobilization is a deliberate process of involving local institutions, local leaders, community groups, and members of the community in taking action on a particular issue. It is potentially an effective strategy for creating

change in the community because community mobilization can:

- Improve the probability of the initiative to reach a broad audience by involving people who have a variety of roles within a community
- Minimize the risk of introducing unacceptable ideas or messages that could appear foreign to the community and/or target audience
- Contribute to sustained behavioral change (Many efforts suffer a drop in behavior change after the program is over.)
- Encourage local capacity building and promote investment in objectives.

Two critical steps in community mobilization are identifying allies or partners and creating an action plan.

Identifying Allies or Partners

When you are ready to start your local Too Smart To Start initiative, the last thing you want to do is spend time reinventing the wheel. If you can use existing structures as a starting point for your effort, you can avoid duplicating efforts. From the results of your community needs assessment, you will be able to assess your community's resources and identify potential allies and outlets for your message or activities. You may find that there already are organizations engaged in underage alcohol use prevention efforts that you will be able to partner with.

Local partners

Partners can be individuals and organizations. They can serve as cheerleaders, do needed leg work, provide resources. Local partners who are cheerleaders spread the word, loudly and often, about your local initiative and about underage alcohol use in general. They are people who already have the respect of families and young people. Some have influence with local law enforcement and governing bodies; others may have influence with community or youth groups that could be invited to get involved.

Local partners who do leg work have lots of energy, contribute as called upon, and often come up with creative ideas. They may work the phones to invite community members to your kickoff event or distribute posters to local businesses. They may pick up and drop off donations of materials from other community members and partners, or put together folders of information.

Local partners are often organizations such as high school service clubs, local colleges and community colleges, senior centers, religious groups, and civic clubs. These organizations may provide both volunteers and resources. Consider reaching out and asking large companies to serve as local partners, especially if they are major employers of the adults in your area.

State, regional, and national partners

Many States and communities have established underage alcohol use prevention organizations. Appendix C contains contact information for the Regional Alcohol and Drug Awareness Resource (RADAR) Network, SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI),

and the Office of Juvenile Justice and Delinquency Prevention. These groups can provide information on region- or state-specific organizations and resources working to prevent underage alcohol use.

Creating an Action Plan

Creating an action plan based on your community's needs and resources is your next critical step. An action plan will help you specify what is needed to address each of the issues related to underage alcohol use and how each of your goals will be reached. It will also help you determine who will complete each action, according to what timeline.

The format of the action plan depends on the needs of your local initiative. But no matter what format and tools you use, your action plan will always describe the goal(s) that are to be accomplished, how each goal contributes to your local initiative, what specific results (or objectives) must be accomplished, how those results will be achieved, and when the results will be achieved (timeline).

For example, you might choose to use an outcomes-based framework as a tool to help you create your action plan. An outcomes framework can help you:

- Determine the overall outcomes you would like to achieve through your local initiative
- Identify which segment of 9- to 13-year-olds you will focus on
- Define your local initiative's success in terms of the changes in conditions and behaviors

to be achieved by your audience and community (performance targets)

- Manage your project by selecting milestones to guide your success and learning
- Describe the activities you will develop and the key people who will run them to achieve your milestones
- Refine your milestones as your view of the potential success or the big picture becomes clearer.

You can use the performance target outline forms included in Appendix A to develop your performance targets and milestones and determine any other information you will need to implement your local initiative. Based on these forms, you will be able to create your plan of action by:

- Developing your program's outcome statement, which is the overall goal you will work toward.
- Defining your customers, or your audience, on a more specific level. You will be able to define the number of customers you are planning to serve and the conditions and behaviors of a typical customer. For example, the typical customer is a 10-year-old Latino boy who does not drink but has friends who admit to drinking one or two wine coolers within the last year. He has a strong interest in art, especially drawing and photography.
- Developing your performance targets, or your objectives, for each of your customers. For example, of the 500 9- to 13-year-olds who will participate in the Too Smart To Start initiative, 350 will gain a better understanding of the harms related to underage alcohol use.

- Developing your milestones, or the steps that each of your customers will have to take in order for you to reach your performance targets.
- Describing your products, or the key strategies, activities, programs, and materials that you will use in order to reach your objectives.
- Describing the key people who will be involved with your local initiative.

Using an outcomes framework process will help you evaluate the results of your action plan and its performance targets. Once you have your outcome framework in place, you will be able to carry out your plan of action. It will help you keep on track when using the media to publicize your activities and events and when meeting with your task force to address any issues that arise.

Additionally, an outcomes framework process will help you determine whether any changes need to be made in terms of leadership, activities, or approach.

Get ready: Organize your task force.

- Define your mission statement.
- Outline overall goals and objectives.
- Identify group leaders and committees.
- Conduct a baseline evaluation of your initiative.
- Set up regular meetings.

Get set: Set your parameters.

- Choose your target audience: Parents, 9- to 13-year-olds, or both?

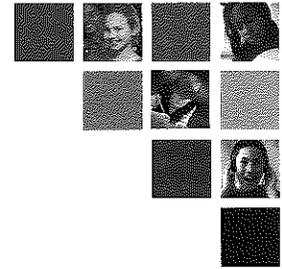
- Choose your objectives: Increase the number of conversations between parents and children about underage alcohol use? Increase the percentage of parents who see underage alcohol use as harmful?
- Choose a tactic to support your objective: See the Too Smart To Start Menu for suggestions.
- Choose your strategies to accomplish your objectives.

And go!

- Carry out your plan.
- Use the media to publicize your activities and events.
- Continue meeting with your task force to address any issues that arise.

- Determine whether any changes need to be made—in leadership, activities, or approach.
- Make modifications as needed.
- Evaluate the results of your action plan and its performance targets.
- Recognize all the hard work and achievements of your task force members.
- Remember to celebrate your successes and publicize them to the media and other groups!

Online technical assistance to help you create a complete action plan is available at www.preventiondss.samhsa.gov



Raising Public Awareness

To raise public awareness, you need to select the appropriate channel—the route or methods of message delivery. There are **three types of communication channels: interpersonal, community, and mass media.** Using a combination of these channels will both ensure that your target audience is exposed to the message and increase the chances that your message is heard, understood, and acted upon.

Communication Channel One: Interpersonal

Interpersonal channels of communication are those that offer an opportunity for one-on-one communications. These channels include people such as teachers, health care workers, counselors, and members of the clergy who deliver messages to individuals and small groups. Though interpersonal channels take more time to develop and reach fewer individuals than other channels, they are among the most effective for creating changes in attitudes and behaviors. Sources who are considered influential and trustworthy by the target audience lend familiarity and credibility to the message. Presentations, such as when recruiting task force members or community partners, are a good way to use an interpersonal communication channel to introduce an audience to the fundamentals of your initiative.

PowerPoint presentations, a common tool used to support interpersonal channels, can be used

with both small and large audiences to convey the fundamentals of the initiative in a clear, attractive format. Whether you are speaking to program coordinators, PTA members, educators, or health care professionals, these easy-to-use presentations will help you explain and motivate participation in your Too Smart To Start initiative.

We have provided you three PowerPoint presentations (on the CD) that you can use for various purposes and with different adult audiences:

- Too Smart To Start Overview
- Profiles of 9- to 13-Year-Olds and Parents/Caregivers
- Overview of Harms Associated With Alcohol Use by 9- to 13-Year-Olds

Both on the CD and in Appendix D you will find suggested talking points that you can tailor to reflect your local issues and audience.

Starting Your Presentation

In order to engage your audience from the very beginning and get your presentation off to a lively start, you may want to start your presentation with an icebreaker. Descriptions of two activities you can use to get started follow. Whether you use one of these activities or come up with your own, remember that the key to a successful icebreaker is to make sure the activity relates to the topic.

Icebreaker quiz: How much do you know about alcohol?

(Answers appear in Appendix E.)

Answer true or false for each of the following statements:

1. Alcohol gives you energy.
2. Alcohol can cause permanent memory loss and brain damage.
3. A mixed drink made with one shot (1.5 ounces) of hard liquor has more alcohol in it than a 12-ounce can of beer or a 5-ounce glass of wine.
4. Junior high school students talk more about alcohol and other drugs with their friends than with their parents.
5. Drinking coffee or water does not accelerate the wearing off of alcohol.
6. More than 60 percent of eighth graders report drinking alcohol within the past year.
7. Men and women of the same height and weight can drink the same amount.
8. Alcohol chills the body.
9. Mixing alcohol with carbonated mixers makes it affect you faster than mixing it with juice.
10. The more you drink, the more tolerant you become of alcohol's effects.

Initiative Identification: The Slogan and the Logo

Public awareness messages can be very short and direct, such as *Just Say No*, or very extensive, such as *Preparing for the Drug-Free Years* for a parent education program. A good public awareness program uses short messages (slogans) and graphic images (logos) to “brand” the campaign and establish identity.

When you plan a Too Smart To Start initiative in your community, you are entitled to use the Too Smart To Start graphic to identify your group and materials. Using the Too Smart To Start graphic will enable you to project the name and visual personality of the initiative to



too SMART to START

the public in a positive manner. The graphic is the primary element used to identify the initiative and should be shown in a consistent fashion in all media.

To ensure consistency and sharp resolution, the graphic should always be reproduced from the master art provided on the CD and the Too Smart To Start Web site (www.ncadi.samhsa.gov). Both the CD and the Web site contain the standards manual on preferred use of the graphic.

Icebreaker activity: An insider's guide to 9- to 13-year-olds.

In this activity, participants are asked to match index cards together. The cards contain words and names of recording artists from popular youth culture and their correct definitions, song/album titles, or other information. During the presentation, the cards are passed out to audience members, whose job it is to find the card that matches theirs. This activity was created in 2001. Please adapt it using current topics from youth culture popular in your community.

List of terms and definitions:

1. grunge A style of rock music that incorporates elements of punk rock and heavy metal, popularized in the early 1990s and often marked by lyrics exhibiting nihilism, dissatisfaction, or apathy.
2. hip-hop A popular urban youth culture closely associated with rap music and with the style and fashions of African American inner-city residents.
3. pop music Music of general appeal to young people.
4. rap A form of popular music developed especially in African American urban communities and characterized by spoken or chanted rhyming lyrics with a syncopated, repetitive, rhythmic accompaniment.

5. R & B A style of music developed by African Americans that combines blues and jazz, characterized by a strong backbeat and repeated variations on syncopated instrumental phrases.
6. rock 'n' roll A form of popular music arising from and incorporating a variety of musical styles, especially rhythm and blues, country music, and gospel. Originating in the United States in the 1950s, it is characterized by electronically amplified instrumentation, a heavily accented beat, and relatively simple phrase structure.

Popular recording artists and their most recent songs:

1. Nelly *Batter Up*
2. Lil Bow Wow *Ghetto Girl*
3. Nsync *Pop*
4. Jennifer Lopez *I'm Real*
5. O-Town *All or Nothing*
6. Enrique Iglesias *Hero*

Popular recording artists and something unusual or unique about them:

1. Britney Spears
She established the Camp for the Performing Arts where children are given the opportunity to attend performing arts workshops and master classes taught by experts in the fields of dance, drama, and music.

2. Sean (P. Diddy) Combs
Knowing the positive impact the consistent and careful guidance of family, teachers, and mentors had on his own life, he established Daddy's House Social Programs, Inc., in 1995 to create educational programs and initiatives for inner-city youth.
3. Mary J. Blige
This person is seen in anti-drug public service announcements, has worked with various education groups, and has helped raise monies for people with AIDS.

Things that 9- to 13-year-olds might be saying about themselves or about society:

1. Drugs/alcohol, violence, and popularity/fitting in are major concerns for boys and girls.

Which one is the number one concern for boys? Drugs/alcohol

Which one is the number one concern for girls? Popularity/fitting in
2. What percentage of kids did not sit down to a family dinner in the past week? 25 percent
3. What percentage of kids describe themselves as responsible? 64 percent
4. What percentage of kids prefer having more time with friends than having more time to themselves? 82 percent

Ending Your Presentation

In addition to making your presentation memorable, your ending can give your audience a challenge to motivate them. Consider emphasizing the following six actions parents and caregivers can use to protect young people from underage alcohol use:

1. Establish and maintain good communication with your child
2. Get involved in your child's life
3. Make clear rules and enforce them with consistency and appropriate consequences
4. Be a positive role model
5. Teach your child to choose friends wisely
6. Monitor your child's activities.

Communication Channel Two: Community

Community communication channels are those that use groups or organizations to communicate a message. These channels reach a larger audience than interpersonal channels yet still maintain some of the influence that makes interpersonal channels so effective. In addition to the spoken word, community channels can be used to disseminate materials such as brochures, pamphlets, and posters or to develop activities that help promote your message. Examples of community channels include town hall meetings, organizational meetings and conferences, workplace campaigns, neighborhood gatherings, and youth groups. Among these various channels, two you may want to consider are special events and skill-building/education sessions.

Special Events

Special events have become an integral part of public life in most communities. Whether you are talking about the county fair, a neighborhood block party, or a major-league sports event, a special event brings together large numbers of people, promotes civic pride, and builds community spirit while serving as a source of family entertainment and recreation for the entire community. Events are a great way to communicate with lots of people because they offer so many opportunities to deliver messages through preevent publicity, event activities, news coverage of the event, and even promotional materials.

Special events include:

- Fairs, festivals, and carnivals
- Parades
- Rallies
- Concerts and other performances
- Sports activities
- Neighborhood block parties
- Health fairs
- Cultural celebrations
- Celebrations for national and religious holidays and regional specialty products.

Depending on your time and resources, you may choose to hold an event of your own or plan an activity at an established event. Each event in your community gives you an opportunity to tie your message into the overall theme and message of the event. Events with similar goals to yours—like health fairs or alcohol-free family New Year celebrations—make especially good choices.

Whether you decide to plan an entire event or just an activity, you need to define an objective, choose strategies to communicate your message, and allow event organizers and sponsors to meet their goals as well. Typical goals for event organizers and sponsors include attracting a large audience, obtaining media coverage, delivering the sponsor's target audience, and allowing the sponsor to portray a positive image to the community while keeping attendees safe and entertained.

Common ways to add your message to an established community event are staging an activity, producing an exhibit, and distributing printed materials. The Too Smart To Start Menu describes a variety of events and activities that can be used to support the three objectives of Too Smart To Start. (See Appendix F for a list of events, activities, and products that can be used to communicate underage alcohol use prevention messages.)

To help you get started, here is a list of strategies for making your messages stand out:

- Add color to your exhibit by hanging posters, blowups of photographs, or murals
- If you have products like T-shirts or hats, put them on mannequins or life-sized cutouts
- Make some noise with a small public address system or a bullhorn; play popular music, recite poetry, or perform a rap song
- Give out posters, pamphlets, fliers, and stickers with your logo and a short message
- Present interactive games, puzzles, banners, questionnaires, or pledge cards.

Skill-Building/Educational Programs

In a long-term public education initiative, you will want to conduct more intensive skill-building education programs for families. Some science-based educational programs that have been shown to decrease alcohol use among 9- to 13-year-olds are listed in the Resources section of this Implementation Guide.

Communication Channel Three: Mass Media

The mass media, with their ability to deliver messages to vast numbers of people within a community, can not only help you publicize upcoming events but also contribute substantially to your effort to raise public awareness. Mass media communications channels are those that use the mass media—network and cable television, radio, newspapers, magazines, direct mail, and the Internet—to communicate messages. By understanding the basics of media relations, you can increase the odds of getting your messages placed with the outlets best suited to your target audiences. First and foremost, your media relations should be proactive, compelling, and newsworthy—that is, timely and significant.

Personnel at all media organizations are constantly on deadlines, and they may not always return your calls. Be persistent and professional in your contacts with them, and you will build a reputation as a helpful community member. An important part of a media organization's mandate is to be of public service. Your ability to keep the media informed about an issue as critical as underage alcohol use and prevention is a vital contribution to their work.

Your community is taking a big step toward safeguarding its young people by participating in the Too Smart To Start initiative. So let's get the message out to each and every parent, caregiver, and concerned adult to ensure its success!

Making Media Contacts

Your first task is to develop and maintain a list of interested and sympathetic reporters and producers who cover stories related to your initiative. You can start such a list by using the names of reporters who cover health or youth issues for your local media, including daily or weekly newspapers, radio news program, or television news station. Libraries contain reference materials about local and national media outlets, as do local public relations agencies and professional organizations.

Finding Media Spokespersons

When a member of the media contacts your organization, you will need to have spokespersons who can represent your organization to the public. Task force members make good spokespersons because they are experts on your initiative. Recruiting a local official or celebrity as a spokesperson will add credibility to your messages and make them more compelling. Because some spokespersons will resonate more with certain audiences than others, you should use information from your community assessment to help you choose the best spokesperson for a particular audience.

Opportunities for spokespersons to represent your efforts may include interviews with news reporters from print, radio, and television outlets. A spokesperson should be armed with talking points he or she is able to convey in a succinct and heartfelt manner. Strong verbal skills are the single most important quality to look for in a spokesperson.

Using Media Advisories and Press Releases Effectively

News that succeeds in grabbing and holding the reader's interest has the best chance of being covered. For example, special events such as families and/or youth engaged in Too Smart To Start activities or a community health fair featuring a Too Smart To Start information booth can be newsworthy. You can get great coverage for your community's Too Smart To Start events and participation by submitting media advisories or press releases about the events and pitching them to your local media. Local publications may then send out their own reporters to cover the "story" or may at least publish an excerpt from your submission.

Target pertinent news services, offline publications, and online sites. Contact the appropriate news or department editor to introduce your story and its relevancy and importance to readers. For instance, depending upon the content of your story, you might contact a health, community, or education editor.

A media advisory alerts the media to an upcoming event such as a town meeting or press conference so reporters can attend and cover the story. Include only the highlights of your event in outline format: who, what, where, when, why, contact information, and when there will be interview opportunities. The press release is a one- to three-page briefing paper that provides complete information media can use to write a news story.

Tips for writing and submitting media advisories or press releases for the best possible chance of getting published include the following:

- Write your news in a journalistic style—that means putting the who, what, where, and when into the lead, or first, paragraph.
- Avoid jargon or any language that sounds academic or promotional; an objective tone is best.
- Piggyback your event by strategically relating it to a local human interest story, external trends, or breaking news.
- Tie your news to a recently published survey, poll, or statistical report.
- Close the document with a short summary or list of sponsors.
- Provide contact information and email addresses.
- Keep it brief.

Be sure your media advisory or press release gets to the correct department, and into the right hands in the preferred format. For example, some journalists prefer to receive email rather than faxes. Call the journalist to confirm his or her preference.

Suggested formats for media advisories and press releases, and a sample letter to the editor, are located in Appendix G.

Holding News Conferences

News conferences and briefings are the way to go to make an important announcement to a large number of reporters. You should use them

sparingly; they take a large time commitment from news organizations. News conferences give the media live video or audio coverage. The format of a news conference consists of a basic presentation that is followed by a question-and-answer session giving reporters access to agency spokespersons.

When scheduling a news conference, remember to:

- Choose a location large enough to accommodate reporters, photographers, and camera crews.
- Make sure there are enough electrical outlets.
- Keep the Too Smart To Start logo and other visuals in a prominent position near the speaker. Visuals can include a banner, podium sign, undersized campaign poster, or relevant charts and diagrams.
- Have media kits ready to hand out. A media kit may contain factsheets, background information about the speaker, related news releases, PSAs, and photographs (in black and white).

Other Ways of Communicating Through the Media

Public service announcements (PSAs), both audio and print, and editorials, including letters to the editor and op-eds, are effective additional ways for using the media.

Public service announcements

Public service announcements are general messages or specific announcements that are broadcast or printed free of charge by media outlets as a public service. Most media outlets have public services directors that handle requests to place PSAs.

Audio PSAs

One of the most effective ways to reach your intended audience is to use radio PSAs. Research shows that 9- to 13-year-olds spend approximately 1 hour and 20 minutes per day listening to radio, CDs, and tapes. Approximately one-third of adults who responded to a national radio survey reported they turn to radio for their news, and listen for an average of 3 hours a day.

Key to getting the most impact from these announcements is the careful selection of airtime. Ask your local stations for their listener demographics to ensure that the PSA will run when the majority of parents and 9- to 13-year-olds are tuning in. Then request that the announcement air according to the listening patterns of your target audience.

The script for the Too Smart To Start Mosaic of Harms radio PSA, which follows, features 9- to 13-year-olds describing the harms of underage alcohol use (as identified in the scientific literature) from their own perspectives. This PSA, which is also included on the CD in the Community Action Kit, aims to give parents/caregivers, its target audience, insight into what 9- to 13-year-olds think and say about underage alcohol use so parent/caregivers can talk to their children in a way they understand.

Mosaic of Harms

30 Seconds—Radio PSA for Parents

- Narrator: What do your children know about alcohol?
- Child 1: Makes people do bad things,
- Child 2: Act stupid and do silly things,
- Child 1: Alcohol makes you fight people,
- Child 2: People won't respect you, personality change,
- Child 3: Can't think straight, stinky breath.
- Narrator: Listen to your children, talk to them in a way that they understand.
- Narrator: This message was brought to you by the U.S. Department of Health and Human Services.

Print PSAs

Another way to get exposure for your Too Smart To Start initiative is through the use of printed PSAs in local periodicals and newspapers.

A series of Too Smart To Start PSA slicks, both in color and black and white, are provided on the CD for both child and parent audiences. Also included in Appendix G is a worksheet to help you organize your contacts with various publications about printing the announcement.

It is helpful to try and determine ahead of time where in the publication your announcement will best reach your target audiences. Demographic information is generally available from the publication to help you do this. Because you are requesting placement free of charge, you cannot

dictate where in the publication your PSA will appear, but it never hurts to request a desirable placement! There may be an opening in that section or page at the last minute.

Look in the Community Action Kit for camera-ready copies of the print PSAs.

Editorials: Letters to the editor, op-eds, and guest editorials.

Contributing editorials to local publications is a good way to increase awareness of your community's participation in the Too Smart To Start initiative. A well-written letter to the editor or op-ed (opinion editorial article) can and should (1) reach and inform many parents, caregivers, and other concerned adults, (2) focus on increasing awareness of harms to 9- to 13-year olds, and (3) increase discussions and debates about underage alcohol use. Although most editorial pieces appear in print media, some broadcast outlets, such as television, local access cable, and radio stations, do air editorial opinions.

Here are some pointers on how you might construct a letter to the editor or an op-ed to increase public awareness of your Too Smart To Start initiative. Remember that letters to the editor are written in response to published articles regarding underage alcohol use, and should be sent promptly following publication of those articles. Op-eds, which give you more space to address the issue, do not have to be written in response to published articles and can be sent at any time.

- State your topic or reason for writing. If you are writing a letter to the editor, cite the specific article to which you're responding.

Some newspapers also need to know the date and section in which the article appeared. For example: "Your recent article, Youth and Alcohol, was disturbing. As a teacher in the local middle school, I have seen many instances in which youth have made good decisions and avoided alcohol use."

- State the reasons for your interest. For example: "When students in grades four through six were asked whether it was OK for children their age to use alcohol, most said no. (PRIDE Inc., 2002, May 7, 2000-2001 Pride National Summary: Alcohol, Tobacco, Illicit Drugs, Violence and Related Behaviors Grades 4 thru 6.)"
- Cite facts, statistics, examples, and anecdotes to support your point of view. Any local news items that are relevant are particularly effective. Quoting local authorities on the subject also can lend strong support to your message.
- Once your position is established, propose logical ways to address the issue, such as increasing community awareness and education through participation in your Too Smart To Start initiative.
- From there, you can describe the various elements of the program and how community members can get involved.

You can use the sample letter to the editor to help you get started and the worksheet to compile and organize a list of editors in your area (see Appendix G). After all, the more letters you write, the more likely it is that they will be published, which will mean even greater exposure for your Too Smart To Start initiative.

Monitoring Your Media Coverage

There are three types of media coverage of which you should be aware: coverage generated as a result of your media relations efforts, coverage independent of your efforts, and coverage of underage alcohol use and prevention efforts unrelated to your initiative. It is important to monitor each of these three categories in order to:

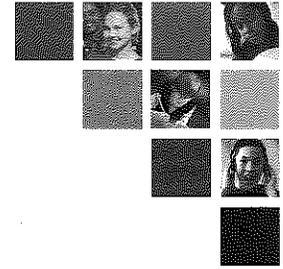
- Correct misinformation
- Identify potential media contacts
- Determine which relevant issues receive media attention
- Position your initiative with respect to national and regional stories
- Identify and replicate successful media strategies
- Discover areas that are underreported.

In addition to personally reviewing (or asking a volunteer to review) local newspapers, radio stations, and television news broadcasts, there

are a variety of services that will track media hits for you. Clipping services are one way to monitor the print media (newspapers and magazines), although they can not track every story, and it can take a long time to get results. Likewise, broadcast monitoring services provide you with video and audio copies of television and radio broadcasts, but they can be very expensive. Thus you might want to consider such services only when a big story is scheduled to break.

Media coverage can be measured in terms of quantity, placement, and content.

- Quantity is an objective measure of a discrete quantity, either column inches or seconds of airtime.
- Placement, also an objective measure, takes into account where in the publication or when during the broadcast the story appeared.
- Content, a more subjective measure, involves categorizing the story as positive, negative, or neutral.



Resources

This section provides a list of helpful booklets, videos, pamphlets, and sources citing statistics and trends as well as guidelines and recommended practices for your community support efforts. Some costs may be involved in obtaining the materials.

This list is not intended to be comprehensive or an endorsement of a specific set of resources. Other materials are available. Select resources based on your objectives and your audience.

Web addresses are included for the purpose of obtaining further information, or for obtaining a copy of the material described.

SAMHSA Materials

Ready, Set, Listen! Board Game

SAMHSA's Center for Substance Abuse Prevention (<http://www.ncadi.samhsa.gov>).

The new board game designed to help open the lines of communication between parents/caregivers and 9- to 13-year-olds on the harms of underage alcohol use. It is available through SAMHSA's National Clearinghouse for Alcohol and Drug Information. For more information, call 1-800-729-6686.

Underage Drinking Prevention: Action Guide and Planner

SAMHSA's Center for Substance Abuse Prevention (<http://www.ncadi.samhsa.gov>).

A 60-page action guide and planner with monthly focus themes, facts, and calls to action. A section on promoting prevention efforts includes

questions to be addressed through a community situational analysis and examples of negative community norms. The section also includes information on creating an effective community network, discovering successful practices, raising public awareness, assessing special events, and creating your own exhibit and evaluation instruments. In addition, the guide contains samples of materials, including speeches, press releases, and letters to sales outlets, that focus attention on underage drinking.

SAMHSA Model Programs

Lions Quest Skills for Adolescence

Lions Quest (<http://www.lionsquest.org>).

A comprehensive, positive youth development and prevention program designed for classroom

and schoolwide implementation in grades six through eight with 10- to 14-year-olds. It involves educators, parents, and community members in helping young adolescents develop essential social and emotional competencies, good citizenship skills, a strong and positive character, skills and attitudes consistent with a drug-free lifestyle, and an ethic of service to others. The program uses inquiry, presentation, discussion, group work, guided practice, and reflection to help youth develop positive commitments to family, school, peers, and community.

Project Alert

RAND/BEST Foundation for a Drug-Free Tomorrow (<http://www.projectalert.best.org>).

A drug prevention curriculum for 11- to 14-year-olds that dramatically reduces both the onset and regular use of harmful substances most likely to be used by children in this age group: alcohol, tobacco, marijuana, and inhalants. The 2-year, 14-lesson program uses participatory activities such as guided classroom discussions, small group activities, and intensive role-playing. Homework assignments involving parents extend the learning process by facilitating parent-child discussions of drugs and how to resist using them. These lessons are reinforced through videos that model appropriate behavior.

Project Northland: An Alcohol Prevention Curriculum

University of Minnesota School of Public Health, Division of Epidemiology/Hazelden

Publishing and Educational Services (<http://www.hazeldenbookplace.org/workshop.asp>).

A multilevel, multiyear program that addresses both individual behavior change and environmental change. The program strives to change how parents communicate with their children, how peers influence each other, and how communities respond to young adolescent alcohol use. Components include a parental involvement and education program, behavioral curriculums, and peer participation and community activities. Program curriculum includes eight 45-minute sessions of teacher-peer-led discussion. A copy of the material can be obtained from the Web site.

U.S. Department of Health and Human Services/Other Federally Sponsored Materials

Growing Up Drug Free: A Parent's Guide to Prevention

U.S. Department of Education (<http://www.ed.gov>).

An informational booklet that provides suggestions and resources to parents of preschool to high-school-aged children for answering children's questions on alcohol use.

Keep Kids Alcohol Free: Strategies for Action

Leadership To Keep Children Alcohol Free (<http://www.alcoholfreechildren.org>).

A call-to-action booklet based on how to protect children. The booklet describes three basic prevention strategies and ways that these can be applied at home, at school, and in the community. The booklet includes State contact information and additional e-sources. Also included are real life examples of efforts by people around the country to prevent drinking by 9- to 15-year-olds.

Keeping Your Kids Drug Free: A How-To Guide for Parents and Caregivers

Office of National Drug Control Policy (<http://www.mediacampaign.org/publicationsKeeping>).

A booklet that provides ideas and examples of skills that can be used by busy parents to keep their children from using illicit drugs.

Make a Difference: Talk to Your Child About Alcohol

National Institute on Alcohol Abuse and Alcoholism (<http://www.niaaa.nih.gov>).

A 24-page booklet for parents of children ages 10 to 14. The publication includes discussion of the risks associated with young teen use of alcohol, insight into the young teen's world, tips for communicating with your teen, suggestions for helping young teens say no, prevention

strategies for parents, warning signs of a drinking problem action check list, and resources.

Preventing Drug Use Among Children and Adolescents: A Research-Based Guide

National Institute on Drug Abuse (<http://www.nida.nih.gov>).

A 38-page guide that includes an overview of the science, prevention principles for communities, research-based programs, and resources. The guide uses a question-and-answer format to share lessons learned and science-based strategies for addressing substance abuse prevention problems.

Materials From National and State Organizations

Children At Risk Encounter (C.A.R.E.)

National Council on Alcoholism and Drug Dependence, Kansas City (<http://www.recoverycentral.org>).

An eight-session course facilitated by professionals trained in working with 6- to 12-year-olds. The program offers emotional, social, and physical support for children who currently live in chemically abusive environments or who live with family members in recovery from addictions. Art and drama are used in the program as a means to

help children express what they are feeling and experiencing at home, thus helping children to develop communication skills, new ways of coping, and avenues to lessen guilt and shame.

Club PRIDE New Team Training Kit

PRIDE Youth Programs (<http://www.prideyouthprograms.org>).

A training package to guide the formation of Club PRIDE groups for middle school youth to learn and practice positive peer power, teamwork, and effective communication skills. Through Club PRIDE, youth encourage their peers to take a drug-free pledge and plan fun activities to promote drug-free lifestyles. The kit includes the team affiliation, adviser manual, student workbook on disk, "Let's Celebrate Life" audio, and a Club PRIDE T-shirt.

Ideas To Use

Winchester Tobacco Control Program/Winchester Substance Abuse Coalition (<http://www.winchestermass.org/tobacco.html>).

An information packet presented in the form of a common dilemma or situation that a parent may encounter. It is the ultimate parent survival kit, and provides concrete steps and resources to contact for information on preventing substance abuse.

Just 4 Kids

National Association for Children of Alcoholics (<http://www.nacoa.net>).

A Web site geared specifically for children of alcoholics to learn about a variety of issues, including how alcohol and other drugs hurt everyone in a family; how to feel safer and less stressed out; how to find new ways to deal with hassles at home; and how to find hope, even if parents don't change. The Web site includes factsheets, questions and answers about addiction, the pamphlet "It's Not Your Fault," and links to online resources.

Kids Talk to Kids About Alcohol

National Council on Alcoholism and Drug Dependence, Inc. (<http://www.ncadd.org>).

A trifold brochure that uses actual drawings and quotes from children ages 9 to 11 to stimulate thought and discussion about alcohol and its effects.

KidsHealth

The Nemours Foundation (<http://www.kidshealth.org> or <mailto:izenberg@kidhealth.org>).

A three-part, multicolored Web site focused on health and health-related issues. Also included are separate age appropriate areas for kids, teens, and parents. Information for parents includes general health items, emotions and behavior, growth and development, nutrition and fitness, medical problems, positive parenting,

first aid, and medical care and health care system. Information for kids includes dealing with feelings, staying happy, everyday illness and injury, my body, growing up, kids talk, the game closet, and kids' health problems.

Know About Know

United Way Health Vision Council (<http://helpthemknow.com>).

An overview factsheet that describes a communitywide partnership empowering kids to be substance free. It is a comprehensive community awareness effort (Know!) that boasts a growing membership of parents, kids, prevention agencies, educators, community leaders, and individuals who share the goal of preventing and reducing the use of alcohol, tobacco, and drugs. A workbook for parents, grandparents, and other caregivers is also available. It is a resource that provides education and suggestions for parents on how to communicate alcohol-related issues to young people.

Know Your Body

American Health Foundation/Kendall/Hunt Publishing Company (<http://kendallhunt.com> or <mailto:izenner@kendallhunt.com>).

A teacher's guide that includes student activity masters and a storybook, a set of five puppets, a performance assessment booklet, and a CD. Also included is a chart that describes how the Know Your Body curriculum covers 12 content areas in sequential design moving from kindergarten through sixth grade as well as a visual

map for parents, school administrators, and community organizations. Modules include Skill Builders, Body Fuel, A Changing You, Safety Smart, Fitness Is Fun, I Can Choose, Conflict Resolution/Violence Prevention, A Healthy Smile, An Ounce of Prevention, Consumer Wise, The Environment and You, The Right Choice, and HIV and AIDS.

Making the Grade: A Guide to School Drug Prevention Programs

Drug Strategies (<http://www.drugstrategies.org>).

A guide designed to encourage curriculum developers to improve the effectiveness of their programs. The guide's contents are based on careful review of curriculum materials and other information provided by curriculum developers and distributors as well as evaluation reports on 14 curriculums. Elements of effective drug prevention curriculums and ineffective strategies are covered.

National Family Partnership Parent Kit

National Family Partnership (<http://www.nfp.org>).

Seven individual pieces that provide parents with practical strategies for helping their children stay away from drugs. Alcohol is the focus in two of the pieces: Alcohol: Information for Parents and Alcohol Factsheet.

Practical Theorist

Community Anti-Drug Coalitions of America
(<http://www.cadca.org>).

A publication that includes prevention research in parenting and family intervention. The research outlined in this publication can help your coalition (1) choose the most cost-efficient and effective parenting/family intervention program for use at the local level, (2) work with the social institutions in which parents and families are most accessible, and (3) approach policy makers for prevention and treatment support.

Promoting a Healthy Environment: Reducing Underage Drinking

Community Anti-Drug Coalitions of America
(<http://www.cadca.org>).

A publication that provides information on how to create protective environments in which children can grow, learn, and mature.

Social Competence Promotion Program for Young Adolescents

Collaborative To Advance Social and Emotional Learning (<http://www.CASEL.org>).

A nine-session resource guide designed to teach adolescents the skills and opportunities necessary to become self-confident and caring. The guide also teaches about alcohol and drug prevention.

Talking With Your Child About Alcohol: A Step-by-Step Guide for Parents and Other Caring Grownups

National Council on Alcoholism and Drug Dependence (<http://www.ncadd.org>).

A trifold brochure that targets parents, and offers them advice on helping children say no to alcohol. It includes exercises, experiments, and reminders to help get points across.

Teach Your Children Well

Mothers Against Drunk Driving (<http://www.madd.org>).

A factsheet that includes tips for parents on when and how to talk with their children ages 10 to 14 about the effects of underage alcohol use.

What Should I Tell My Child About Drinking?

National Council on Alcoholism and Drug Dependence (<http://www.ncadd.org>).

A two-part VHS video series hosted by Meryl Streep that helps parents and other caregivers improve their ability to communicate about alcohol. Its main objective is to get parents to talk to their kids. It includes vignettes of family situations. Part A looks into the need for parents to talk to their kids about drinking as well as to examine their own behaviors and develop rules and consequences for violating the rules. Part B

uses teachable moments to instruct parents on how they can initiate alcohol-related conversations.

Who's Got the Power? You...or Drugs?

National Council on Alcoholism and Drug Dependence (<http://www.ncadd.org>).

A brochure for adolescent boys and girls that explores various subjects, including marijuana, alcohol, inhalants, steroids, cocaine, HIV, and teen pregnancy.

You're Not Alone

National Association for Children of Alcoholics (<http://www.nacoa.net>).

A 9-minute video that speaks directly to children of alcoholics. It gives them information about alcoholism, being safe, finding adults who can help, and educational support groups as a place to find support. A discussion guide is included with the video.



Appendix A: Community Needs Assessment Guide

(Including a Needs Assessment Form and Performance Target Outline Forms)



Community Needs Assessment Guide

Introduction

A comprehensive needs assessment is a research and planning activity that is an important first step in designing and developing an effective public health education program. Conducting this particular needs assessment will help your community to evaluate where it is, compared to where it wants to be, in the area of alcohol use by 9-to- 13-year-olds. The needs assessment process will help you to identify not only those components with which you will need extra assistance in order to make this program a success, but it will also help you to identify the assets your community and agency already possess and can bring to this effort. The assessment will also help to determine the nature and extent of the problem in your community and how the problem is perceived among diverse groups. Having a completed needs assessment will then help your community to develop its outcomes to be achieved and its strategic plan for the Too Smart To Start initiative.

In a social marketing effort such as this, the needs assessment is a process used to determine the needs of individuals or a group of individuals in order to design a program that will respond effectively to those needs and bring about desired changes in behavior. In social marketing, which is consumer-focused, the needs assessment relies not only on epidemio-

logical data, such as the prevalence of alcohol use by 9-to- 13 year-olds, but also on information on the relevant values, beliefs, attitudes, concerns, and practices of community members. Therefore, the information gained from the needs assessment will be useful in designing activities that will appeal to the target audience.

Needs assessment can be both a process and a method. As a process, it can build leadership, group unity, and a sense of local involvement in the community. Some needs assessment techniques, such as surveys and focus groups, provide participants a chance to express their opinions on community issues. As a method, a needs assessment is a tool that helps a community plan for and implement strategies to prevent alcohol use by 9-to- 13 year-olds.

Completing a Comprehensive Needs Assessment

In general, completing a comprehensive needs assessment requires the assessors to:

1. Identify the goals of the needs assessment
2. Conduct a review of past and current prevention programs and activities
3. Identify existing community resources

4. Gather key information from and about the target audience(s)
5. Synthesize and analyze all assembled data.

To be successful in both the short- and long-term, a needs assessment must be comprehensive. In some areas, it may be difficult to collect all of the suggested data, but it is important to assemble as much of it as possible. Following are some suggested activities to help your agency complete the steps for a needs assessment for your community.

Step 1: Identify the Goals of the Needs Assessment

Before beginning any needs assessment, it is important to clearly outline its goals and objectives. Often, as for Too Smart To Start, the goal of the needs assessment is to serve as a precursor to program planning. The objective of this particular assessment is to provide the community with a resource that will inform the development of its underage drinking prevention project.

Step 2: Conduct Review of Past and Current Prevention Programs and Activities

Before proposing new prevention activities, it is imperative to determine whether similar activities already exist. This is a much more effective use of limited resources and enables your agency to learn from the experience of others. A review of existing programs will also determine where gaps exist so efforts can be targeted at the areas of greatest need. Identifying and communicating with staff from recently completed programs will also assist your project in determining the extent

to which similar activities have been successful in the past. Again, you can learn from the experiences of others, and identify those program elements that have been successful in your community and those that have not.

In conducting the needs assessment, lead agencies should contact all relevant agencies and organizations, including the following:

- Government agencies including the Departments of Health and Education, Child Welfare Agencies, Office of Juvenile Justice, and your State National Prevention Network Representative
- Youth groups including Boy and Girl Scouts, Boys and Girls Clubs, YMCA, school-based clubs
- Mothers Against Drunk Driving (MADD) chapters
- Parent groups, such as the National Family Partnership, and local Parent Teacher Associations
- Recreational clubs and facilities
- Faith-based organizations
- Community coalitions, such as Community Anti-Drug Coalitions of America (CADCA), Join Together, and Fighting Back.

This review may reveal many relevant programs and activities that are not well publicized or have possible overlaps in services. As part of its strategic plan, an agency could publish a monthly calendar of alcohol-free events, or could devise a strategy to increase collaboration and articulation among the prevention agencies in the community.

Step 3: Identify Existing Community Resources

Every community has resources that will be useful and must be tapped in order to make the prevention project a success.

Create a list of those resources that already exist in the community and lead agency. Think of resources in the following general categories:

- **Human resources:** A program such as *To Smart Too Start* relies on a large variety of skills. Consider as your resources those people with skills in public health, social marketing, program planning, community organizing, program management, financial management, and working with youth.
- **Financial resources:** Enumerate those financial assets that will be available to help support the initiative, both directly and indirectly.
- **Equipment and materials:** Generate a list of all equipment, materials and supplies that will be available to support the day-to-day activities of the initiative. These resources need not be owned by the lead agency; they can be any resources to which the community has access.
- **Community organizations:** Be creative with this category. Think of all agencies, organizations, firms, and institutions within the community that can be considered assets to the community in some way. In thinking about these community assets, include local libraries, faith-based organizations, civic-minded businesses, public parks and recreation facilities, media, community-based nonprofit organizations, social service

agencies, volunteer organizations, support groups, and service organizations.

This framework should help you to generate a list of your community's assets. These assets are what make each community unique; and in considering your community's needs, always weigh those needs against your community's existing assets.

Step 4: Gather Key Information From and About the Target Audience(s)

This step is what many people think of when they hear the term "needs assessment." Traditionally, the term has been used loosely to refer to surveys of populations to identify "deficits." However, this step is but one of many and actually is only appropriate after having conducted other important fact-finding activities as outlined in steps 1 and 2.

Information from and about the target audiences can be obtained in several ways. However, the first phase is to clearly identify who the target audience(s) should be. In *Too Smart To Start*, the target audiences are 9- to 13-year-olds and their parents/caregivers. The needs assessors must then determine what sources of data exist that can provide information about and from the target audiences. Data can be primary (collected by the needs assessors for the purposes of the needs assessment) or secondary (existing data collected anytime in the past by others and for other purposes). The major advantage of secondary data is that it is often a cheaper, less-time-intensive process to collect those data; the main disadvantage of secondary data collection is that often the data needed for your needs

assessment are not available. Conversely, primary data collection is much more resource-intensive, often requiring more time, personnel, and funds to complete the process. However, the main advantage to primary data collection is that it can be done with your needs assessment in mind, and thus all the required information can be solicited.

In your needs assessment, you will undoubtedly use both primary and secondary data sources. Because primary data collection requires substantial investments of time and resources, it makes sense to examine available secondary data first. Once existing information has been reviewed, the community can determine where gaps exist and can decide which primary data collection methods are most appropriate and feasible.

Secondary data collection. Secondary data collection should be effective and efficient. Because the data are often readily accessible, the tendency is often to collect large quantities. However, collecting information that is unnecessary adds to the cost of the needs assessment and does not improve the results. Therefore, an important task for the initiative is to limit the effort and not collect more data than are needed or will be used.

Following are suggested types of secondary data and data sources that may be useful to your needs assessment. Select the types that are relevant and key to your specific project.

1. *Sociodemographics.*

- The total population and racial/ethnic breakdown of the State, county, city, or project catchment area
- The number, race/ethnicity, first language, socioeconomic status of youth aged 9 to 13 years
- The proportion of the population that is 9 to 13 years old
- Education, income, family structure, occupation of the parent/caregiver population.

(Sources: Census Bureau, local population offices)

2. *Epidemiologic data.*

Data on the who, what, where, why, and when of underage alcohol use are critical components of a comprehensive needs assessment. Epidemiologic data are helpful in determining the current extent of the underage alcohol use problem by establishing a baseline, establishing realistic goals for the community, and providing targets against which achievement of the goals may be measured.

(Sources: Alcohol beverage control agencies, school systems, juvenile justice systems, juvenile social service agencies, substance abuse prevention agencies, hospital emergency rooms, public health departments, and CSAP)

3. School data.

- Suspensions, expulsions, and other events related to alcohol use
- Vandalism and/or school disruptions related to alcohol use
- Students referred for counseling, judicial action, or other activity due to alcohol use.

(Sources: School districts, boards of education)

4. Criminal justice data.

- Number of events to which police were called because of reports of underage drinking
- Alcohol involvement in cases involving, for example, vandalism and property damage.

(Sources: Courts, juvenile services, police departments, probation and parole, hospitals, health departments)

5. Injuries and deaths involving underage alcohol use.

- Recreational injuries or death in which alcohol was a factor. Recreational activities include swimming, boating, climbing, rollerblading, skateboarding, and biking.
- Number of alcohol-related emergency room admissions or emergency medical services (EMS) calls for assistance.

(Sources: Hospital emergency rooms, EMS systems, police departments)

6. Alcohol treatment.

- Number of beds in treatment facilities (public and private) available for 9- to 13-year-olds
- Number of beds in treatment facilities (public and private) filled by 9- to 13-year-olds
- Number of alcohol-related admissions by 9- to 13-year-olds.

(Sources: State alcohol and other drug abuse treatment agencies)

7. Other data.

- Current PSAs aired in communication media
- Communication materials available on subject for parents and/or youth
- Alcohol advertising (billboards, commercials)
- Geographic distribution of bars.

(Sources: National Clearinghouse for Alcohol and Drug Information (NCADI), Centers for Application of Prevention Technologies (CAPTs), your State's National Prevention Network (NPN) representative, media organizations, and other local agencies)

Primary data collection. Primary data collection can be conducted to provide data to fill the gaps identified during the review of secondary data. Much of the primary data collection involves methods that are focused on gathering data to better understand consumers. Specifically, underage alcohol use prevention organizations may want to obtain information about youth and their parents' attitudes toward and beliefs about

underage alcohol use, about their knowledge about alcohol and its effects, about their willingness or readiness to make changes in their practices or habits, about what factors influence the decisions youth make about alcohol, and about what types of messages are likely to produce positive responses.

Popular tools for primary data collection include population surveys, focus groups, key informant interviews, and youth forums.

1. *Population surveys.*

Surveys are questionnaires that are administered to a sample of the target population. The surveys can be administered in many ways, including:

- Mail
- Telephone, often using computer-assisted telephone interviewing tools
- In person, using trained research assistants
- Intercept, that is, administering to people in public locations.

Response rates vary depending on the method used. For example, mailed surveys tend to have lower response rates while surveys performed over the telephone tend to have higher participation rates. However, although mailed surveys may get lower response rates, that method requires very little time to implement and is easy to coordinate. It is standard practice to provide confidentiality or, if appropriate, anonymity to your survey participants. Reassuring your participants that they will not be identified in reports from the survey may improve willingness to participate.

Information gathered from surveys is only as good as the questions that are asked; thus the phrasing of survey questions is a very important consideration and can have a tremendous impact on the results you get. Surveys employ either open-ended questions that require the participant to write in a response, or fixed-choice questions that ask participants to select from a given set of possible responses. Each format has advantages and disadvantages, and utility depends on the type of information being solicited. For instance, attitudes and behaviors often lend themselves to the fixed-choice format, whereas knowledge questions might sometimes be more appropriate in the open-ended format. The key to designing a successful survey questionnaire is to solicit assistance from persons with experience in survey design and to involve the target audience in the design and pretesting of the instrument. Note that the Underage Drinking Enforcement Training Center has developed a publication called "Guide to Conducting Youth Surveys" that provides the background and rationale for youth surveys as well as practical, step-by-step instructions for administering them. (The Guide and other publications are available at www.udetc.org/Publications.htm.)

Professional polling, advertising, or market research organizations and colleges and universities commonly charge thousands of dollars to conduct surveys. If such an organization exists in your community, you may wish to ask them to consider donating their services as a public service and as a means for generating positive public relations.

2. Focus groups.

Exploring the “why” behind the numbers is just as important as collecting the data. For instance, determining that most 9- to 13-year-olds are not using alcohol will not tell the whole story. There may be reasons why these youth are not experimenting or using alcohol. The group planning an underage alcohol prevention program needs to know that information. One such way to elicit that type of information is a focus group. The focus group is a guided discussion among a small number of individuals from the target audience, and related populations, designed to elicit opinions and perceptions about a particular product, idea, or issue. As such, there are a number of decisions to make in planning for focus groups. The organization must first determine the composition of the groups and the number of groups needed. Other practical considerations in planning for focus groups are the size of the group, the length of time the group will meet, and the setting for the group.

One early task is to define the target audience. Organizations should consider identifying both a primary target audience (the group whose behavior the program is designed to change) and secondary target audiences (those with influence on the primary audience or those who must do something in order to help cause the change in the primary target audience). In the case of an underage alcohol use prevention group, members of key groups within the community and the organization should be asked to participate in a focus group session. Target groups include:

- Youth ages 9 to 13
- Parents

- Juvenile services agency staff
- Health departments
- Substance abuse prevention and treatment experts
- Educators from primary and middle schools
- Media representatives
- Businesses that employ underage youth
- Civic groups
- Faith community
- Medical community.

The number of focus groups needed depends, in part, on the composition of the groups, and that should be determined by the subject matter that will be discussed. An underage alcohol prevention organization should try to obtain views from at least five of the target groups just listed. Opinions from substance abuse prevention and treatment agencies, youth, and parents are critical in a comprehensive needs assessment, and every Too Smart To Start program will need to target these groups. During these sessions, participants should be encouraged to express their specific concerns about underage alcohol use in the community as well as their recommendations for solutions.

Leading a focus group requires special attributes, and some people may not be appropriate group leaders. The techniques employed differ from those used to lead a group discussion or to chair an organization. An ideal focus group moderator has the following characteristics:

- Is a good listener
- Responds positively to all comments

- Appears to be neutral regarding opinions voiced by group participants
- Does not display any special knowledge of underage alcohol use
- Probes sensitively for reactions and comments from group members.

Because the skill of the moderator is pivotal to the success of a focus group, it may be helpful to use professionals. Market research firms, public opinion pollsters, and advertising agencies often have staff members who specialize in conducting focus groups, but their fees may be prohibitive for nonprofit organizations and Government agencies. Sometimes services will be donated, and it may be worthwhile making requests to such firms.

At least two moderators should be available for each focus group. One moderator should lead the group and ask questions while the other functions as a note taker, taking notes during the meeting and observing participants' body language and expressions, which can be helpful cues when the results of the focus group are interpreted later. Although good notes are vital, focus group sessions should also be taped so that the information that is analyzed is verbatim, and it is possible to confirm information.

A very important step in preparing for focus groups is to prepare a topic guide: a list of topics or question areas that are to be covered in the focus group. To prepare the guide, organizations will find it useful to develop objectives and then write questions that will elicit specific information related to each objective. To be effective, the guide should be tailored to cover just the issues of greatest interest.

3. *Key informant interviews.*

Key informant interviews, one-on-one interviews with important stakeholders, are ideal for gathering information from community leaders, organization directors, trusted community members, and others who, as individuals, possess information that could be critical to the success of the communications program. Like focus groups, these interviews should be conducted by trained personnel and taped for later analysis. Interviews either can be structured, in which a set of prepared questions is used; or semistructured, in which questions are based on a general topic list but the discussion is guided by answers to previous questions, and interviewers must thus be skilled in following up on key information arising out of the interviewees' answers.

4. *Youth forums.*

Young people's views on underage alcohol use can be obtained through any of the preceding strategies, but professionals have found youth forums to be helpful as well. Involving youth in the needs assessment process gives the process credibility because the people who are affected by the problem are directly involved in the process of developing solutions. Young people can also provide a realistic picture of what is happening in a community with respect to underage alcohol use. Adults may believe these kids are not vulnerable but may reevaluate their position when young people tell them that kids are experimenting.

Suggestions for organizing a youth forum include:

- Selecting participants through an application process or by asking school systems to nominate participants

- Dividing the agenda so that the first part of the conference is a briefing on the problem of underage alcohol use from a variety of experts including school officials, substance abuse prevention specialists, media representatives, and parents
- Developing a process whereby the young people debate the problem of underage alcohol use and develop their own recommendations for solutions
- Announcing these recommendations at a news event and delivering them to other interested parties.

Step 5: Synthesize and Analyze All Assembled Data

This is perhaps the most important step of the process because data are just pieces of information until they are placed in context, synthesized, and interpreted. The results of the needs assessment process will depend on who is involved in the conduct of the analysis. It is crucial that the target audience be involved in interpretation of the data.

The goals of the analysis should be to:

- Synthesize the wealth of information that has been collected. Use the appropriate tools for analysis of primary data, such as statistical software to analyze quantitative data or text-based analysis software to analyze qualitative data. Use tables, graphs, charts, and maps to help display the findings in the most appropriate and meaningful ways.
- Compare community findings to other communities as well as to State and national

data. Look for similarities and differences. Use these to generate hypotheses about what is happening in your own community.

- Identify gaps in the data. Sometimes the lack of pertinent data is itself noteworthy and may suggest some ideas for the community's future action planning (e.g., the need for a surveillance system, the need for funding to conduct more primary data collection).
- Report results in a manner that is appropriate for the wide variety of persons who need to know. This may require using multiple dissemination strategies, such as scientific reports, pamphlets, and oral presentations.

Conclusion

Conducting a comprehensive needs assessment and developing a needs-based strategic plan is the only way an organization can truly be effective in reducing underage alcohol use in both the short- and long-term. Unfortunately, people often associate needs assessments with surveys that elicit a long list of deficits in the community. However, this should not be the case. Comprehensive needs assessments should begin with a clearly defined goal identified by the community. This must then be followed by an inventory of those community assets and needs that are relevant to accomplishment of the stated goal.

A reading list and a form to assist you in conducting your needs assessment are provided in the pages that follow. Then, by also developing your outcome management/performance target outlines (forms for which follow the needs assessment form), you and your team will be able to create a meaningful and workable strategic

action plan. In all phases of the process, it is essential that the target audiences for the program be involved in order to provide validity to the work and to garner support for the initiative.

Sources/References in Print and Electronic Form

For additional reading, you may wish to do literature searches through the Internet and/or your local library. Following are some sources/ references that may be of interest

Green, L. W., & Kreuter, M. W. (1999). *Health promotion planning: An educational and ecological approach*, (3rd Ed.). Mountain View, CA: Mayfield.

Overview of a substance abuse prevention needs assessment. (1999, July). Paper presented at the Community Readiness

Training Session for the Governor's Prevention Initiative for Youth, New Britain, CT. Available at www.dmhas.state.ct.us/sig/needassess/default.htm

Sharpe, P. A., & Greany, M. L. (2000). Assets-oriented community assessment. *Public Health Reports*, 115(2/3), 205.

Southeast Center for the Application of Prevention Technologies. *Needs assessment*. Available at www.secapt.org/science2.html

Sticky figures: Using a needs assessment (ARCH Factsheet No. 27). (1993, September). Available at www.chtop.com/ARCH/archfs27.htm

Western Regional Center for the Application of Prevention Technologies. *Building a successful prevention program*. Available at www.open.org/~westcapt/needsas.htm



Community Needs Assessment Form

The purpose of this needs assessment is to help inform the development of the strategic action plan for your project.

This questionnaire should be completed by the person in the lead agency who is most familiar and able to report on the activities and resources of the community. However, the respondent will need to consult with other team members as well as people in other organizations in order to provide answers to the questions.

Section A: Information About the Respondent

1. Name: _____
2. Agency: _____
3. My job title within the lead agency is: _____
4. Role on project: _____
5. In my current position, I am responsible for the following activities (please check all that apply):
 - Program planning
 - Program management
 - Program implementation
 - Program evaluation
 - Communication with other organizations, stakeholders, etc.
 - Other: (Please specify) _____
6. Based on my knowledge and experience with this agency, I am able to accurately describe the collective assets and needs of the community. (Place X on the line below).

Strongly agree Strongly disagree

	Entire community	9-to 13-year-olds in your community	Parents of 9-to 13-year-olds in your community
Population size			
Age			
0-17			
18-34			
35-64			
65+			
Race/ethnicity			
White			
African American			
Hispanic American			
Asian/Pacific Islander			
Native American			
Other race			
Education			
Did not graduate from highschool			
High school graduate			
Post high school education (1 or more years of college)			
Annual household income			
Less than \$20,000			
\$20,000-\$39,999			
\$40,000 or more			
Employment status			
Employed outside the home (full time)			
Employed outside the home (part time)			
Unemployed (but looking for work)			
Full-time homemaker			
Retired/on disability			
Full-time student			

1. Where did you get your information for the preceding table (list all sources)?

2. What is known about alcohol use among 9- to 13-year-olds in your community? This is a BROAD question, which will undoubtedly require that you refer to multiple data sources. Please indicate the sources of the data that you are citing. Please answer all questions for which data are available. For those categories for which there are no data, indicate this by writing in N/A. Those topics may be ones which may require additional primary data collection activities.

Behaviors. Please indicate what is known about use of alcohol among 9- to 13-year-olds in your community. For instance: What proportion of 9- to 13-year-olds has ever consumed an alcoholic beverage? What proportion of 9- to 13-year-olds has consumed an alcoholic beverage within the past week? month? year? What proportion of 9- to 13-year-olds has not or never consumed an alcoholic beverage?

Parents of 9- to 13-year-olds. Please indicate what is known about the parents of 9- to 13-year-olds. For example: What proportion of parents discusses alcohol with their 9- to 13-year-olds? What do they think is the most important thing that 9- to 13-year-olds need to know about alcohol? How would alcohol use rank among a list of concerns parents have for their 9- to 13-year-olds? What proportion of parents believes that alcohol prevention messages are only necessary for the older adolescent age group?

3. How many of the following activities have taken place in your community within the past 3 years? For each one, please enter a 0 on the line if there were none.

- ___ Alcohol-free community picnics, parades, fairs
- ___ Public health interventions targeting alcohol use prevention among adults
- ___ Public health interventions targeting alcohol use prevention among 9- to 13-year-olds
- ___ Highly publicized news events involving the impact of alcohol on some persons' lives

4. Please respond to each of the following statements about your community. Please circle one response for each statement

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
We have a strong faith-based community.	SA	A	N	D	SD
Our local economy is strong.	SA	A	N	D	SD
Our school policies give a clear anti-alcohol-use message to 9- to 13-year-olds.	SA	A	N	D	SD
The local media often actively support public health efforts (e.g., by airing PSAs, sponsoring health promotion activities)	SA	A	N	D	SD
We have a strong tradition of volunteerism in our community.	SA	A	N	D	SD
Agencies/organizations in our community articulate services and collaborate well.	SA	A	N	D	SD
Our community spends a large amount of money on public health.	SA	A	N	D	SD
Our school district has clear policies regarding the use of alcohol on school property.	SA	A	N	D	SD
If we organize a communitywide event, we will have high attendance.	SA	A	N	D	SD
We have an adequate number of alcohol treatment facilities.	SA	A	N	D	SD
We have sufficient options for productive afterschool activities for 9- to 13-year-olds.	SA	A	N	D	SD

5. Please complete the following table for your community.

	Entire community	9- to 13-year-olds
Number of alcohol-related fatalities in the past year		
Number of alcohol-related injuries in the past year		
Number of people in inpatient alcohol treatment facilities		

Outcome Management

Performance Target Outline Forms

Lead Agency Name: _____

Address: _____

Phone: _____ Fax: _____

Name/Title Responsible Program Manager: _____

Target Plan Author(s) _____

Due Date of Performance Target Outline _____

The Outcome Management Framework was developed by The Rensselaerville Institute and is included here with permission from the authors. The material is copyrighted 2001. No copying of this material outside of this Implementation Guide is allowed without prior permission from The Rensselaerville Institute. Please call Elliot Pagliaccio, Senior Fellow at 518-399-0216.

Target Outline Question #4

Milestones

	Milestone	Total	Verification
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
Performance Target:			

Milestone: A critical point that customers must reach to ensure that a project is on course to achieving its performance target.

Verification: Establishing that something represented to happen does in fact take place. Verification in Outcome Funding® replaces measuring. It is kept as simple as possible and looks more to answer the question yes or no than to measure small differences. Verification typically focuses on milestone and performance target accomplishment.

Target Outline Question #5

Your Product

What are the CORE FEATURES of your product/service delivery approach?

A. Intensity/Duration

B. Essential Elements

C. Comparative Advantages Over the Products

D. Delivery Strategy

E. Other Core Features

Product: A program or service with specific core features that is offered to a customer. A product can be described in terms of benefit or value to a customer.

Target Outline Question #6

Key People

WHO is primarily responsible for delivering the product, managing this program, and reaching the performance targets . . . the "Key Person(s)?" Please identify and describe the person (people). Describe the most important intermediary if there is one. If the key people are not known, describe the position or who will be doing the hiring.

Key Person(s):

1.

2.

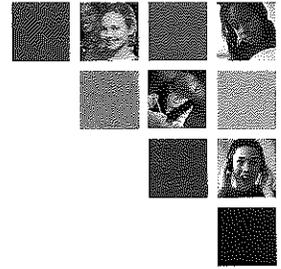
3.

Collaborators and/or Formal Linkages: (Identify other individuals/agencies that are a part of your delivery strategy and/or other organizations with which you have formal agreements that enhance or enable you to meet your performance targets).

Key People: Those who will be directly responsible for achieving the performance target and the special skills and experience that make them the right people for the job.

Intermediary: A person, in an agency or other entity outside your control, upon whom you rely for direct access to customers or any other key ingredient of your product. These may include those who refer customers to you, or in some way play a critical role in connecting to them.

Appendix B: Profiles of Target Audiences



The two principal audiences targeted by the Too Smart To Start initiative are 9- to 13-year-olds and parents/caregivers. The profiles presented here are based on data drawn from surveys such as the 2000-2001 national PRIDE surveys^{14,15} and the 2000/2001 Nickelodeon/Yankelovich Youth Monitor.¹⁶ These provide a general idea of what

the audiences think, believe, and do. Your Too Smart To Start planning and recruitment meetings, activities for target audiences, and promotional and sponsor development efforts will be more effective when you understand your target audiences and what influences and appeals to them.

¹⁴ PRIDE Inc. (2002, April 5). 2000-2001 Pride national summary: Alcohol, tobacco, illicit drugs, violence, and related behaviors grades 6 thru 12. Retrieved June 5, 2002, from <http://www.pridesurveys.com/us00.pdf>

¹⁵ PRIDE, Inc. (2002, May 7). 2000-2001 Pride national summary: Alcohol, tobacco, illicit drugs, violence, and related behaviors grades 4 thru 6. Retrieved June 5, 2002, from <http://www.pridesurveys.com/ue00.pdf>

¹⁶ Nickelodeon/Yankelovich. (2001). *Invasion of the spotlight snatchers starring the planet youth players 2000/2001* (Youth Monitor Trend Reference Books 1 and 2). Norwalk, CT: Yankelovich.

The Parents/Caregivers

Parents and caregivers of 9- to 13-year-olds tend to be ethnically and racially diverse. They also tend to be more liberal about social issues such as interracial marriages. Many enjoy the advantage of good education, which translates into greater earning power.

The majority of these parents value family time, eat dinners together with their children, and are involved in their children's education. Parents of 9- to 13-year-olds feel it is important that their children always tell the truth, have dreams and ambitions, are self-confident, and get good grades. Concerning alcohol:

1. Parents tend to underestimate the vulnerability of their 9- to 11-year-olds to alcohol-related problems and are therefore less likely to take steps to protect their children from alcohol use.
2. Many parents also lack accurate perceptions about the dangers associated with alcohol use.
3. Some parents accept alcohol use as a rite of passage and tell their children to "drink responsibly" and believe it is less harmful for their children to drink than to use drugs.
4. Other parents feel that they lack the knowledge and skills to communicate with their children and do not know what specific actions they should take to prevent alcohol use.

A majority of parents think of the Internet as an "educational tool" as well as an important source for leisure activities and entertainment. Another popular medium is film: 51 percent go to the movies at least once a month. A recent radio survey showed that one-third of all adults turn to radio for their news and listen for an average of 3 hours a day.

The 9- to 13-Year-Olds

The youth audience consists of 9- to 13-year-olds who are nonusers or infrequent users of alcoholic beverages. Members of this audience tend to live with two parents, are optimistic and self-reliant, and think of themselves as good kids who are also friendly, smart, and happy. They name their mothers, fathers, and grandparents as sources they trust “a lot.” They trust their best friend a lot, too, and prefer having more time to spend with friends than having more time to themselves. The majority of this audience do not use alcohol. They tend to believe that alcohol is addictive and will lead to destructive behaviors.

The oldest members of this audience (11- to 13-year-olds) believe that alcohol is easily accessible and that most of their friends drink. They also believe that liquor is the most harmful form of alcohol, followed by beer and wine coolers. They tend not to talk with their parents about the problems associated with alcohol and drug use. Of those who have used alcohol, their first use tends to occur during periods of transition, such as during the transition from elementary school to middle school.

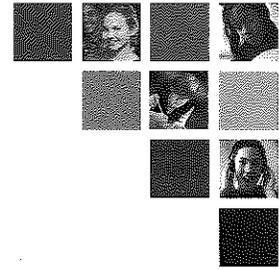
Peer acceptance is very important to this audience. Therefore, 9- to 13-year-olds who use alcohol may believe that if they stop drinking they will not be accepted by their friends. In addition, parental trust is very important, and youth who do not use alcohol state that their parents influenced their decision. Thus 9- to 13-year-olds who are not using alcohol may believe that they will breach their parents’ trust if they drink alcohol.

Typical activities for 9- to 13-year-olds include doing chores (such as cleaning their rooms, taking out the garbage, taking care of the family pet, and washing dishes), participating in school clubs and bands and on school sports teams, and attending religious services.

Members of this audience consume approximately 7 hours of media a day, including television, videos, movies, music, computers, video games, books, magazines, and newspapers—in addition to any media used in school or to complete homework. The media consumed during the 7 hours consists of an average of 4 hours watching television, taped television shows, and commercial video tapes; 50 minutes reading for pleasure; and 30 minutes each engaging in watching movies, playing video games, and using computers. Approximately 35 minutes are spent listening to the radio, 47 minutes listening to CDs and tapes.

Although television is the medium of choice for this age group, it is not necessarily the best channel for delivering messages. According to the 2000/2001 Nickelodeon/Yankelovich Youth Monitor, when commercials come on television, 56 percent of youth ages 9 to 11 change the channel. Of this 56 percent, 37 percent “sometimes change” the channel, and 19 percent “usually change” the channel.

Appendix C: State/National Resources



National Organizations Targeting Underage Alcohol Use

Telephone: 301-468-2600, ext. 5111; toll-free in the U.S. 800-729-6686; TDD 800-487-4889

Email: info@health.org

Web site: <http://ncadi.samhsa.gov>

RADAR Network

The RADAR Network is sponsored by the Center for Substance Abuse Prevention's (CSAP) information component, SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI). The RADAR Network is the largest substance abuse prevention and treatment infrastructure. It consists of:

- State clearinghouses
- Prevention resource centers
- National, international, and local organizations supporting substance abuse prevention activities.

To learn the location of the RADAR Network Center nearest you, or for other information about CSAP's RADAR Network, write, email, or call:

SAMHSA's National Clearinghouse for Alcohol and Drug Information

Attn: M. Cornelius Pierce

Manager, RADAR Network Center Development

P.O. Box 2345

Rockville, Maryland 20847-2345

Office of Juvenile Justice and Delinquency Prevention (OJJDP)

Office of Justice Programs

U.S. Department of Justice

810 Seventh Street NW

Washington, DC 20531

Telephone: 202-307-5911

Fax: 202-307-2093

Email: askjj@ojp.usdoj.gov

Web site: <http://www.ojjdp.ncjrs.org>

OJJDP provides Federal leadership on juvenile justice and delinquency prevention efforts, which include alcohol and other substance use and abuse prevention. In response to a congressional mandate, OJJDP is administering the Underage Drinking Laws program, which includes State grant and discretionary funds and training and technical assistance. These efforts complement other OJJDP-related initiatives, many of which respond to alcohol-related offenses, and the Enforcing the Underage Drinking Laws Program. Information on these initiatives and other OJJDP activities is available from the Juvenile Justice Clearinghouse.

Juvenile Justice Clearinghouse (JJC)

P.O. Box 6000

Rockville, MD 20849-6000

Telephone: 800-638-8736

Fax: 301-519-5600

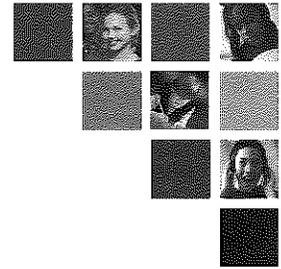
Email: askncjrs@ncjrs.org

Web site: <http://www.ojjdp.ncjrs.org>

JJC., the component of the National Criminal Justice Reference Service (NCJRS) sponsored by OJJDP, offers easy access to information on all topics of delinquency prevention and juvenile

justice, including underage drinking. Currently available in JJC's teleconference series is the Combating Underage Drinking Teleconference. This teleconference describes the range of health and social problems associated with underage drinking, Federal funding opportunities, and model approaches and strategies to reduce underage drinking. JJC offers the latest research findings, descriptions of promising programs, publications on youth-related issues, and application kits and announcements of funding opportunities, including the Underage Drinking Laws program. The OJJDP Web site provides easy access to JJC's online resources, including publications, grant announcements, facts and figures, and a calendar of events.

Appendix D: Talking Points for PowerPoint Presentations



Too Smart To Start Talking Points

For Use With "TSTS Overview" and "Profiles of 9- to 13-Year-Olds and Parents/Caregivers" PowerPoint Presentations

These talking points can be used for presentations and discussion about the Too Smart To Start (TSTS) initiative. This information also appears in the "Overview" PowerPoint presentation on the CD. A "slide icon" and the corresponding slide number indicate where talking points appear as PowerPoint slides. In keeping with the rule of effective communications, talking points contain more information than the PowerPoint slides. By using the talking points in conjunction with the PowerPoint presentation, your presentation will be more fact-filled and persuasive. Share a copy of these talking points with people in your coalition who will be explaining the initiative to others in the community, to ensure sure you are all conveying the most important points.

(Opening Title) Too Smart To Start

Slide 1

(Overview) Objectives, Structure, Approach, Youth 9 to 13 Years Old, Parents/caregivers

Slide 2

What Is Too Smart To Start?

Slide 3

A public education initiative that

- Educates 9- to 13-year-olds
- Supports parents, caregivers, and other influential adults

This public education initiative is

- Spearheaded by SAMHSA
- Supported by CDC
- Orchestrated by CSAP
- Includes 19-member steering committee
- Led by 9 communities
- Supported by 6 major partners in the prevention field

Objectives

Slide 4

- Increase the number of conversations that parents/caregivers and their 9- to 13-year-olds have about the harms of underage alcohol use
- Increase the percentage of 9- to 13-year-olds and their parents/caregivers who see underage alcohol use as harmful
- Increase public disapproval of underage alcohol use

Key Ideas

Slide 5

- Children ages 9 to 13 have unique needs
- Parents and caregivers are very influential to this group
- There's a real opportunity to prevent underage alcohol use

Leadership from SAMHSA's Center for Substance Abuse Prevention

Slide 6–7

- SAMHSA's Center for Substance Abuse Prevention has taken the lead to promote the initiative nationwide.
- Built network of prevention partners
 - American Medical Association
 - Community Anti-Drug Coalitions of America
 - Mothers Against Drunk Driving
 - National Family Partnership
 - National Association of State Alcohol and Drug Abuse Directors/National Prevention Network
 - PRIDE Youth Programs
- Formed a steering committee composed of:
 - Federal agencies involved in health and substance abuse policy
 - Members of the six national organizations
 - Other community focused groups
- Formed a dissemination committee to:
 - Foster public discussion of underage alcohol use within the prevention community's regional networks

- Advise program partners on strategies to disseminate the message
- Create state teams to replicate the national initiative on a statewide basis

Pilot Sites

Slides 8–10

- New Castle County Community Partnership, Inc. (New Castle, DE)
- Informed Families/The Florida Family Partnership (Miami, FL)
- Drug Free Noble County, Inc. (Albion, IN)
- Newaygo County Safe and Drug Free Schools and Community Coalition (Newaygo, MI)
- Coalition for a Drug Free Greater Cincinnati (Cincinnati, OH)
- The Oregon Partnership, Inc. (Portland, OR)
- Bethlehem Centers of Nashville (Nashville, TN)
- Nashville Prevention Partnership (Nashville, TN)
- San Antonio Fighting Back of United Way (San Antonio, TX)

(New Section) Approach

Slide 11

Initiative Approach

Slide 12

- Enables and encourages 9- to 13-year-olds to offer advice for, develop, and participate in program activities
- Involves parents as supervisors and partners for 9- to 13-year-old volunteers
- Gives 9- to 13-year-olds a chance to guide, teach, and introduce parents or caregivers to their culture
- Provides 9- to 13-year-olds an opportunity to address issues that are most relevant to them, without the constraints of adult-imposed structures and values
- Encourages parents and other adults to listen to 9- to 13-year-olds and incorporate what they hear into communication messages and program activities

The 9- to 13-Year-Olds' Role in Too Smart To Start

Slide 13

- Youth 9 to 13 years old are main focus of initiative
- Youth 9 to 13 years old are active in program development
- Youth 9 to 13 years old are spokespeople

(New Section) A Perfect Match

Slide 14

- 9- to 13-year-olds
- Parents/caregivers

Who Are 9- to 13-Year-Olds?

Slide 15

- Represent 7 percent of U.S. population (FERRET)
- Are optimistic about their futures (Nickelodeon/Yankelovich, 2001)
- Are influenced by TV, music, the Internet (Rideout, Foehr, Roberts and Brodie, 1999)
- More than half raised in households with annual incomes of at least \$40,000

The 9- to 13-Year-Olds Are In Transition

Slides 16–19

- Their bodies and minds are in transition
(PAHO, Mangnulkar et al, 2001; APA, 2002; EW Austin, 1995)
- They begin to establish identity and independence
(PAHO, Mangnulkar et al, 2001; APA, 2002; EW Austin, 1995)
- They begin to understand that actions have consequences
(PAHO, Mangnulkar et al, 2001; APA, 2002; EW Austin, 1995)
- Their problem-solving skills are evolving
(PAHO, Mangnulkar et al, 2001; APA, 2002; EW Austin, 1995)
- They begin to understand logical and causal relationships
(PAHO, Mangnulkar et al, 2001; APA, 2002; EW Austin, 1995)
- They start to take risks (PAHO, Mangnulkar et al, 2001; APA, 2002; EW Austin, 1995)
- Friends are extremely important (PAHO, Mangnulkar et al, 2001; APA, 2002; EW Austin, 1995)
- They begin questioning adult values and rules
(PAHO, Mangnulkar et al, 2001; APA, 2002; EW Austin, 1995)
- A Nickelodeon/Yankelovich survey revealed 9- to 11-year-old respondents said they wanted to “change my appearance”

The 9- to 13-Year-Olds Are Vulnerable

Slide 20

- Transitional periods heighten vulnerability to initial alcohol use

- Around ages 10 to 11 youth begin to approve of underage use of alcohol (NIAAA, 2002)
- More than 40 percent of youth who use alcohol before age 13 abuse it or become dependent later in life.

Use and Access to Alcohol by 9- to 13-year-olds

Slides 21–22

- Most 9- to 13-year-olds do not use alcohol
- Past year alcohol use varies by grade and type of alcohol:
 - Wine cooler consumption ranged from 6 percent of fourth graders to 36 percent of eighth graders
 - Consumption of beer ranged from 6 percent of fourth graders to 34 percent of eighth graders
 - Consumption of liquor ranged from 2 percent of fourth graders to 27 percent of eighth graders
 - Average age of first alcohol use is 13

Boys vs. Girls

Slide 23

- Boys try alcohol as early as age 11 and experience more alcohol-related problems than girls
- Girls try alcohol as early as age 13

Parents: Key to Prevention

Slide 24

- Parents are especially influential figures with children ages 9 to 13 (National Center on Addiction and Substance Abuse at Columbia U., 1999)
- Waiting to talk to children until they are older allows peers to have more influence

Parents Are Influential But May Not Know It

Slide 25

- Are a major influence on youth alcohol use and related behaviors
- Underestimate their children's vulnerability to alcohol use

What Are Parents Thinking?

Slide 26

- Many lack accurate perception about the harms of underage alcohol use
- Parents tend to perceive underage alcohol use as less harmful than illegal drugs (MADD, 2001)

Parents Need Encouragement.

Slide 27

- Believe they lack the skills to communicate with their children
- Perceive themselves as having little influence over their children
- Have, and desire, a high level of involvement with their children

When Parents Get Involved...

Slide 28

- Children are more responsible
- They feel more appreciated
- They readily follow parents' guidance
- They respond more positively to expectations

Barriers to Success

Slide 29

- Family barriers: Parents are more concerned with drug use than with alcohol use
- Social barriers: Some parents are comfortable with alcohol as a "rite of passage"
- Peer barriers: Perception that their peers have experimented with alcohol
- Community barriers: Alcohol is socially acceptable
- National barriers: Lack of funding

(New Section) Together Everything Fits

Slide 30

Evaluating the Too Smart To Start Prevention Program

Slide 31

- To document SAMHSA's effort, identify lessons learned, and assess the initiative's effectiveness
- Principal research question: What did initiative accomplish and was it effective?

Overview of the Evaluation Design

Slide 32

- Process and outcome studies
- Process component describes design and implementation
- Outcomes component consists of prospective study of 9-year-olds and their adult caregivers
- Data to be collected in all selected sites
- There will be multiple comparison sites

The Process Study

Slide 33

- Will provide complete information
- Will focus particularly on a community's ability to sustain the initiative

The Outcomes Study

Slides 34-35

Will measure changes in 9- to 13-year-olds', parents', and caregivers' knowledge, attitudes, and behaviors, within the context of Too Smart To Start initiative goals:

- Increase the number of conversations that parents/caregivers and their 9- to 13-year-old children have about the harms of underage alcohol use
- Increase the percentage of 9- to 13-year-olds and their parents/caregivers who see underage alcohol use as harmful
- Increase public disapproval of underage alcohol use

(Closing Title)

Slide 36

Too Smart To Start Talking Points

For Use With the "Perception of Harms" PowerPoint Presentation

These talking points can be used for presentations and discussions about the Too Smart To Start (TSTS) initiative. This information also appears in the "Perceptions of Harms" PowerPoint presentation on the CD. A "slide icon" and the corresponding slide number indicate where talking points appear as PowerPoint slides. Talking points contain more information than the PowerPoint slides. By using the talking points in conjunction with the PowerPoint presentation, your presentation will be more fact-filled and persuasive. Share a copy of these important talking points with everyone in your coalition who will be explaining the initiative to others in the community.

(Opening Title) Too Smart To Start

Slide 1

(Overview of Perceptions of Harm Associated With Alcohol Use by 9- to 13-Year-Olds)

Slide 2

In this session we will:

- Look at parents' perceptions of harm related to underage alcohol use
- Analyze 9- to 13-year-olds' understanding about the physical and behavioral harms associated with underage alcohol use
- Compare the two groups' views and examine similarities that might stimulate future dialog about underage alcohol use

Parents' Attitudes and Beliefs About Underage Alcohol Use

Slide 3

Parents' attitudes and beliefs affect how they perceive underage alcohol use.

The less vulnerability their children exhibit, the less likely parents are to take actions to protect them. For example, a 2001 survey by Yankelovich revealed mothers are more likely to talk to their children about friends, drugs, or smoking than about alcohol (Nickelodeon/Yankelovich, 2001).

Parents may also underestimate vulnerability because of their children's ages. According to a qualitative MADD study in 2001, parents believe children become more likely to use alcohol at ages 17 and older (Goldfarb, 2001).

Parents in general see underage alcohol use as more acceptable than use of illicit drugs, and some view underage alcohol use as a rite of passage. The MADD study (Goldfarb, 2001) also revealed parents' leniency in their attitudes toward alcohol use as well as their perceptions that drug use was more of a threat to their children's well-being.

Thus their children's lack of awareness of the harms of alcohol may be traced to their parents' preoccupation with the harms of illicit drugs.

Parents' Perception of Harm

Slide 4

Research supports what parents believe and clearly demonstrates that alcohol negatively affects academic performance.

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) found that students using alcohol during adolescence have a reduced ability to learn, compared with those who do not use alcohol until adulthood (NIAAA, 1998).

Among eighth graders, higher truancy rates were found to be associated with greater rates of alcohol use in the past month (NIAAA, 1998).

And a recent American Medical Association (AMA) report stated that adolescent drinkers had worse scores on vocabulary, visual, and memory tests than adolescent nondrinkers (AMA, 2002).

Parents' Perception of Harm

Slide 5

Research again supports what parents believe and shows that the long-term effects of alcohol consumption can lead to permanent damage of vital organs such as the brain and liver.

For example, research indicates that adolescents who use alcohol may remember 10 percent less of what they have learned than those who don't drink (NIAAA, 2002b). This memory loss can include the inability to form new memories, particularly memories that are explicit in nature, such as names and numbers.

Other effects of alcohol use include impaired motor skills, dizziness, talkativeness, and slurred speech. These short-term effects are more relevant to 9- to 13-year-olds (White, 2002). As we will see later, 9- to 13-year-olds use their own language to describe these effects.

Parents' Perception of Harm

Slide 6

Loss of inhibitions and loss of judgment also demonstrate the short-term effects of alcohol use.

And as the MADD study in 2001 showed, parents are concerned that alcohol use can lead to other activities like using drugs, having sex, and losing the ability to say no (Goldfarb, 2001).

The 9- to 13-Year-Olds' Perception of Harm

Slide 7

CSAP primary research found that 9- to 13-year-olds were more likely to relate alcohol to behavioral problems. The 9- to 13-year-olds said, for example, that alcohol "makes you commit murder" and "do silly things" (CSAP, 2001, 2002).

The 9- to 13-Year-Olds' Perception of Harm

Slide 8

Research supports the perception that alcohol impairs brain function and adolescent memory.

For example, a 20-year study released by the American Medical Association in 2002 demonstrated that alcohol alters the developing brain and possibly causes irreversible damage (AMA, 2002).

CSAP learned in its primary research for this initiative that this physical effect is compelling for 9- to 13-year-olds. The young people were well aware that you “can’t concentrate” or “can’t think straight” when using alcohol (CSAP, 2001, 2002).

The 9- to 13-Year-Olds' Perception of Harm

Slide 9

Research also supports the perception that underage alcohol use is linked to violence and aggressive behavior.

According to SAMHSA, individuals who begin using alcohol before the age of 14 were 11 times more likely to have ever been in a fight while using alcohol or after using alcohol than adults who began using alcohol after the age of 21 (NIAAA, 2002).

And in Too Smart To Start's primary research, the 9- to 13-year-olds said alcohol use makes you “do silly things and vomit,” “fight people,” and “act stupid,” and causes a change in personality (CSAP, 2001, 2002).

The 9- to 13-Year-Olds' Perception of Harm

Slide 10

Young people 9 to 13 years old have misperceptions about alcohol as well.

For example, recent PRIDE surveys revealed that within each grade level, students are most likely to believe that liquor is more harmful to their health, followed by beer, and then wine coolers (PRIDE, 2002, April 5; 2002, May 7).

This misperception is similar to parents' misperception that alcohol is less harmful than illicit drugs.

The 9- to 13-Year-Olds' Perception of Harm

Slide 11

Studies show that 9- to 13-year-olds are aware of the harms, but the perceptions decrease over time. Although belief in harms associated with alcohol use increases for each succeeding grade from fourth to sixth, students' belief in harms decreases from sixth to eighth grade (PRIDE, 2002, April 5; 2002, May 7).

The 9- to 13-Year-Olds' Perceived Benefits of Not Using Alcohol

Slide 12

Additional benefits of not using revealed by 9- to 13-year-olds in CSAP's primary research (2001, 2002) were that:

- People look up to you
- People won't think "you're messed up."

In secondary research CSAP (2001, 2002) learned that young people value short-term positive outcomes from not using alcohol, including being socially popular, having a good sense of humor, having an outgoing personality, and being good in sports or video games.

Parents' Perceptions vs. 9- to 13-Year-Olds' Perceptions

Slide 13

When we juxtapose parents' perceptions with 9- to 13-year-olds' perceptions, we can see some interesting similarities.

Parents perceive and communicate long-term, more abstract dangers. Parents, for example, associate alcohol use with poor school performance.

The 9- to 13-year-olds' perceive short-term, more concrete consequences, and express these in a language that both personalizes and simplifies. For example, young people also associate alcohol with poor school performance but express this harm as "can't think straight" or "can't concentrate."

What Parents Need To Know

Slide 14

Many parents don't believe that they have an influence on their children's decisions regarding alcohol use. Yet we know that they are the chief influence on their child's later attitudes and behavior toward alcohol.

What Parents Need To Know

Slide 15

Read the slide.

What Parents Need To Know

Slide 16

Read the slide.

What Parents Need To Know

Slide 17

Read the slide.

What Parents Need To Know

Slide 18

Read the slide.

What Parents Need To Know

Slide 19

Read the slide.

What Parents Need To Say

Slide 20

In talking to 9- to 13-year-olds, it is better to emphasize short-term negative consequences than focus on long-term abstract dangers. At the same time, it is important to relate the negative physical consequences to immediate and compelling social consequences. We know that young people ages 9 to 13 value feelings associated with being smart, being socially popular, and getting approval from older peers and adults. Thus it is better, for example, to relate underage alcohol use to the concrete and immediate social harm of getting your friends and parents mad at you if you use alcohol than to talk about cirrhosis of the liver.

We learned today that many 9- to 13-year-olds perceive underage alcohol use as leading to negative physical harm.

We should reinforce these correct perceptions with positive messages in order to ensure that their attitudes about alcohol don't deteriorate. And where there are misperceptions (e.g., some types of alcohol are less harmful than others), we should view these misperceptions as opportunities to discuss harm in terms the 9- to 13-year-olds can relate to. All discussion should appeal to their emotions without judging them.

Young people 9- to 13-years-old value uniqueness and independence and like to make their own decisions. The process of listening and addressing their perceptions of harm in terms they are familiar with enables them to make informed decisions based on accurate information. (CSAP, 2001, 2002)

What Parents Need To Do

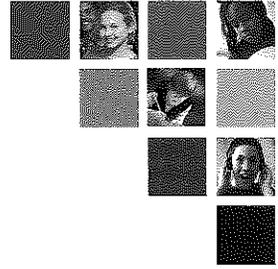
Slide 21

Read the slide.

Sources/References in Print and Electronic Form

- American Medical Association (AMA). (2002). *Harmful consequences of alcohol use on the brains of children, adolescents, and college students*.
- Center for Substance Abuse Prevention (CSAP), Substance Abuse and Mental Health Services Administration (SAMHSA). (2001, 2002). *Too Smart To Start* research. (Available from University Research Co., 7200 Wisconsin Ave., Bethesda, MD, 20814-4811)
- Goldfarb Consultants. (2001, September). Unpublished data from MADD focus groups.
- National Institute on Alcohol Abuse and Alcoholism (NIAAA). (1998). *Alcohol research and health*.
- National Institute on Alcohol Abuse and Alcoholism (NIAAA), Leadership To Keep Children Alcohol Free. (2002a). *Making the link: Underage drinking and violence*. Retrieved February 4, 2003, from <http://www.alcoholfreechildren.org/stats>
- National Institute on Alcohol Abuse and Alcoholism (NIAAA), Leadership To Keep Children Alcohol Free. (2002b). *Statistics*. Retrieved January 28, 2003, from <http://www.alcoholfreechildren.org/stats/>
- Nickelodeon/Yankelovich. (2001). *Invasion of the spotlight snatchers starring the planet youth players 2000/2001* (Youth Monitor Trend Reference Books 1 and 2). Norwalk, CT: Yankelovich.
- PRIDE Inc. (2002, April 5). *2000-2001 Pride national summary: Alcohol, tobacco, illicit drugs, violence, and related behaviors grades 6 thru 12*. Retrieved June 5, 2002, from <http://www.pridesurveys.com/us00.pdf>
- PRIDE Inc. (2002, May 7). *2000-2001 Pride national summary: Alcohol, tobacco, illicit drugs, violence, and related behaviors grades 4 thru 6*. Retrieved June 5, 2002, from <http://www.pridesurveys.com/ue00.pdf>
- White, A.M. (2002). *Alcohol, memory, and the brain*. Retrieved February 11, 2003, from <http://www.duke/~amwhite/alcmem.html>

Appendix E: Quiz Answers



Answers to Alcohol True or False Quiz

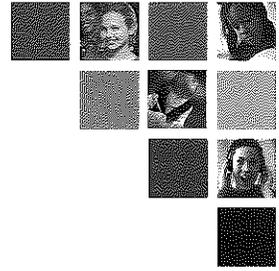
1. *False.* Although small amounts of alcohol may initially lower inhibitions and create a sense of vigor, alcohol is a central nervous system depressant. It slows your ability to think, speak, and move. (Project Under 21; <http://www.under21.org/clubu21/myths.php>)
2. *True.* Almost 70 percent of people in treatment for alcohol-related problems suffer impairment of memory function, abstract thinking, problem solving, and ability to concentrate. (2 Young 2 Drink; <http://www.2young2drink.com/youth/AlcoholPoisoning.html>)
3. *False.* Beer and wine are as intoxicating as hard liquor. The same amount of alcohol is in a 12-ounce bottle of beer, 6-ounce glass of wine, and 1.5-ounce shot of "hard liquor." (U.S. Dept. of Higher Education Center for Alcohol and Other Drug Prevention; <http://www.edc.org/hec/thisweek/quiz1.html>)
4. *False.* Among junior high students, 70 percent report their parents have talked with them about alcohol/drugs. However, only 33 percent say that their friends talk with them about alcohol/drugs. (PRIDE, Inc.; <http://www.pridesureveys.com/ue00.pdf> and <http://pridesurveys.com/us00.pdf>)
5. *True.* The average person metabolizes alcohol at the rate of one drink per hour. It takes about 3 hours to eliminate the alcohol content of two drinks, depending on your weight. Nothing can speed up this process, not even coffee or cold showers. (MADD Montgomery County, MD; www.madd.org/stats)
6. *False.* Only 27 percent of eighth graders report alcohol use over the last year. (PRIDE, Inc.; <http://www.pridesureveys.com/ue00.pdf> and <http://pridesurveys.com/us00.pdf>)
7. *False.* Women are affected more rapidly because they tend to have a smaller proportion of lean muscle tissue in their bodies. Lean tissue has a high blood content, and alcohol is absorbed and diluted by blood cells. (Doctornet.com; <http://www.doctornet.com/myths/alcomyths.php3>)

8. *True.* People feel warmer after drinking, but body temperature actually goes down. Drinking excessively outdoors in cold weather may lead to hypothermia. (U.S. Dept. of Higher Education Center for Alcohol and Other Drug Prevention; <http://www.edc.org/hec/thisweek/quiz1.htm>)

9. *True.* Carbonation can cause the pylorus valve to open, which speeds up the emptying of the stomach. (U.S. Dept. of Higher Education Center for Alcohol and Other Drug Prevention; <http://www.edc.org/hec/thisweek/quiz1.htm>)

10. *True.* It's a sign the liver is being constantly exposed to alcohol and is working overtime to cope. (goodmedicine.ninemsn.com; <http://goodmedicine.ninemsn.com.au/goodmedicine/factsheets/db/general/drugs/1173.asp>)

Appendix F: Events, Activities, and Communication Products



Supporting Activities/Events

Alcohol-Free Activities—Community activities can be organized as alcohol-free (e.g., alcohol-free Fourth of July and New Year's Eve celebrations).

Conference/Workshop Presentation—Use the existing Too Smart To Start PowerPoint presentations in the Community Action Kit or create your own to educate attendees at a conference or workshop about the TSTS initiative, the problem of underage alcohol use, and what they can do to get involved locally.

Community Mural—Organize the community in creating a mural to illustrate the harms of underage alcohol use or the benefits of not using alcohol until later. This activity can be added to an ongoing event such as a county or school fair.

Community Service Activities—Get youth involved in community service projects, like cleaning up a local park, visiting nursing home residents, or raising money for a local charity.

Competitive Event—Sponsor a poster, banner, or song contest in which children compete against each other or where parents and their children compete together by working on creative ways to express underage alcohol use prevention messages.

Direct Mail Campaign—Send information about TSTS initiative and supporting activities to large groups of community members (i.e., send teachers information about preparing a lesson about the harms of underage alcohol use).

Exhibit—Create a display of TSTS and other underage alcohol use prevention materials to be used at a community, school, or church event. Have materials such as factsheets, brochures, and promotional items available for parents and other community members to take with them, and a sign-up sheet or contact number for those interested in becoming involved with your efforts.

Faith Community Assembly—Collaborate with faith-based organizations to host activities such as educational or skills-building sessions.

Health Fair—Organize an event around health issues that relate to 9- to 13-year-olds and their parents, and include information and activities that focus on underage alcohol use prevention and promote TSTS. Collaborate with other youth-serving organizations to increase participation and attendance.

Information Hotline—Set up a telephone hotline with counselors who can answer questions from 9- to 13-year-olds and their parents/caregivers about underage alcohol use and prevention.

Life Skills Training for Youth—Provide social and personal skills training for youth in areas that will help them focus on the future. Possible skills include money management and organizational and communications skills.

Media Campaign—Use the mass media to publicize the initiative and its message through press releases, public service announcements, letters to the editor, and opinion/editorial articles.

Multi-Agency Coordination and Collaboration—Organizations that serve youth and families and that promote healthy choices can pool their resources and collaborate their efforts to create a greater voice for change in the community.

Neighbor-to-Neighbor Outreach—Recruit community volunteers to educate their neighbors about underage alcohol use and prevention. Methods may include setting up a booth at a block party, handing out flyers at a local business, or talking at a community meeting.

Open House—Invite the public to enjoy alcohol-free activities at your facility while learning about your organization's mission and programs, especially those designed to prevent underage alcohol use.

Peer Leader/Helper Program—Create or work with existing peer leadership or youth helper programs that teach youth leadership skills and that help them funnel these skills into positive behavior in the community. For instance, encourage youth to serve as big brothers/big sisters or to visit with nursing home residents.

Peer-to-Peer Outreach—Recruit parents/caregivers and 9- to 13-year-olds to volunteer to talk to their peers about underage alcohol use and prevention.

Speaking Engagements—Arrange to have a speaker give a presentation about Too Smart To Start at events like PTA meetings or neighborhood association meetings.

Spokesperson Presentation—A spokesperson from the local task force can give a PowerPoint presentation at a local meeting or event, such as a PTA or neighborhood association meeting.

Street Theatre—Work with 9- to 13-year-olds to create a skit about underage alcohol use that can be performed in the community on a main street or in a community park. This also can be an educational and entertaining component of a community street party or street festival.

Town Hall Meeting—Hold a meeting for parents, community leaders and members, and 9- to 13-year-olds to talk about the issue of underage alcohol use in your community. Provide opportunities for children to express their opinions about what the community can do to help prevent underage alcohol use.

TV/Radio Appearances—An initiative spokesperson can discuss TSTS on TV or radio in public service announcements or on a talk show. If the spokesperson is pitched to the media as an expert in underage alcohol use prevention, he or she may be asked to appear on a news program.

Web Chats—Set up Internet chat rooms with the topic of the dangers of underage alcohol use. Many Internet Service Providers will donate the space. A volunteer can act as facilitator, and rooms can be geared towards youth or parents and caregivers.

Communications Products

Billboards—Purchasing space on area road billboards will convey the Too Smart To Start message to adults. Include a short headline and contact information.

Bumper Stickers—Bumper stickers are popular giveaways at community events. Children can contribute to the design.

Exhibit—County, school, and church fairs are excellent opportunities to display a Too Smart To Start exhibit. A table or booth at such events could include brochures, bumper stickers, factsheets, and encourage parents and children to ask questions about substance use.

Flyers—Local businesses and organizations (e.g., hair salons, barbershops, churches) are often happy to display community event flyers.

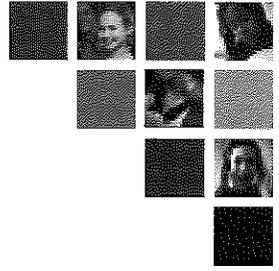
Movie Trailers—Contact your local cinema manager for information about producing a public service trailer. Local children can contribute to the design.

Postcard/E-card—Postcards and E-cards are an effective way to get Too Smart To Start information to the target audience using colorful, attention-getting images and a brief message (i.e., invitation to an event, announcing a new Web site).

Transit Cards—Many area transit systems sell advertising space on their transit cards. Though such space is generally small, it will accommodate an organization's name and contact information.

Video News Release—Producing a video news release increases the likelihood of media coverage, since you will have done all the work. You might include footage of the organization's or event's location, interviews with children and parents, and a spokesperson's statement about Too Smart To Start's mission and the dangers of underage alcohol use.

Appendix G:
Press Release Format,
Media Advisory Format, and
Sample Letter to the Editor



Press Release Format

Note: Always use printed letterhead or news release stationery.

Key Points:

- Most 9- to 13-year-olds are not using alcohol.
- The age of first use of alcohol is dropping.
- More than 40 percent of people who begin using alcohol before the age of 15 will develop alcohol abuse problems or dependence at some point in their lives.
- Families are a most important influence on a child's later alcohol use behavior.
- Guidelines for parents include establish and maintain good communication with children; get involved in children's lives; make and enforce clear rules; be a positive role model; teach children to choose friends wisely; and monitor children's activities.

Note: Rarely should a news release be longer than two pages. Always mark the end of each page with “-more-” and the end of the release with “-30-” or “###.”

For Immediate Release

Month, Date, Year

or

Embargoed for Release

Month, Date, Year, Time

For More Information Contact:

Name, Title (Optional)

Telephone (work)

Telephone (evenings/weekends)

Email: (Optional)

Catchy or Informative Title

Paragraph 1. Include who, what, where, when. Begin this introductory paragraph with a “dateline” giving the location if the release is to be circulated outside the immediate area. The balance of the paragraph should include all the essential information. For example:

(Pittsburgh, Pa.)— The Pittsburgh Leadership Foundation's Tempering the Valley of Steel Coalition Network (PLF/TVS) will begin a series of weekly afterschool programs for Donora Elementary School students at Emmanuel Baptist Church on April 10 at 3:45 p.m. The programs will be part of a new underage alcohol use prevention initiative, called Too Smart To Start, designed to teach 9 to 13 year olds and their parents and caregivers about the dangers of underage alcohol use.

Paragraph 2. More information about the event or activity. Communicating this information in a quotation by a spokesperson is often useful.

Paragraph 3. Additional information using key points.

Final Paragraph. This closing paragraph can be generic and describe the sponsoring organization, agency, institution, or company. Settling on a standard descriptive closing paragraph for all new releases is a good idea.

-30-

Media Advisory Format

Note: Always use printed letterhead or news release stationery.

Key Points:

- Most 9- to 13-year-olds are not using alcohol.
- The age of first use of alcohol is dropping.
- More than 40 percent of people who begin using alcohol before the age of 15 will develop alcohol abuse problems or dependence at some point in their lives.
- Families are a most important influence on a child's later alcohol use behavior.
- Guidelines for parents include establish and maintain good communication with children; get involved in children's lives; make and enforce clear rules; be a positive role model; teach children to choose friends wisely; and monitor children's activities.

Note: This alternative form of a news release is generally one page in length and uses an outline format. Always mark the end of each page with "-more-" and the end of the release with "-30-" or "###."

For Immediate Release

Month, Date, Year

Informative or Catchy Title

What: Give event or subject

When: Give time

Where: Give location

Who: Give principals or major players

For example:

For More Information Contact:

Name, Title (Optional)

Telephone (work); Telephone (evenings/weekends);

Email: (Optional)

What: Kickoff of Donora Elementary School's Too Smart To Start afterschool program, featuring Pittsburgh Steeler Jerome Bettis.

The afterschool program is designed to teach 9- to 13-year-olds about the harms of underage alcohol use.

When: Thursday, April 10, 2003

3:45 p.m. - 5:30 p.m.

Mr. Bettis will speak with the kids at 4:15 p.m.

Where: Emmanuel Baptist Church

123 Main Street

Pittsburgh, PA

Who: Pittsburgh Leadership Foundation's Tempering the Valley of Steel Coalition Network (PLF/TVS)

The Pittsburgh Elks Club

ABC Food Stores

WKID 107.6.

After the program, Mr. Bettis, facilitators, and attendees will be available for interviews.

-30-

Sample Letter to The Editor

Dear Editor:

October 25, 2003

I am writing about the recent survey released by Jane Doe Middle School that revealed 78 percent of its students are not using alcohol. In your October 5 article entitled "Middle School Measures Alcohol," I was delighted to learn the primary reason the majority of this age group does not use is because they don't want to disappoint their parents.

Numerous studies have found families to be a most important influence on a child's later alcohol use behavior. As members of this age group mature, they will be faced with making difficult decisions as teenagers and young adults and will hopefully filter those decisions through their families or trusted adults at some point. Families can impart their influence by establishing and maintaining good communication with their children; getting involved in their children's lives; making and enforcing clear rules; being a positive role model; teaching their children to choose friends wisely; and monitoring their children's activities.

Recently, Jane Doe Middle School implemented a new initiative called Too Smart To Start that uses a unique approach to reducing underage alcohol use: prevention education to the 9- to 13-year-olds and their parents and caregivers. The 9- to 13-year-old population is an important age group to start our prevention efforts with because the age at first use of alcohol has been found to be a powerful predictor of lifetime alcohol abuse and dependence. National Institute on Alcohol Abuse and Alcoholism (NIAAA) research revealed more than 40 percent of individuals who begin drinking before age 13 are classified with alcohol dependence at some time in their lives. Too Smart To Start materials are designed to encourage parents to reinforce the good decisions that their children have already made to not use alcohol. We need to change our thinking about underage alcohol use from stopping use to preventing use—and continue to take action to maintain zero percent alcohol use by 9- to 13-year-olds in our community.

As parents, we have a special opportunity to influence the decisions young people will make concerning alcohol use. Engaging them in a continuing conversation about alcohol, teaching them about its effects, correcting misperceptions, and remembering to support them as they choose not to use alcohol as minors are among the ways we can help our children make positive, healthy choices about underage alcohol use.

Sincerely,

John Smith (301-555-5555)



