

# A Key Informant Survey About Alcohol, Tobacco, and Other Drugs

## Part I: Technical Report

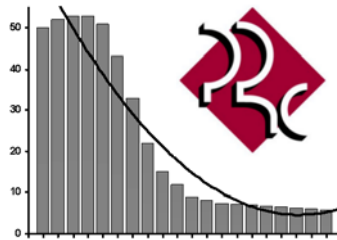
Project Description, Methods, Respondents, and  
Risk and Protective Factor Domains

---

Prepared by:

Andy Whisman, Ph.D.  
Senior Evaluation Specialist

WV Prevention Resource Center



Evaluation Team

### **Acknowledgments**

The WV Prevention Resource Center would to acknowledge and thank the WV Division of Alcohol and Drug Abuse, the WV Division of Criminal Justice Services, and the many survey respondents for their contribution to and participation in this project.

Thanks also go to other WVPRC staff who provided assistance in the form of printing, mailing, data entry, and editing.

### **Recommended Citation:**

West Virginia Prevention Resource Center (WVPRC). 2005. *A Key Informant Survey about Alcohol, Tobacco, and other Drugs Part I Technical Report: Project Description, Methods, Respondents, and Risk and Protective Factor Domains*. South Charleston, WV: Whisman, A.

---

## Introduction

Key informant surveys are useful for gathering information from those in a position to know a community well. Typically key informants are people with specialized knowledge or expertise, such as longtime community residents, public officials, business managers, or respected community leaders. Generally, key informant responses can be assumed to apply generally to others in their field (Zimmerman et al. 1996). Prevention/intervention related examples where key informant surveys have been used include HIV/AIDS prevention and intervention (Kennedy et al. 2004; Stajdujar et al. 2004), methamphetamine use (Wilkins et al. 2004), community health interventions (Eyler et al. 1999), and positive youth development (Kegler et al. 2003).

The WV Prevention Resource Center (WVPRC) conducted a key informant survey in the spring of 2003. The survey was conducted on behalf of the WV Division on Alcoholism and Drug Abuse (DADA) and in conjunction with the WV Division of Criminal Justice Services (DCJS). Based on the *Risk and Protective Factor* theory of substance abuse prevention, the survey was intended to collect data on the opinions, perceptions, and attitudes of selected community leaders about alcohol, tobacco, drug (ATOD) and other related issues in their communities. Results will be used in an assessment of community needs with respect to ATOD prevention and informational or awareness gaps among community leaders across the state.

## Organization of the Report

This is the first of two reports in which survey results are presented. This initial report is intended to 1) provide an introduction to the project, a description of the research methods and questionnaire, and a demographic profile of respondents; and 2) analyze the composition and reliability of community risk and protective factor domains among four pools of questionnaire items. The items were intended to assess community perceptions, community descriptors, access to services, and attitudes and beliefs about substance use.

In the second report, results will be presented on how key informants in three subgroups (*Community, Justice System, and Services*) differed in their responses on risk and protective factor domains and other survey questions not analyzed in this initial report, and variations on community risk and protective factors among sub-state geographic areas. For the latter, the WVPRC Community Development Specialist (CDS) catchment areas define the comparison groups.

## Conceptual Background

The basis of the survey design was the *Risk and Protective Factor* model of substance abuse prevention. Risk factors include biological, psychological/behavioral, and social/environmental characteristics associated with increased risk of substance abuse and related problems (Schinke, Brounstein, and Gardner, 2002). Conversely, protective factors are those

aspects of a person's life that help prevent, postpone, or reduce the impact of substance use.

Risk and protective factors are grouped into six categories or "domains," which include *Individual, Peer, Family, School, Community, and Society/Environment*. Complex interactions between an individual and external domains result in increased risk of or protection from problem behaviors associated with substance abuse (Schinke et al. 2002). Each domain is comprised of sets of inter-related variables, often referred to as sub-domains or sub-scales, which collectively embody the dimensions of the risk and protective factor domains. The community domain was of primary interest in this study, and is described more fully below.

### **Community Risk and Protective Factors**

Sub-scales of the community domain include community laws and norms; the availability of drugs and firearms; media influence; mobility and community attachment; and economic conditions (Hawkins, Catalano and Miller, 1998). Minimum legal drinking age laws (MLDA) and alcohol pricing/taxation policies are two examples of laws affecting rates of alcohol use. Alcohol use rates in communities where MLDA are absent generally are higher than in communities where they exist (Wagenaar and Toomey, 2002). Similarly, there is substantial evidence suggesting that increases in the monetary price of alcohol, tobacco, and even illicit drugs results in reduced consumption (Birckmayer, Holder, Yacoubian, and Friend, 2004; Chaloupka, Grossman, Saffer, 2002).

Community norms also influence the supply (i.e., availability and ease of access) and the demand for alcohol, tobacco and other drugs (Birckmayer, et al. 2004). Norms—cultural or societal beliefs, attitudes, values, or behaviors—express a community's disapproval of or, conversely, tolerance for substance use or abuse. Norms also may form the basis for setting and enforcement of public policy and laws that affect substance consumption patterns

While norms set the tone for substance use and abuse in communities, they can be heavily influenced by the way substance use is portrayed in the media. Grube and Wallack (1994) found that the awareness among youth of television beer advertising was related to more favorable beliefs about drinking, greater knowledge of brands and slogans, and to greater intentions to drink alcohol as an adult.

To balance these media effects, counter-advertising campaigns in the television, print and other media often is used to provide factual information and persuasive messages to the public (Agostinelli and Grube, 2002). Bahk (1997) reported that exposure to portrayals of alcohol drinking with its negative consequences elicits the least favorable attitudes toward alcohol drinking. Similarly, recognizing the persuasive influence of media advertising and providing positive prevention messages can influence youth decision making about risky behaviors such as alcohol consumption (Austin and Johnson, 1997).

Economic conditions and other community characteristics also have been associated with increased risk of substance use.

Poverty and deteriorating community conditions have been linked to not only a higher risk of substance use, but to delinquency, violent crime, and school drop-out rates. As well, in communities where people feel detached or relocate a lot typically are prone to higher rates of crime and substance abuse.

Finally, the availability and accessibility of appropriate services may limit the effectiveness of prevention efforts and may indicate a substantial need among West Virginia's communities. Schwartz (2004) avers that substance abuse prevention and treatment services typically are located in larger municipalities, which limit their availability and accessibility in rural areas.

A search of the literature revealed that the risk and protective factor model has been extensively researched in youth populations in terms of predicting problem behaviors and in designing and implementing prevention programming (e.g., Arthur, Hawkins, Pollard, Catalano, and Baglioni; 2002; Morojele, Fisher, Muller, Ziervogel, Reddy, and Lombard, 2002; Witt and Crompton, 1997). However, among adult populations, the model has not been as thoroughly tested. Beebe, Harrison, Sharma, and Hedger (2001) tested the validity and reliability of the *Minnesota Community Readiness Survey*, which was designed on the basis of the risk and protective model to assess community readiness for prevention. They identified five scales of community readiness, two of which demonstrated statistically significant predictive ability regarding community readiness for substance abuse prevention. Following an

analytical strategy similar to that of Beebe et al. (2001), the reliability of the community risk and protective factor sub-scales from the perspective of key informants was examined in this study.

## Methods

It is important to draw key informants from all segments of the community (Rebori et al. 2001). The target population of key informants in this study included approximately 3000 "community leaders" across West Virginia. Included were individuals in the **justice system** (Alcohol Beverage Control Administration staff; Circuit, Family, and Supreme Court Judges and Magistrates; State and Local Police and County Sheriff's offices; County Prosecuting Attorneys; Probation Officers; and Public Defenders); **community** (Community Development Specialist (CDS) community contacts; Family Resource Network Directors and Board Members; and Prevention Mini-Grant recipients); **human services** (Bureau for Behavioral Health and Health Facilities grantees; Bureau for Children and Families staff); **child care center directors**; **local governments** (mayor and county commissioner offices); **school system** (county school superintendents and School-Based Health Center staff); **prevention specialists**; and **substance abuse treatment** professionals.

Key informants were asked to respond in terms of what they thought about their own communities. Given that West Virginians live in a broad spectrum of community settings (e.g., rural, urban, industrial, agricultural, etc.), *community* was not pre-defined as something

that may not be meaningful to potential respondents. Consequently, it was left to individual respondents to define what *community* meant to them for purposes of completing the questionnaire. For some, it may have meant the county in which they live and work, for others their city, town, or their local neighborhoods.

The survey was administered by mail. The sampling universe was compiled from the WVPRC's contact directory (an online directory of individuals and organizations that have a stake in prevention across West Virginia) and lists of individuals provided by the DCJS and the DADA. The lists were screened to minimize duplication as some individuals appeared on multiple source lists. Most commonly this occurred with CDS community contact lists and lists provided by other agencies. CDS contact lists contained both community members and professionals with whom they have worked or continue to work. In these cases, an attempt was made to place individuals by professional affiliation so as to distinguish professionals from community members.

The WVPRC coordinated the mailing and processing of the survey, as well as data entry and analysis. DCJS mailed questionnaires to community leaders in the justice system, and DADA distributed questionnaires to individuals in the WV Alcohol Beverage Control Administration (ABCA) and the Bureau for Children and Families (BCF).

## The Questionnaire

The questionnaire was adapted from the *Community Coalition Assessment Survey*

developed by Research & Educational Services of Houston, TX, who granted the WVPRC permission to make modifications. It was designed as a one-page, two-sided legal size document that could be folded to conceal responses when mailed.

Most items on the questionnaire were closed-ended with Likert or categorical response scales (Appendix A). Questionnaire items were mapped to the extent possible to risk and protective factor domains or sub-domains (Appendix B). *Community Perceptions* (Question 10) were measured by asking respondents their level of agreement with statements about their communities on a four-point response scale ranging from strongly disagree (scale value = 1) to strongly agree (scale value = 4). *Community Descriptors* (Question 14) were measured by asking respondents to rate how well words or phrases described their communities. Again, a four-point response scale ranging from not at all (scale value = 1) to definitely (scale value = 4). Items included in the community perceptions and descriptors questions represented *Healthy Beliefs and Clear Standards from Parents, from Schools, and from Communities; Community Disorganization; Laws and Norms Favorable to Substance Use; Community Attachment, and Opportunities for Pro-social Involvement* risk and protective factor sub-domain (Table 1). Two items were not mapped to specific community sub-scales: one relating to communication among community members

Table 1. Questionnaire Items by Risk and Protective Factor Domain and Subdomain

Sub-Domain	Number of Items
Access to Services	19
Healthy beliefs and clear standards from parents, from schools, from communities	9
Community disorganization	9
Laws and Norms Favorable to Substance Use	15
Community attachment	10
Opportunities for pro-social involvement (for youth)	1
Perceived availability	10
Transition and mobility	3
Perceived risk of drug use	11
Demographic	6
Not Mapped	4

about community conditions and another assessing the level of trust among community members.

Access to services (Question 15) and attitudes and beliefs (Question 16) regarding alcohol, tobacco, and other drugs also were assessed (Table 1). Risk and protective factor sub-domains represented include *Access to Services*; *Laws and Norms Favorable to Substance Use*; and *Perceived Risk/Harm of Substance Use*.

Two open-ended questions were included: 1) *What else would they (the key informants) like to add about their community in general?* and 2) *Given sufficient resources, as a community leader, what would they do in their community about ATOD issues?*

## Survey Procedure

The survey procedure was reviewed and granted exempt status by the Marshall University Institutional Review Board (Exempt Protocol

Number EX03-0052). In accordance with that protocol, potential respondents were informed in an accompanying cover letter and in the questionnaire instructions that participation was voluntary and results would be presented only in aggregate form.

The initial survey mailing was processed in March 2003. A follow-up reminder, including a second copy of the questionnaire, was mailed approximately 3 weeks later. To preserve respondent confidentiality, questionnaires were coded to indicate which of 26 key informant categories were represented (Table 2). No analyses or raw data are presented in more detail than by these categories. Completed questionnaires were keyed into a Microsoft Access database, and analysis was performed using Access and SPSS.

## Analytical Strategy

The reliability of the community risk and protective factor sub-scales as initially mapped

Table 2. Response Rates by Key Informant Category

Key Informant Category	Sample	Number Distributed	Response Rate
Alcohol Beverage Control Administration staff	25	50	50.0%
BBHHF Grantees	9	40	22.5%
Bureau for Children and Families	28	200	14.0%
Child Care Centers	70	381	18.4%
CDS Contact Lists	138	463	29.8%
County Commissioner Office	5	55	9.1%
County Prosecuting Attorney	3	38	7.9%
Circuit Court Judge	8	65	12.3%
Family Court Judge	8	35	22.9%
Magistrate	33	167	19.8%
Public Defender Corp	2	23	8.7%
Public Defender Services	2	6	33.3%
Supreme Court Justice	1	5	20.0%
Probation Office	7	49	14.3%
DCJS Grantees*	67	219	30.6%
County School Superintendents	10	55	18.2%
Family Resource Network	24	46	52.2%
FRN Boards	97	345	28.1%
County Sheriff's Office	13	61	21.3%
Local Police	15	183	8.2%
State Police	10	64	15.6%
Mayor's Office	26	234	11.1%
Prevention Mini-Grant Recipients*	26	69	37.7%
Prevention Specialist	15	62	24.2%
Substance Abuse Treatment	13	35	37.1%
School-Based Health Center	7	23	30.4%
	662	2973	22.3%

\* DCJS grantees and Prevention Mini-Grant recipients represent a wide spectrum of individuals and organizations (e.g., law enforcement agencies; public, private, and non-profit community service providers; local governments, etc.) and are collapsed into those categories in subsequent analyses.

(See Table 1 and Appendix B) was first estimated using Cronbach’s alpha coefficient (Cronbach, 1951). Cronbach’s alpha is a measure of internal consistency that indicates the extent to which different items measure the same trait or construct. The more the items measure the same construct (i.e., sub-scale) the closer alpha will be to a value of 1.0, and generally an alpha of 0.70 or greater is acceptable.

A confirmatory factor analysis then was performed to test the hypothesis that items would correlate highly on common factors

corresponding to the community risk and protective sub-scales as they were originally mapped (Appendix B). Fairly stringent criteria were imposed whereby items with factor loadings less than 0.40 were excluded. Furthermore, Cronbach’s alpha analysis was used to maximize the reliability of each of the resulting factors. In this analysis, items with comparatively weak correlations with the overall factor and for which scale reliability increased upon their deletion were removed. Since community perceptions, community descriptors, availability of services,

and attitudes and beliefs were measured on different response scales, they were factor analyzed separately.

## Results

### Response Rates

At total of 662 completed questionnaires were returned, yielding an overall response rate of only 22.3% (Table 2). Response rates by key informant category varied substantially, ranging from 7.9% for County Prosecuting Attorney's offices to 52.2% for Family Resource Network (FRN) directors. Unfortunately, response rates in some important key informant categories were low. For example, low response rates were observed for local police (8.2%), mayor's offices (11.1%), and county commissioner's offices (9.1%). However, in these cases surveys were addressed to the respective office (e.g., mayor's office) instead of individuals by name. In retrospect, response rates in these categories may have improved had surveys been addressed to individuals.

### Reliability of the Community Sub-Scales

The internal consistency of risk and protective factor sub-scales as they were originally mapped (Appendix B) ranged from unsatisfactorily weak to fairly strong (Table 3). Items comprising the *Access to Services* (0.84) and *Community Disorganization* (0.78 and 0.84) sub-scales demonstrated highest reliability coefficients. These were followed by *Healthy Beliefs and Clear Standards from Parents, from*

*Schools, and from Communities* (0.76 and 0.83); and *Perceived Risk/Harm of Substance Use* (0.72).

Interestingly, items comprising the *Laws and Norms Favorable to Substance Use* sub-scale demonstrated the weakest internal reliability with alpha coefficients of only 0.35 and 0.32 when posed in the community perceptions and community descriptors questions (Table 3). Conversely, when posed in questions assessing individual attitudes and beliefs the sub-scale demonstrated a high level of reliability (0.88).

The ten items in the *Community Attachment* sub-scale demonstrated a modest level of internal consistency (0.58) (Table 3).

Finally, two items that were not mapped specifically to community sub-scales nonetheless appeared to be correlated. These items, one dealing with the level of trust among community members and the other with communication among community stakeholders, had a reliability coefficient of 0.47 (Table 3).

### Confirmatory Factor Analysis

For the most part, factor analyses on each pool of questionnaire items (i.e., *Community Perceptions, Community Descriptors, Access to Services, and Attitudes and Beliefs*) confirmed the risk and protective factor domain sub-scale as were originally mapped in the questionnaire. Some minor cross-over among sub-scales was observed, however, this was believed to be more a function of question wording than any concrete departure from the risk and protective factor

Table 3. Internal Reliability of Risk and Protective Factor Sub-scales Measuring Community Perceptions, Community Descriptors, Availability of Services and Programs, and Attitudes and Beliefs.

	Community Perceptions	Community Descriptors	Availability of Services/programs	Attitudes and Beliefs
Sub-scale	Cronbach's $\alpha$ (Number of Items)	Cronbach's $\alpha$ (Number of Items)	Cronbach's $\alpha$ (Number of Items)	Cronbach's $\alpha$ (Number of Items)
Community attachment	0.58 (10)	--	--	--
Community disorganization	0.78 (2)	0.84 (7)	--	--
Healthy beliefs and clear standards from parents, from schools, from communities	0.76 (4)	0.83 (5)	--	--
Laws and Norms Favorable to Substance Use	0.35 (3)	0.32 (3)	--	0.88 (10)
Access to Services	--	--	0.84 (19)	--
Perceived Risk/Harm of Substance Use	--	--	--	0.72 (10)
Opportunities for pro-social involvement <sup>a</sup>	--	n/a (1)	--	--
Unspecified	0.47 (2)	--	--	--

<sup>a</sup> Only one item was included for this sub-scale so no reliability coefficient was calculated

conceptual framework. The factor analysis did however reveal substantive dimensions within sub-scales that deserve attention and may be useful elements for understanding key informant responses. Also, reliability tests warranted the deletions of some items as they detracted from overall factor internal consistency.

**Community Perceptions.** Among the 21 items used to assess community perceptions, 17 reduced to 4-factors (Table 4). The derived factor components demonstrated high reliability (i.e., Cronbach's  $\alpha$  from 0.76 to 0.83), and explained 59.4% of the variance among the all 17 items.

The first two factors were comprised predominately of items originally mapped in the community attachment sub-scale. The first

includes items that seem to capture respondent's identity with, rooted-ness, or belonging—perhaps their *Sense of Place*—in their community. The items in this factor convey a sense of feeling at home, security, and civic pride. The second factor is labeled *Community Commitment* and contains items having more to do with shared community values and trust, influence and problem solving, and communication.

Items in the third factor fall in the *Healthy Beliefs and Clear Standards* sub-scale and reflect the role of institutions in expressing community beliefs and norms about substance use. The support of community schools, law enforcement agencies, and churches and faith-based organizations for zero-tolerance positions on ATOD substances seems to signal the

Table 4. Confirmatory Factor Analysis and Internal Reliability of Items Measuring Community Perceptions.

<b>Factor 1: Community Attachment - Sense of Place</b>			
Score	Item	Mapped Sub-scale	Reliability
0.804	I like my community	Community attachment	0.83
-0.738	I'd like to get out of my community	Community attachment	
0.723	I feel at home in my community	Community attachment	
0.705	I am proud of where I live	Community attachment	
0.598	I feel safe in my community	Community disorganization	
0.546	My neighbors and I want the same thing from this community	Community attachment	
<b>Factor 2: Community Attachment – Community Commitment</b>			
Score	Item	Mapped Sub-scale	Reliability
0.712	I have influence in my community	Community attachment	0.76
0.643	If there is a problem in this community people who live here can get it solved	Community attachment	
0.606	People in my community share the same values	Community attachment	
0.593	Generally speaking, most people in my community can be trusted	Unspecified	
0.579	Parents, teachers, police, ministers, doctors and others discuss community needs/conditions	Unspecified	
0.571	I know most of the people who live in my community	Community attachment	
<b>Factor 3: Healthy Beliefs and Clear Standards - Institutional Support for Prevention</b>			
Score	Item	Mapped Sub-scale	Reliability
0.825	Schools in my community support “no use” messages about ATOD	Healthy beliefs and clear standards	0.79
0.800	Law enforcement agencies support for “no use” policy about ATOD	Healthy beliefs and clear standards	
0.787	Community churches and faith-based organizations support “no use” policy	Healthy beliefs and clear standards	
<b>Factor 4: Laws and Norms Favorable to Substance Use - Tolerance for Substance Use</b>			
Score	Item	Mapped Sub-scale	Reliability
0.863	Alcohol use by minors is tolerated in my community	Laws/Norms Favorable to Substance Use	0.78
0.859	Drug use is tolerated in my community	Laws/Norms Favorable to Substance Use	

support of these institutions for community prevention efforts.

The final factor consists of only 2 items dealing with community tolerance for alcohol use among minors and drug use generally.

Tolerance for substance use in a community, whether it is expressed explicitly or inadvertently through lack of concern or enforcement of laws, is suggestive of an increased risk for problems associated with substance abuse.

**Community Descriptors.** Twelve of the 17 community descriptor items loaded on 3 factors (Table 5). Factors had high reliability and explained 66.9% of the variance among the pool

of items. Factors corresponded with two risk and protective factor sub-scales—*Community Disorganization* and *Healthy Beliefs and Clear Standards*. *Community Disorganization* was compiled of items depicting community deterioration in terms of violence, crime, vacant buildings, and the like. The *Healthy Beliefs and Clear Standards* sub-scale split into two distinct components: *Youth Support Systems* which reflects support for youth among community schools, churches, and families; and *Media Influence* suggesting the positive influence media may have on perceptions about substance use.

Table 5. Confirmatory Factor Analysis and Internal Reliability of Items Measuring Community Descriptors.

Factor 1: Community Disorganization			
Score	Item	Mapped Sub-scale	Reliability
0.780	Fights	Community disorganization	0.85
0.759	Lots of empty or abandoned buildings	Community disorganization	
0.753	Crime and drug selling	Community disorganization	
0.751	Drug overdoses	Community disorganization	
0.750	Lots of graffiti	Community disorganization	
0.692	Large groups of loiterers on street	Community disorganization	
0.600	Lots of empty beer cans or liquor bottles along streets	Community disorganization	
Factor 2: Healthy Beliefs and Clear Standards - Youth Support Systems			
Score	Item	Mapped Sub-scale	Reliability
0.905	Local schools support youth	Healthy beliefs and clear standards	0.87
0.892	Local churches support youth	Healthy beliefs and clear standards	
0.792	Schools and families work with each other	Healthy beliefs and clear standards	
Factor 3: Healthy Beliefs and Clear Standards - Media Influence			
Score	Item	Mapped Sub-scale	Reliability
0.945	Media provides positive prevention messages about underage drinking	Healthy beliefs and clear standards	0.93
0.931	Media provides positive prevention messages about drug use	Healthy beliefs and clear standards	

**Access to Services.** Thirteen of the 19 items addressing the availability or access to community services reduced to three factors (Table 6). *Coping Services* ( $\alpha = 0.78$ ) includes counseling services (individual, group/family, and crisis) as well as classes or programs for improving skills for successful living (life skills, job training, and stress management). Generally, counseling refers to services to help people overcome concerns, problems, or difficulties they encounter in life with the purpose of assisting them in successfully meeting those issues. On the other hand, the other items in this factor connote opportunities for self-improvement in terms of managing or organizing ones life, job skills or employability, and stress management.

The next two factors are more specific to substance abuse issues: *Community-Based*

*Prevention and Treatment Services* ( $\alpha = 0.74$ ) and *School-Based Prevention Services* ( $\alpha = 0.70$ ). The first includes items getting at the availability of community based training and programs to raise awareness about substance abuse issues as well as promotion of healthy lifestyles, recognition of signs or symptoms of use, and finally treatment services. The second, containing only two items, addresses the availability of school-based prevention training or programming for both parents and students.

**Attitudes and Beliefs.** The final pool of items analyzed in this report was intended to assess attitudes and beliefs in terms of favorable laws and norms about substance abuse and perceived risk/harm of substance abuse. While the items reduced to two factors that for the most

Table 6. Confirmatory Factor Analysis and Internal Reliability of Items Measuring Access to Services.

Factor 1: Access to Services - Coping Services			
Score	Item	Mapped Sub-scale	Reliability
0.791	Individual counseling	Access to Services	0.78
0.775	Group/Family counseling	Access to Services	
0.668	Crisis counseling	Access to Services	
0.529	Life Skills classes	Access to Services	
0.512	Job training programs	Access to Services	
0.504	Stress Management classes	Access to Services	
Factor 2: Access to Services – Community-Based Prevention and Treatment Services			
Score	Item	Mapped Sub-scale	Reliability
0.755	Community-based training on drug and alcohol issues for adults	Access to Services	0.74
0.736	Community-based programs on drug and alcohol use for youth	Access to Services	
0.617	Training related to signs and symptoms of drug and alcohol use	Access to Services	
0.534	Treatment services for drug and alcohol abuse	Access to Services	
0.523	Programs to promote healthy lifestyles	Access to Services	
Factor 3: Access to Services – School-Based Prevention Services			
Score	Item	Mapped Sub-scale	Reliability
0.771	School-based training on drug and alcohol issues for parents	Access to Services	0.70
0.716	School-based drug and alcohol prevention programs for youth	Access to Services	

part were consistent with how items were originally mapped, an interesting cross-over was observed (Table 7). Three items that originally were thought to relate to perceived risk/harm loaded with items related to laws and norms favorable to drugs. However, unlike other items in the perceived risk/harm factor, which were written in the context of *“people who use increase their risk of experiencing negative consequences,”* these posited the opposite that *“people can use without experiencing negative consequences.”* This result begs the question *Had these items been stated differently would respondents have answered differently?* If so, it calls into question of the validity of the three items and suggests that additional piloting of these questionnaire items was warranted.

An additional issue with the *Perceived Risk/Harm of Substance Use* factor is that it’s

reliability factor ( $\alpha = 0.69$ ) is slightly below the generally acceptable minimum for scale reliability. As such, it is not clear that the items used in the questionnaire are adequate to reliably assess the perceived risk construct.

## Discussion

Although minor departures were observed, this study generally confirms community risk and protective factor domain subscales. The internal consistency of risk and protective factor domain subscales as they were originally mapped ranged from fairly weak to strong. Clearly the items selected to represent the *Laws and Norms Favorable to Drug Use* subscale among the community attachment and community descriptor item pools insufficiently captured that dimension. On the other hand, the

Table 7. Confirmatory Factor Analysis and Internal Reliability of Items Measuring Attitudes and Beliefs.

Factor 1: Laws and Norms Favorable to Substance Use			
Score	Item	Mapped Sub-scale	Reliability
0.825	It is okay to use alcohol to have a good time	Laws and Norms Favorable to Substance Use	0.89
0.812	It is okay to use drugs to have a good time	Laws and Norms Favorable to Substance Use	
0.809	It is okay to use alcohol to relax	Laws and Norms Favorable to Substance Use	
0.800	It is okay to use drugs to relax	Laws and Norms Favorable to Substance Use	
0.741	It is okay to take drugs to do better at work	Laws and Norms Favorable to Substance Use	
0.715	It is okay to take drugs to stay awake while driving	Laws and Norms Favorable to Substance Use	
0.698	It is okay to use drugs to lose weight	Laws and Norms Favorable to Substance Use	
0.653	People can use marijuana without hurting their family	Perceived Risk/Harm of Substance Use	
0.567	Everyone should try alcohol or drugs once	Laws and Norms Favorable to Substance Use	
0.489	People can stay healthy if they abuse drugs	Perceived Risk/Harm of Substance Use	
0.485	It is ok to take someone else's prescription if you know what it is for	Laws and Norms Favorable to Substance Use	
0.432	People can stay healthy even if they abuse alcohol	Perceived Risk/Harm of Substance Use	
Factor 2: Perceived Risk/Harm of Substance Use			
Score	Item	Mapped Sub-scale	Reliability
0.696	People risk harming themselves if they smoke one or more packs of cigarettes per day	Perceived Risk/Harm of Substance Use	0.69
0.655	Regular drug users get in trouble with the law	Perceived Risk/Harm of Substance Use	
0.651	People risk harming themselves if they have five or more alcoholics drinks close together	Perceived Risk/Harm of Substance Use	
0.522	Pregnant women who drink alcohol may hurt their unborn child	Perceived Risk/Harm of Substance Use	
0.507	Smoking marijuana can hurt driving ability	Perceived Risk/Harm of Substance Use	
0.507	Sleeping pills may be habit forming	Perceived Risk/Harm of Substance Use	

items representing this sub-scale in the question assessing attitudes and beliefs exhibited high reliability. Perhaps it was more difficult for respondents to convey their sense of “community” norms than it was to express their own individual attitudes and beliefs.

Interestingly, in the confirmatory factor analysis the *Community Attachment* sub-scale, which initially demonstrated a modest level of internal consistency, split into two distinct factors with high reliability ( $\alpha \geq 0.76$ ). Combined these factors (i.e., *Sense of Place* and *Community Commitment*) reflect respondent’s expression of attachment to and a sense that they can make a difference in their communities.

It is difficult to compare the *Community Commitment* factor in this study to what Beebe et al. (2001) labeled *Perception of Community Commitment*. The latter was comprised of only two items that seem more about the lack of interest in community change and an absence of a sense of commitment. Items comprising the *Community Commitment* factor relate more to shared values, trust, problem solving capacity, and communication among influential community members.

Combined, however, these two factors seem to relate to aspects of social capital. Falk and Kilpatrick define social capital as the “product of social interactions with the potential to contribute to the social, civic, or economic well-

being of a community-of-common-purpose” (1999:103). In their conceptualization social capital is both built and used through the complex interactions between ones identity resources (e.g., commitment to community, trust, self confidence, personal values, etc.) and knowledge resources (e.g., social networks, skills and knowledge, communications, and community values). The quantity and quality of interactions among these resources determines a community’s wherewithal to act for it own benefit.

Communities with social capital are those characterized by the presence of such aspects as trust, participation in networks, positive social norms, shared resources, and reciprocity (Onyx and Bullen 2000). Presumably they have a greater collective capacity to address problems such as those associated with substance abuse.

Beebe et al. (2001) describe a *Support for Prevention* factor that to some extent parallels three factors identified in this study. Common threads include school and law enforcement involvement in prevention (*Institutional Support for Prevention* and *Youth Support Systems*), and the influence of public service announcements and advertising (*Media Influence*). They also identified a factor relating to permissive attitudes toward use which appears consistent with the *Tolerance for Substance Use* and *Laws and Norms Favorable to Drugs* factors in this study.

The *Community Disorganization* factor parallels a scale that Beebe et al (2001) labeled *Perception of ATOD Problem in Community*. Community disorganization is characterized by high crime and violence rates, presence of vacant or abandoned buildings, or evidence of

alcohol use or drug activity. In communities where these issues are prevalent, it is more difficult for institutions such as schools, churches, or families to promote positive social values and norms (Hawkins et al., 1998).

## Conclusion

This report was intended to present the technical aspects of a key informant survey around the issue of substance use and the reliability of sub-scales of the community risk and protective factor domain. The results are a set of factors that reliably tap into key informant respondents perceptions, beliefs, and attitudes about their communities and substance use issues. These factors, along with additional key informant responses about substance use, availability, ease of access, and other related issues will be further analyzed in the second report from this project.

## References

- Agostinelli, G. and Grube, J.W. 2002. Alcohol Counter-Advertising and the Media: A Review of Recent Research. *Alcohol Research and Health*. 26(1):15-21.
- Arthur, Michael W.; Hawkins, J. David; Pollard, John A.; Catalano, Richard F.; Baglioni Jr., A. J. 2002. Measuring Risk and Protective Factors for Substance Use, Delinquency, and Other Adolescent Problem Behaviors. *Evaluation Review*. (26)6: 575-601.
- Austin, Erica Weintraub, Johnson, Kristine Kay. 1997. Effects of general and alcohol-specific media literacy training on children's decision making about alcohol. *Journal of Health Communication* 2(1):17-42.

- Bahk, C. Mo. (1997). The Impact of Presence Versus Absence of Negative Consequences in Dramatic Portrayals of Alcohol Drinking. *Journal of Alcohol and Drug Education*, Spring 1997, Vol. 42, No. 3, pp. 18-25.
- Beebe, T. J., Harrison, P.A., Charma, A. and Hedger, S. 2001. The Community Readiness Survey: Development and Initial Validation. *Evaluation Review* 25(1):55-71.
- Birckmayer, J.D., Holder, H. D., Yacoubian, G. S., and Friend, K. B. (2004). A General Causal Model To Guide Alcohol, Tobacco, And Illicit Drug Prevention Assessing The Research Evidence. *Journal of Drug Education*, 34(2) 121-153, 2004
- Chaloupka, F.J.; Saffer, H.; And Grossman, M. 2002. The Effects of Price on Alcohol Consumption and Alcohol-Related Problems. *Alcohol Research and Health*. 26(1):22-34.
- Chronbach, L. 1951. Coefficient alpha and the internal structure of tests. *Psychometrika* 44:373-393.
- Eyler, A.A., Mayer J., Rafii, R., Housemann, R. , Brownson, R.C., & King, A.C. (1999). Key Informant Surveys as a Tool to Implement and Evaluate Physical Activity Interventions in the Community. *Health Education Research*,14(2), 289-98.
- Falk, Ian and Sue Kilpatrick. (1999). What Is Social Capital? A Study of Interaction in a Rural Community. *Sociologia Ruralis*, 40(1):87-110
- Grube, J.W. and L. Wallack. (1994). Television Beer Advertising and Drinking Knowledge, Beliefs, and Intentions among Schoolchildren. *American Journal of Public Health*, Vol. 84 (2), pp. 254-259.
- Hawkins, J. David, Catalano, Richard F. and Miller, Janet Y. 1998. Risk and Protective Factors for Alcohol and Other Drug Problems in Adolescence and Early Adulthood: Implications for Substance Abuse. *Psychological Bulletin*. 112(1), 64-106.
- Kegler, M.C. & Harris, V.W. (year). A Multiple Case Study of Neighborhood Partnerships for Positive Youth Development. *American Journal of Health Behavior*, 27(2), 156-170.
- Kennedy, S., Johnson, K., Harris, A., Lincoln, A., Neace, W., and Collins, D. (2004). Evaluation of HIV/AIDS Prevention Resources in Liberia: Strategy and Implications. *AIDS Patient Care & STDs*, 18(3), 12, 169.
- Marojele, N.K.; Flisher, A.J.; Muller, M; Ziervogel, C.F.; Reddy, P.; Lombard, C.J..2002. Measurement of Risk and Protective Factors for Drug Use and Anti-Social Behavior among High School Students in South Africa. *Journal of Drug Education*, 32(1):15-40.
- Onyx, J., & Bullen, P. (2000). Measuring social capitol in five communities. *Journal of Applied Behavioral Science*. 36(1):23-42.
- Rebori, M., Lewis, S., Miller, E., and Dahlen, C. (2001). Community Leader's Guide. University of Nevada-Reno. Cooperative Extension. Retrieved June 4, 2004 from <http://www.unce.unr.edu/publications/EBPubs/EB0103/default.htm>
- Schinke, S, Brounstein, P and Gardner, S. *Science-Based Prevention Programs and Principles, 2002*. DHHS Pub. No. (SMA) 03-3764. Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, 2002.
- Schwartz, T.J. 2004. Convergence Between Psychology and Public Health in a Rural Community. *Journal of Rural Community Psychology*. Volume E7 Number 2 Fall 2004. Available at: [www.marshall.edu/jrcp/E7\(2\)\\_Schwartz.htm](http://www.marshall.edu/jrcp/E7(2)_Schwartz.htm)
- Stajduhar, K., Poffenroth. L., Wong, E., Archibald, C., Sutherland, D., & Rekart, M. (2004). Missed Opportunities: Injection Drug Use and HIV/AIDS in Victoria, Canada. *International Journal of Drug Policy*, 15(3), 11,171.
- Wagenaar, A.C. & Toomey, T.L. (2002). Effects of Minimum Drinking Age Laws: Review and Analysis of the Literature from 1960 to 2000. *Journal of Studies on Alcohol*. Supplement No. 14, 2002, 206-225.
- Wagenaar, A.C. & Toomey, T.L. (2002). Effects of Minimum Drinking Age Laws: Review and

Analysis of the Literature from 1960 to 2000.  
*Journal of Studies on Alcohol*. Supplement No.  
14, 2002, 206-225.

Wilkins, C., Rose, E., Trappitt, D., Sellman, D.,  
Adamson, S. and DeZwart, K. (2004). Recent  
Changes in the Methamphetamine Scene in New  
Zealand: Preliminary Findings from Key  
Informant Surveys of Drug Enforcement Officers  
and Drug Treatment Workers. Retrieved June 4,  
2004 from [http://www.police.govt.nz/resources/  
2004/meth-scene/#questions](http://www.police.govt.nz/resources/2004/meth-scene/#questions).

Witt, P.A. & Crompton, J.L (1997). The protective  
factors framework: A key to programming for  
benefits and evaluating for results. *Journal of  
Park and Recreation Administration*, 15(3):1-18.

Zimmerman, R.E., Steinmann, L. and Schueler,  
V. *Designing Customer Surveys That Work*.  
Retrieved January 14, 2003 from  
<http://www.qualitydigest.com/oct96/surveys.html>

# **Appendix A**

## **Questionnaire**



## Community Survey About Alcohol, Tobacco, and Other Drugs



Is alcohol, tobacco, or other drug abuse a problem in your community? You can help your community focus on the abuse problems of greatest need by completing this questionnaire. For this survey, community may mean the city, town, neighborhood, or area where you live. Answer each question by checking the box that best matches your opinion or filling in the blanks. Your participation is voluntary. You may skip any question you do not want to answer, and your answers will be confidential. **DO NOT** put your name on the questionnaire.

1. What is your gender?  Male  Female

2. What is your age?  18-24  25-30  
 31-35  36-40  
 41-45  46-50  
 51-55  56-60  
 61-65  65 or older

3. How would you describe yourself?  Native American/American Indian  
 Black or African American  
 Hispanic or Mexican American  
 White or Caucasian  
 Asian American  
 Bi-racial  
 Other racial or ethnic group (describe \_\_\_\_\_)

(Please choose only one answer.)

4. What is your zip code? \_\_\_\_\_

5. What county do you live in? \_\_\_\_\_

6. How long have you lived in your community? \_\_\_\_\_ yrs \_\_\_\_\_ mos

7. How many times have you relocated (moved from one location to another) within your community?  
 Never  Once  Twice  Three times  Four or more times

8. What is the highest level of education you achieved?  
 Jr. high / middle school  High school grad.  Some college  
 College degree  Advanced degree

9. How many neighbors who live close to you do you know?  
 None  1-3  4-6  7-10  More than 10

10. Tell us how much you agree or disagree with the following statements about your community (Please check the box that best describes how you feel about each of the following statements).

	Strongly Agree	Agree	Disagree	Strongly Disagree
I feel at home in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My neighbors and I want the same thing from this community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug use is tolerated in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People move in and out of my community a lot.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol use by minors is tolerated in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel safe in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laws against having weapons in school or on school property are strictly enforced in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'd like to get out of my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am proud of where I live.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schools in my community support "no use" messages about tobacco, alcohol, and other drugs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community churches and faith-based organizations support "no use" messages about tobacco, alcohol, and other drugs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law enforcement agencies support "no use" policy about tobacco, alcohol, and other drugs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People in my community share the same values.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have influence in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If there is a problem in my community, people who live here can get it solved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parents, teachers, police, ministers, doctors, and others discuss community needs and conditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is a drug or alcohol problem in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know most of the people who live in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally speaking, healthy behaviors are encouraged in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally speaking, most people in my community can be trusted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. How easy is it in your community for youth to get the items listed below? (Please check the box that best describes your opinion.)

	Very Easy	Fairly Easy	Fairly Hard	Very Hard	Don't Know
Tobacco (cigarettes, cigars, snuff, chew, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol (beer, wine, liquor, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana (pot, grass, weed, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other illegal drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription drugs for non-medical reasons (Tylox, OxyContin, Ritalin, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. What percent of the teenagers in your community would you say use the items listed below? (Please write the percentage in the space provided.)

	Percent
Tobacco (cigarettes, cigars, snuff, chew, etc.)	_____ %
Alcohol (beer, wine, liquor, etc.)	_____ %
Marijuana (pot, grass, weed, etc.)	_____ %
Other illegal drugs	_____ %
Prescription drugs for non-medical reasons (Tylox, OxyContin, Ritalin, etc.)	_____ %

13. How much concern is expressed by adults in your community about the "Drug Problem"?  
 Too little  Enough  Too much

14. How do you feel each of the following words or phrases describes your community? (Please check the box that best describes how you feel.)

	Definitely	A Little	Not Much	Not At All
Crime and drug selling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lots of empty or abandoned buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lots of graffiti	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug overdoses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervised recreation for youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Billboards promote alcohol sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large groups of loiterers on street	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug and alcohol laws are enforced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lots of happy hour establishments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth suicide is a problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local schools support youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local churches support youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schools and families work with each other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Media provides positive prevention messages about drug use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Media provides positive prevention messages about underage drinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lots of empty beer cans or liquor bottles along streets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Which of the following are available or offered in your county? (Please check Yes, No, or Don't Know.)

	Yes	No	Don't Know
Treatment services for drug and alcohol abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Programs to promote healthy lifestyles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community-based training on drug and alcohol issues for adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community-based programs on drug and alcohol use for youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training related to signs and symptoms of drug and alcohol use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Assistance Programs offered by employers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School-based training on drug and alcohol issues for parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School-based drug and alcohol prevention programs for youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cultural events or heritage awareness events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job training programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crisis counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group or Family counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stress Management classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DARE or other law enforcement prevention programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to medical services/pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuing Education classes for adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please continue on the back. ➔

**16. Choose the answer that best fits or describes how you think.**

(Please check Yes, No, or Don't Know.)

	Strongly Agree	Agree	Disagree	Strongly Disagree
Drinking coffee is a good way to sober up.	[ ]	[ ]	[ ]	[ ]
Heavy alcohol use hurts the family.	[ ]	[ ]	[ ]	[ ]
People can stay healthy even if they abuse alcohol.	[ ]	[ ]	[ ]	[ ]
Smoking marijuana can hurt driving ability.	[ ]	[ ]	[ ]	[ ]
People can stay healthy if they abuse drugs.	[ ]	[ ]	[ ]	[ ]
Sleeping pills may be habit forming.	[ ]	[ ]	[ ]	[ ]
People can use marijuana without hurting their family.	[ ]	[ ]	[ ]	[ ]
Everyone should try alcohol or drugs once.	[ ]	[ ]	[ ]	[ ]
It is ok to take someone else's prescription if you know what it is for.	[ ]	[ ]	[ ]	[ ]
Pregnant women who drink alcohol may hurt their unborn child.	[ ]	[ ]	[ ]	[ ]
It is okay to use alcohol to relax.	[ ]	[ ]	[ ]	[ ]
It is okay to use alcohol to have a good time.	[ ]	[ ]	[ ]	[ ]
It is okay to use drugs to relax.	[ ]	[ ]	[ ]	[ ]
It is okay to use drugs to have a good time.	[ ]	[ ]	[ ]	[ ]
It is okay to take drugs to do better at work.	[ ]	[ ]	[ ]	[ ]
It is okay to take drugs to stay awake while driving.	[ ]	[ ]	[ ]	[ ]
It is okay to use drugs to lose weight.	[ ]	[ ]	[ ]	[ ]
Regular drug users get in trouble with the law.	[ ]	[ ]	[ ]	[ ]
People risk harming themselves if they smoke one or more packs of cigarettes per day.	[ ]	[ ]	[ ]	[ ]
People risk harming themselves if they have five or more alcoholic drinks close together.	[ ]	[ ]	[ ]	[ ]

**17. Use the spaces below to add anything else you would like to say about your community.**

---

---

---

---

---

---

---

---

---

---

**18. Given sufficient resources, what would you do in your community about alcohol, tobacco, and drug abuse issues?**

---

---

---

---

---

---

---

---

---

---

**Thank you for participating in this survey.**

Please fold so the return address below is showing, moisten the glue strip at the bottom of Page 1, and ...

SEAL IT HERE

West Virginia Prevention Resource Center  
 Evaluation Program  
 Marshall University Graduate College  
 100 Angus E. Peyton Drive  
 South Charleston, WV 25303-1600

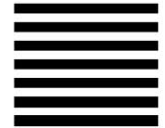


NO POSTAGE  
 NECESSARY  
 IF MAILED  
 IN THE  
 UNITED STATES

**BUSINESS REPLY MAIL**  
 FIRST-CLASS MAIL PERMIT NO. 79 CHARLESTON, WV

POSTAGE WILL BE PAID BY ADDRESSEE

WEST VIRGINIA PREVENTION RESOURCE CENTER  
 EVALUATION PROGRAM  
 MARSHALL UNIVERSITY GRADUATE COLLEGE  
 100 ANGUS E PEYTON DR  
 SO CHARLESTON WV 25303-9909



## **Appendix B**

# **Risk and Protective Factor Mapping**





# Key Informant Survey

## Risk and Protective Factor Domain Mapping

Item	Domain	Sub-Domain
1. What is your gender?	Demographic	
2. What is your age?	Demographic	
3. How would you describe yourself? (Race/Ethnicity)	Demographic	
4. What is your zip code?	Demographic	
5. What county do you live in?	Demographic	
6. How long have you lived in this community?	Community	Transition and Mobility
7. How many times have you relocated (moved from one location to another) within your community?	Community	Transition and Mobility
8. What is the highest level of education you achieved?	Demographic	
9. How many neighbors who live close to you do you know?	Community	Community Attachment
10. Tell us how much you agree or disagree with the following statements about your community		
a I feel at home in my community	Community	Community Attachment
b My neighbors and I want the same thing from this community	Community	Community Attachment
c Drug use is tolerated in my community	Community	Laws and Norms Favorable to Substance Use
d I like my community	Community	Community Attachment
e People move in and out of my community a lot	Community	Transition and Mobility
f Alcohol use by minors is tolerated in my community	Community	Laws and Norms Favorable to Substance Use
g I feel safe in my community	Community	Community Disorganization
h Laws against having weapons in school or on school property are strictly enforced in my community	Community	Laws and Norms Favorable to Substance Use
i I'd like to get out of my community	Community	Community Attachment
j I am proud of where I live	Community	Community Attachment
k Schools in my community support "no use" messages about tobacco, alcohol, and other drugs	Community	Healthy Beliefs and clear standards from Parents, From Schools, From Communities
l Community churches and faith-based organizations support "no use" messages about tobacco, alcohol, and other drugs	Community	Healthy Beliefs and clear standards from Parents, From Schools, From Communities
m Law enforcement agencies support for "no use" policy about tobacco, alcohol, and other drugs	Community	Healthy Beliefs and clear standards from Parents, From Schools, From Communities
n People in my community share the same values	Community	Community Attachment
o I have influence in my community	Community	Community Attachment
p If there is a problem in this community people who live here can get it solved	Community	Community Attachment
q Parents, teachers, police, ministers, doctors and others discuss community needs and conditions	Community	---
r There is a drug or alcohol problem in my community	Community	Community Disorganization
s I know most of the people who live in my community	Community	Community Attachment
t Generally speaking, healthy behaviors are encouraged in my community	Community	Healthy Beliefs and clear standards from Parents, From Schools, From Communities
u Generally speaking, most people in my community can be trusted	Community	---
11. How easy is it in your community for youth to get to items		

Item	Domain	Sub-Domain
<b>listed below?</b>		
a Tobacco (cigarettes, cigars, snuff, chew, etc.)	Community	Perceived Availability
b Alcohol (beer, wine, liquor, etc.)	Community	Perceived Availability
c Marijuana (pot, grass, weed, etc.)	Community	Perceived Availability
d Other illegal drugs	Community	Perceived Availability
e Prescription drugs for non-medical reasons (Tylox, Oxycontin, Ritalin, etc.)	Community	Perceived Availability
<b>12. What percent of the teenagers in your community would you say use the items listed below?</b>		
a Tobacco (cigarettes, cigars, snuff, chew, etc.)	Community	Perceived Availability
b Alcohol (beer, wine, liquor, etc.)	Community	Perceived Availability
c Marijuana (pot, grass, weed, etc.)	Community	Perceived Availability
d Other illegal drugs	Community	Perceived Availability
e Prescription drugs for non-medical reasons (Tylox, Oxycontin, Ritalin, etc.)	Community	Perceived Availability
<b>13. How much concern is expressed by adults in your community about the “Drug Problem”?</b>	Community	---
<b>14. How do you feel each of the following words or phrases describes your community?</b>		
a Crime and drug selling	Community	Community Disorganization
b Fights	Community	Community Disorganization
c Lots of empty or abandoned buildings	Community	Community Disorganization
d Lots of graffiti	Community	Community Disorganization
e Drug overdoses	Community	Community Disorganization
f Supervised recreation for youth	Community	Opportunities for Pro-social Involvement
g Billboards promote alcohol sales	Community	Laws and Norms Favorable to Substance Use
h Large groups of loiterers on street	Community	Community Disorganization
i Drug and alcohol laws are enforced	Community	Laws and Norms Favorable to Substance Use
j Lots of happy hour establishments	Community	Laws and Norms Favorable to Substance Use
k Youth suicide is not a problem	---	---
l Local schools support youth	Community	Healthy Beliefs and clear standards from Parents, From Schools, From Communities
m Local churches support youth	Community	Healthy Beliefs and clear standards from Parents, From Schools, From Communities
n Schools and families that work with each other	Community	Healthy Beliefs and clear standards from Parents, From Schools, From Communities
o Media provides positive prevention messages about drug use	Community	Healthy Beliefs and clear standards from Parents, From Schools, From Communities
p Media provides positive prevention messages about underage drinking	Community	Healthy Beliefs and clear standards from Parents, From Schools, From Communities
q Lots of empty beer cans or liquor bottles along streets	Community	Community Disorganization
<b>15. Which of the following are available or offered in your community?</b>		
a Treatment services for drug and alcohol abuse	Community	Access to Services
b Programs to promote healthy lifestyles	Community	Access to Services
c Community-based training on drug and alcohol issues for adults	Community	Access to Services

Item	Domain	Sub-Domain
d Community-based programs on drug and alcohol use for youth	Community	Access to Services
e Training related to signs and symptoms of drug and alcohol use	Community	Access to Services
f Employee Assistance Programs offered by employers	Community	Access to Services
g School-based training on drug and alcohol issues for parents	Community	Access to Services
h School-based drug and alcohol prevention programs for youth	Community	Access to Services
i Cultural events or heritage awareness events	Community	Access to Services
j Job training programs	Community	Access to Services
k Crisis counseling	Community	Access to Services
l Individual counseling	Community	Access to Services
m Group/Family counseling	Community	Access to Services
n Stress Management classes	Community	Access to Services
o Life Skills classes	Community	Access to Services
p DARE or other law enforcement prevention programs	Community	Access to Services
q Access to medical services/pharmacy	Community	Access to Services
r Continuing Education classes for adults	Community	Access to Services
s Public transportation	Community	Access to Services
<b>16. Choose the answer that best fits or describes how you think?</b>		
a Drinking coffee is a good way to sober up	Individual	Laws and Norms Favorable to Substance Use
b Heavy alcohol use hurts the family	Individual	Perceived Risk/Harm of Substance Use
c People can stay healthy even if they abuse alcohol	Individual	Perceived Risk/Harm of Substance Use
d Smoking marijuana can hurt driving ability	Individual	Perceived Risk/Harm of Substance Use
e People can stay healthy if they abuse drugs	Individual	Perceived Risk/Harm of Substance Use
f Sleeping pills may be habit forming	Individual	Perceived Risk/Harm of Substance Use
g People can use marijuana without hurting their family	Individual	Perceived Risk/Harm of Substance Use
h Everyone should try alcohol or drugs once	Individual	Laws and Norms Favorable to Substance Use
i It is ok to take someone else's prescription if you know what it is for	Individual	Laws and Norms Favorable to Substance Use
j Pregnant women who drink alcohol may hurt their unborn child	Individual	Perceived Risk/Harm of Substance Use
k It is okay to use alcohol to relax	Individual	Laws and Norms Favorable to Substance Use
l It is okay to use alcohol to have a good time	Individual	Laws and Norms Favorable to Substance Use
m It is okay to use drugs to relax	Individual	Laws and Norms Favorable to Substance Use
n It is okay to use drugs to have a good time	Individual	Laws and Norms Favorable to Substance Use
o It is okay to take drugs to do better at work	Individual	Laws and Norms Favorable to Substance Use
p It is okay to take drugs to stay awake while driving	Individual	Laws and Norms Favorable to Substance Use
q It is okay to use drugs to lose weight	Individual	Laws and Norms Favorable to Substance Use
r Regular drug users get in trouble with the law	Individual	Perceived Risk/Harm of Substance Use
s People risk harming themselves if they smoke one or more packs of cigarettes per day	Individual	Perceived Risk/Harm of Substance Use
t People risk harming themselves if they have five or more alcoholics drinks close together	Individual	Perceived Risk/Harm of Substance Use