

Community Readiness Survey Results Report

Franklin County, Ohio

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BACKGROUND

For years, prevention professionals have worked with communities with the goal of preventing alcohol, tobacco, other drug (ATOD) abuse and problem gambling among young people and adults. Armed with expertise, strategies, training, and good intentions, they would go into Community A and achieve some degree of success. That is, the community would embrace their efforts and make changes. However, they would go into Community B, armed with exactly the same skill set, and flop. What made the difference? After having done this “enough times,” they began to learn.

Perhaps we needed to consider the community itself and residents’ level of readiness to accept both the problem and our suggested strategies. Maybe one community is at a different level of readiness than another. Perhaps we need to match strategies to the community, instead of using a “one size fits all” approach.

Hence, the development of the Community Readiness Survey. Its purpose is to assess attitudes of residents in a community to ascertain their level of readiness for prevention services regarding alcohol, tobacco, other drug abuse, and problem gambling.

The Science Behind the Survey

Development of the Community Readiness Survey began in the late 1990s. Originally, the survey was about 100 items in length, focused on ATOD, and was validated with 15,000 residents in 30 Minnesota communities. This validation process is described in a manuscript entitled “The Community Readiness Survey: Development and Initial Validation” published in the February 2001 issue of *Evaluation Review*.

Since that publication, survey development has continued. In 2001, prevention professionals from ten states were asked to rate data from 50 communities using the ATOD items. Using a technique called Q-sort, they determined which communities were low and high on five domains, or scales of readiness, on the ATOD items. Using their ratings, we were able to empirically establish low and high levels of readiness to serve as benchmarks for future communities conducting the survey. This process is described in a manuscript entitled “Community Readiness Survey: Norm Development Using a Q-Sort Process” published in Volume 16, Number 1, 2006 issue of the *Journal of Child and Adolescent Substance Abuse*.

In 2005, the survey was expanded to include gambling. Experts in problem gambling prevention reviewed the survey. The survey was also tested in three focus groups: (1) young adults aged 18-30, (2) adults aged 31-55, and (3) seniors aged 56 and older. The survey was then field tested in three communities with varying levels of gambling activity.

The prescription drug section was added to the survey specifically for Ohio in 2011. The questions contained in the survey are pilot-tested and validated questions used in other national surveys to assess prevalence of prescription drug abuse in communities. The prescription drug section is reported separate from the original survey components because it was not included in the validation process of the core survey. Results and recommendations can be found on pages 26-34 of this report.

The Components of a Community Assessment

Think of a community assessment as a three-legged stool. The first leg is comprised of data on actual use rates: To what extent do young people and adults in the community actually use alcohol, tobacco, and other drugs? To what extent do they gamble? We typically obtain these data from school, adult, or household surveys. This information lets us know to what extent alcohol, tobacco, and other drug abuse and gambling problems (ATODG) actually exist in the community.

The second leg is an “infrastructure” assessment: What agencies exist in the community to deal with ATODG? What resources are in place? How do community leaders view these issues? When meetings are held in the community to discuss ATODG, what sectors are represented, and what are their views?

The third leg is an assessment of resident attitudes and community norms. How do residents view ATODG in the community? How prepared do they feel to take action? How much support would they lend to dealing with these issues? This is where the Community Readiness Survey comes in.

A stool is not complete with only one or two legs, and the same goes for the community assessment. If we gather data on actual use rates, conduct a formal or informal infrastructure assessment, and have information on resident attitudes and community norms, we have a fairly complete picture of the community regarding ATODG.

What the Survey Measures: The Five Domains

Domain I: Perception of an ATODG Problem Within Community

To what extent do residents perceive alcohol, tobacco, other drug use, and gambling by teens and adults to be a problem? To what extent do they see teens smoking in public? Adults and teens drinking in public? Teens and adults gambling? How able are they to connect crashes or injuries and violent crimes to alcohol and drug use? Do they perceive a link between problem gambling and financial problems or crimes? In other words, what is the level of awareness among residents regarding these issues?

Domain II: Permissive Attitudes Toward ATODG

Even if residents perceive a problem, they may feel it is “no big deal” or “okay” for such problems to exist among teens and adults. What are the community’s norms regarding ATODG? To what extent do residents endorse beliefs such as “Kids who experiment with alcohol or other drugs almost always grow out of it,” or “It’s okay for teens to play poker for money.” How much do they believe it’s okay to provide alcohol to their own children and other young people?

Domain III: Support for ATODG Policy and Prevention

To what extent do residents believe in the basic concept of prevention? Who should take responsibility for prevention? Would they be willing to increase taxes or volunteer time to support prevention efforts?

Domain IV: Access to Alcohol, Tobacco, and Gambling

How difficult do residents believe it is for young people to get access to alcohol, tobacco products, and gambling in the community? Are commercial or social sources perceived as providing easier access for young people?

Domain V: Perception of Community Commitment

Would this community mobilize around any issue, let alone ATODG? What is the level of overall community commitment or apathy?

METHODS

Survey Procedures

A random sample of 600 residents was drawn from postal route addresses in Franklin County. Each resident was mailed a pre-notification letter, individually addressed and signed by Franklin County Community for New Direction President/CEO Gregory A. Jefferson. The purpose of this letter was to inform residents that the survey would be coming to them, that it was important, and that the results would be used to help the community reduce problems associated with alcohol, tobacco, and other drug abuse and problem gambling.

A week later, a survey packet was mailed to each member of the sample. It contained:

- The survey instrument
- A self-addressed postage-paid envelope
- A cover letter from the Invitation Health Institute (formerly the Minnesota Institute of Public Health)
- An incentive in the form of a \$1 donation to a local charity

One week following the mailing of the survey packet, a reminder postcard was mailed to each member of the sample. If a potential respondent had lost or misplaced their survey, they were invited to call the Invitation Health Institute's 1-800 number and request a second survey.

Eleven percent (n=63) of the eligible sample responded to the survey. Three surveys were returned as undeliverable by first class mail. This number was subtracted from the sample of 600 and deemed ineligible. Franklin County's response rate of 11% was very low compared to the response rates typically seen in other communities conducting the Community Readiness Survey. This low response rate itself can be interpreted as a sign of low community commitment.

To address the low response rate to the mailed survey, prevention leaders in the community distributed the survey instrument to additional potential respondents. This boosted the total number of responses to 235, and although respondents were not chosen as part of a random sample, the addition of the second, non-random sample can be seen as increasing the meaningfulness of the survey.

Based on the county population size and the response rate, the confidence interval or margin of error for a question with a 50/50 split would be 6.4%. For example, a finding that one-half of respondents supported prevention efforts would be within plus or minus 6.4% with a 95% confidence level. Furthermore, the margin of error is smaller for a question response with a larger difference in percentages of response options. In this example, the 67% who agree or strongly agree that ATODG problems can be reduced through prevention has a margin of error of 6%. In other words, if we repeated the same survey one-hundred times with different samples of Franklin County residents, 95 out of the 100 survey responses to this question would be within plus or minus 6%; or between 61% and 73%.

Sample Characteristics

Historically, it has been our experience that older residents respond to mailed surveys at higher rates than their population numbers. In contrast, Franklin County had only 21% of first sample respondent's aged 65 and above. The majority of the respondents (48%) were between the ages of 45 and 64. The second sample taken in Franklin County compliments the initial mail-based random sample well with 41% of the respondents under the age of 24. The respondents to the Community Readiness Survey reflect the overall make-up of Franklin County. The median age of Franklin County, Ohio residents is 33.1 years old, with 56% of residents between the ages of 25-64 (US Census Bureau, 2010).

Franklin County, Ohio is racially and ethnically diverse. Sixty-nine percent of residents are White; 21% Black/African American; 5% Hispanic; 4% Asian; 0.2% American Indian/ Alaska Native; and 0.1% Native Hawaiian and Other Pacific Islander (US Census, 2010).

The Community Readiness Survey respondents were also racially and ethnically diverse. Fifty-three percent were Black/African American; 28% White; 13% Hispanic/Latino; 4% American Indian/Alaska Native; and 3% Asian or Pacific Islander.

Combined, (sample one and sample two) males represented 53% of responses and females (47%). Franklin County at-large is 49% male and 51% female (US Census, 2010).

In terms of level of education, a majority of the respondents (32%) have high school/GED; 25% have less than a high school degree; 19% have some college; 16% have a college degree; and 8% have a vocational/technical degree. It is important to keep in mind the 41% of respondents under the age of 24 when interpreting these results, as many of those young respondents may not have completed their education.

Forty-nine percent (49%) reported being parents or primary caregivers of child(ren) under 21. Of these, 6% are parents of adolescents (ages 13-17), while 56% have younger children aged 0-6 years. Again, parents are a group, not surprisingly, that tend to respond to this survey in greater numbers than their population numbers.

In summary, when comparing the age, gender, race/ethnicity, and parental status of respondents who participated in the Community Readiness Survey to the Franklin County Census allows the results of this survey to be applicable to the community at-large. The table below compares the demographics of Franklin County residents who responded to the survey to the demographics of Franklin County residents based on the 2010 Census data.

Demographic Measure	Mail Survey Respondents	Community Survey Respondents	Survey Respondent Total	Franklin County 2010 Census Data*
Gender				
Female	54.1%	44.4%	47.1%	51.3%
Male	45.9%	55.6%	52.9%	48.7%
Age				
24 and younger	3.3%	41.2%	31.0%	35.8%
25 – 44 years old	27.9%	41.2%	37.6%	29.9%
45 – 64 years old	47.5%	17.6%	25.7%	24.2%
65 years and older	21.3%	0%	5.8%	9.9%
Education				
Bachelor degree or more	38.7%	7.3%	15.9%	16%
Some college	19.4%	18.3%	18.6%	19%

Vocational/Technical degree	8.1%	7.9%	8.0%	8%
High School or GED	27.4%	34.1%	32.3%	32%
Less than High School degree	6.5%	32.3%	25.2%	25%
Race/Ethnicity				
American Indian	4.6%	3.5%	3.8%	0.2%
Asian or Pacific Islander	3.1%	2.3%	2.5%	3.9%
Black or African American	24.6%	63.6%	52.9%	21.2%
Latino or Hispanic	0%	17.9%	13.0%	4.8%
White	67.7%	12.7%	27.7%	61.2%

* Source: United States Census Bureau. 2010. Available at www.2010.census.gov

RESULTS

ALCOHOL, TOBACCO, OTHER DRUGS, AND GAMBLING

Domain I: Perception of an ATODG Problem within Community

To what extent do residents perceive alcohol, tobacco, and other drug use and gambling by teens and adults to be a problem? Higher scores on this domain mean residents have a higher perception of problems associated with alcohol, tobacco, other drug use, and gambling.

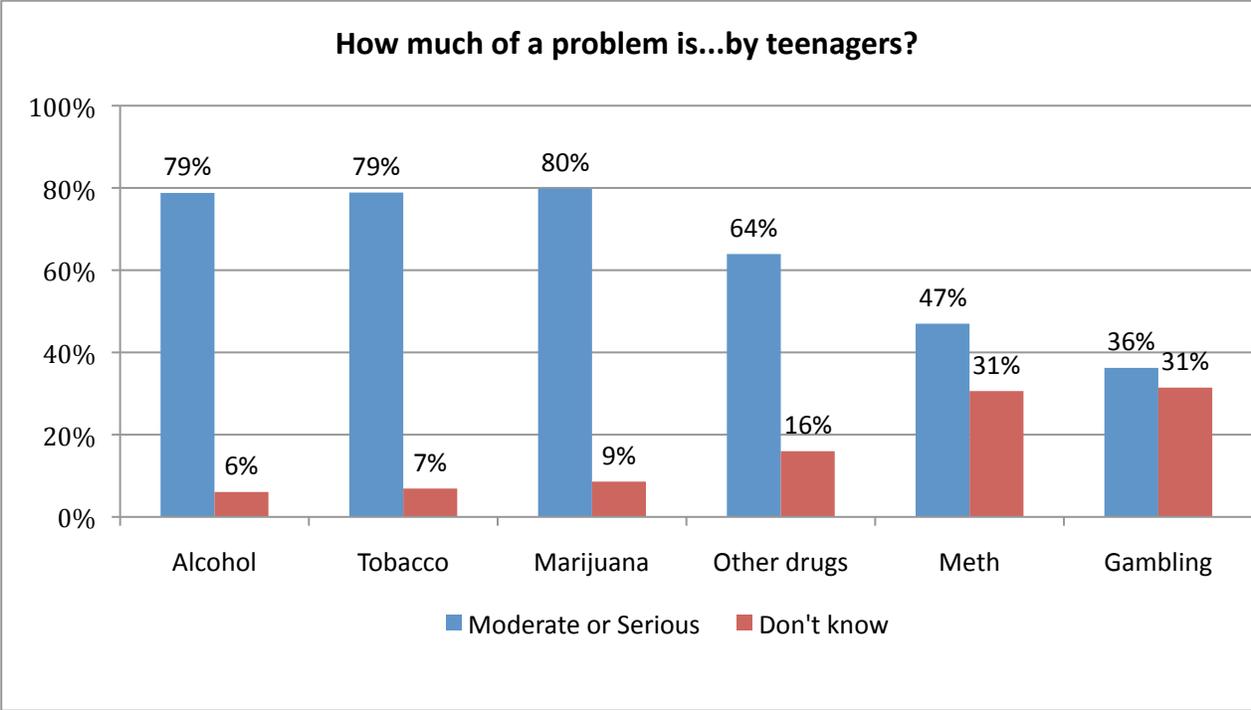
Higher score = more perception of a problem

Lower score = less perception of a problem

Sixty-six percent (66%) of the sample say they recall an alcohol or drug related youth death in the community in the last 12 months. Fifty-four percent (54%) of the sample responded that they recall a prominent person embezzling money or participating in other illegal activities to support a gambling problem in the community in the last 12 months.

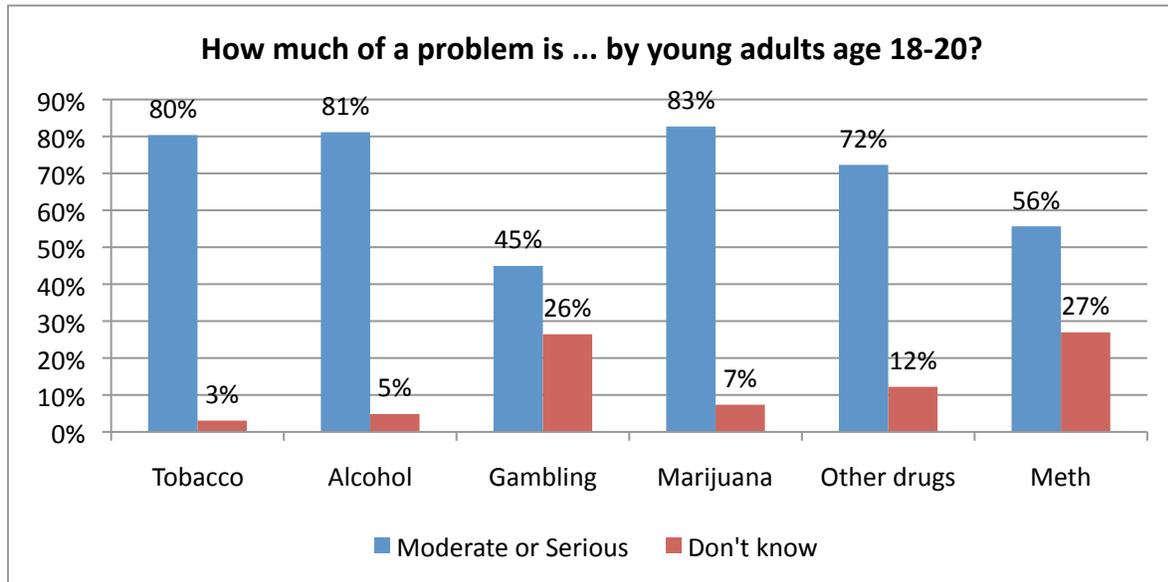
How much of a problem is ... by teenagers?

In general, we see that community members view marijuana (80%), alcohol (79%), and tobacco use (79%) as the top three moderate or serious problems among teenagers in Franklin County. Followed by other drugs (64%), methamphetamine use (47%), and gambling (36%). Also important is the relatively high (31%) of respondents that indicated that they “Don’t Know” the extent of the problems as they pertain to methamphetamine use and gambling among teenagers.



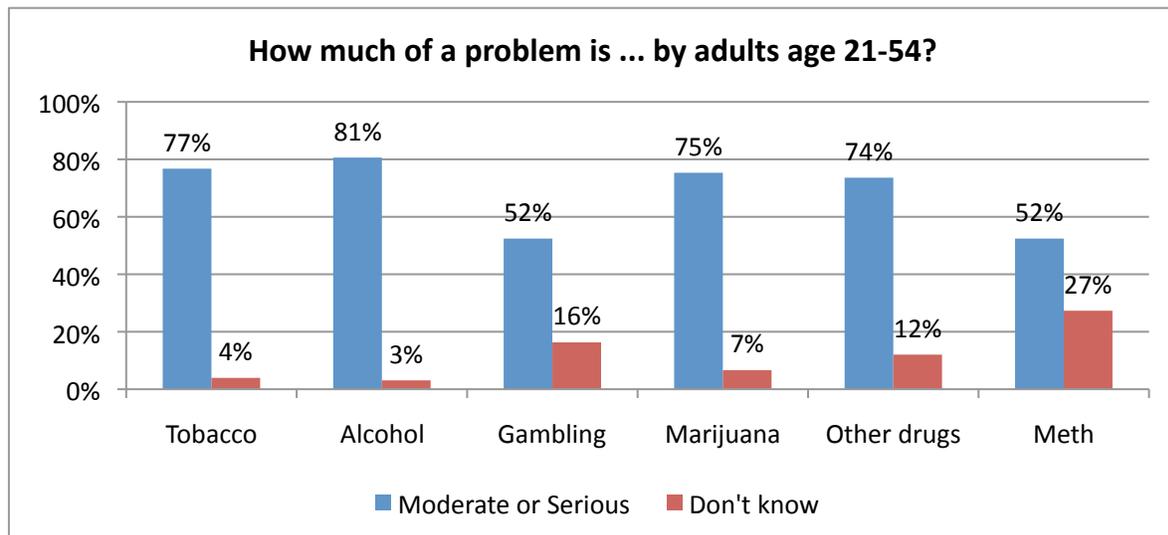
How much of a problem is ... by young adults age 18 – 20?

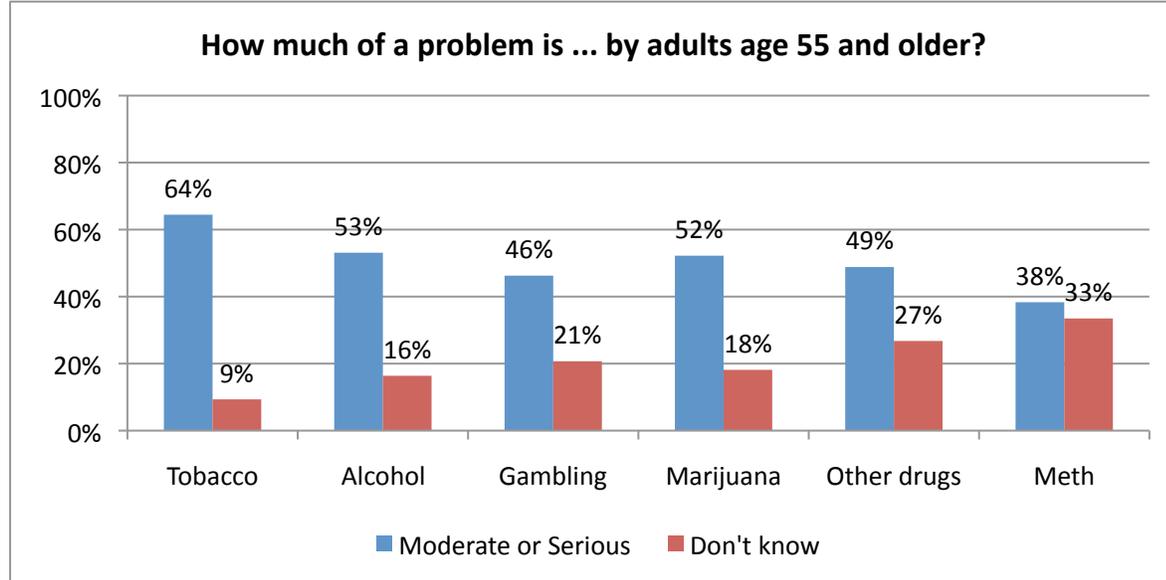
When we examine the percentages asking how serious these problems are for young adults age 18-20, respondents reported the following to be a moderate or serious problem. We see that marijuana (83%) use was ranked highest in terms of seriousness, followed closely by alcohol (81%), tobacco (80%), and other drug use (72%).



How much of a problem is ... by adults age 21 – 54?

Among adults age 21-54, respondents reported alcohol (81%), tobacco (77%), marijuana (75%), and other drugs (74%) as moderate to serious problems within the community. Methamphetamine use (52%) and gambling (52%) were identified less often, as a moderate or serious problem.



How much of a problem is ... by adults' age 55 and older?

Among adults age 55 and older, tobacco use (64%) was found to be the most serious problem, followed by alcohol use (53%), and marijuana (52%). Historically, marijuana is not viewed as a moderate or serious problem among adults aged 55 and older. This finding is unique to Franklin County. SAMHSA has identified some key research related to long-term health effects of chronic marijuana abuse and the aging society. Co-occurring mental disorders and/or chronic diseases may accompany the marijuana dependence among adults aged 55 and older. This can interfere with chronic disease self-management, mood disorder treatment, as well as increase susceptibility of self-harm due to the difference in metabolism and absorption of the drug by older adult users.

Where does your community rate the seriousness of this issue and what does it all mean?

The lower the percentages, the fewer residents in Franklin County believe ATODG to be a problem for teens and adults. The higher the percentages, the more they view it as a concern, and, perhaps, the more willing they will be to tackle the issue.

Lower percentages may occur for a variety of reasons. In some situations, the community has been actively working on ATODG prevention, and the survey results reflect those efforts. For example, we have conducted the Community Readiness Survey in communities that have had active anti-tobacco coalitions for a number of years. Results show that residents believe tobacco use to be a minor problem, not because they are in denial, but because community-wide efforts, individual programs and environmental changes, have been in place long enough to reflect fewer perceived problems. This reinforces the value of coupling your Community Readiness Survey results with measures of actual use rates.

In other communities, residents are simply not aware of ATOD use and gambling problems among teens and adults. In these communities, efforts to increase public awareness are especially important.

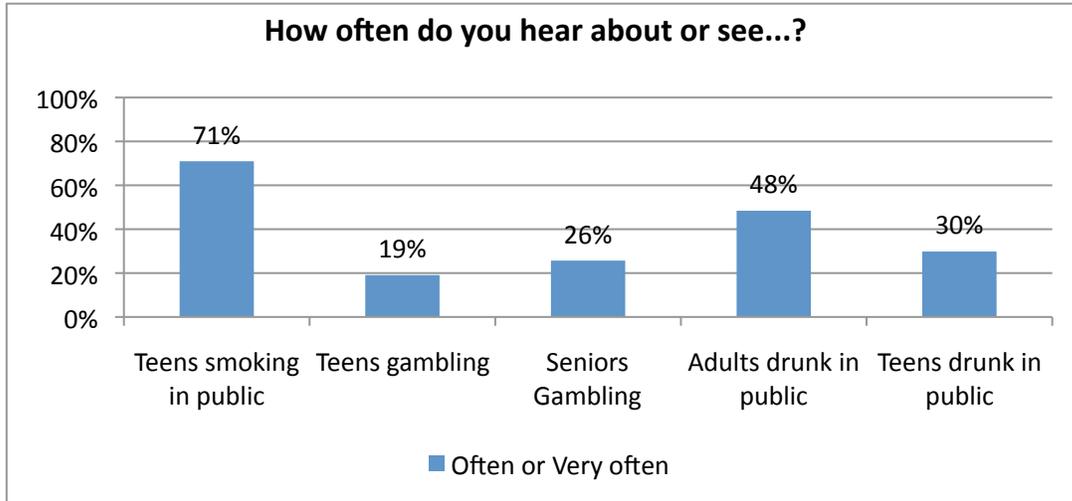
What about those cases in which use rates have gone down, but perception of a problem remains high? Then, it's time to tell community members and youth that our efforts have made a real difference. Sometimes we are afraid to believe our own success. It may be easier to continue focusing on eradicating a problem, instead of moving in a new and tentative direction. The danger, though, of not doing so is that community members will become discouraged. If successful efforts are not recognized as such, then people begin to wonder what does constitute "success." So, if use rates have declined but perceptions lag behind, let people know! Also, pay attention to the percentage of respondents who said they "don't know" the extent to which substance use and gambling are a problem. The percentage of respondents who respond, "don't know" to these items is what we call the "room to grow" group. Awareness efforts in your community can help bring knowledge to those who currently say they "don't know."

How often do you hear about or see...?

The most common phenomenon noted by respondents is that of teen smoking (71% said they see this often or very often in your survey). In many communities, tobacco use by teens is judged to be commonplace. Yet, we know that tobacco is often a gateway to alcohol and other drug use for youth. Perhaps we need to pay attention to public smoking by teens and find some means of making it less acceptable.

How common is public drunkenness in your community? Forty-eight percent (48%) of respondents reported that they often, or very often see, adults drunk in public. Teens drunk in public was reported by 30% of respondents.

It is helpful to keep in mind that "public" does not necessarily mean on the street; it most often occurs in bars, sports arenas, or even private parties. If your community's percentages are relatively high, then it could mean that such behavior is accepted or at least tolerated. Even if your percentages are low, it is wise to ask if the results reflect levels of use that are tolerable in your community. For example, in most communities, gambling by seniors is visible (26% said they see this often or very often). However, gambling by teens is hardly seen at all (only 19% said they see this often or very often). One reason this may be is that persons under the age of 18 are not allowed in casinos, which is a very visible form of gambling. Additionally, teens may gamble in the privacy of a friend's home rather than out in the public eye. Perhaps this is also one reason why gambling is viewed as the least problematic of the substances on the charts we just examined for the younger age groups (see pages 7-8).

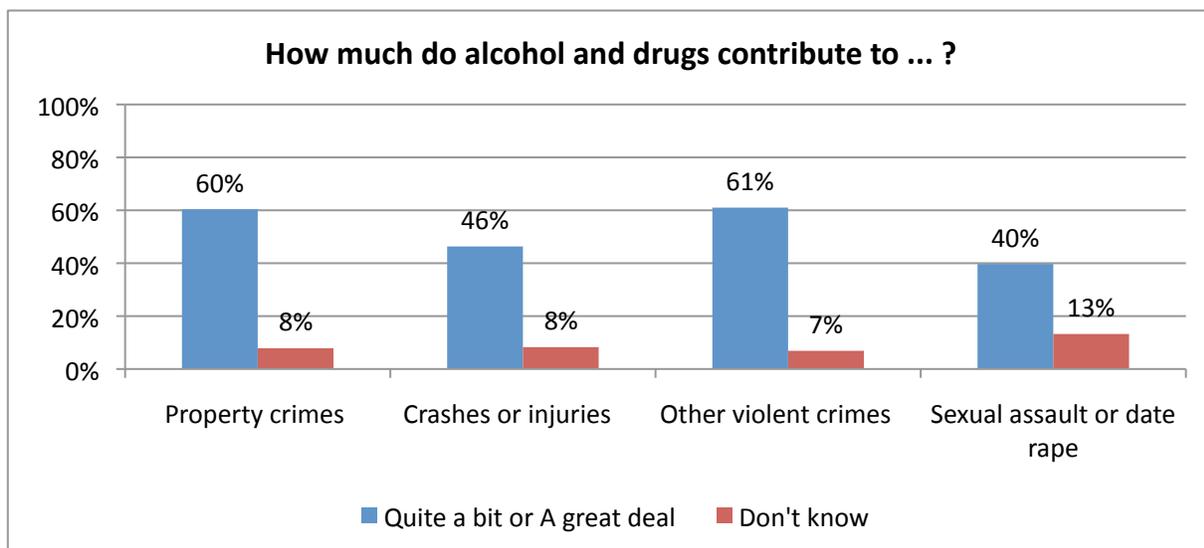


How much do alcohol and drugs contribute to...?

Often times, communities do not see the connection between substance abuse and negative consequences like crashes, injuries, property and violent crimes, sexual assault, and date rape.

Respondents in your community have made a link between alcohol and drug use and crime, with 61% indicating that they believe that alcohol and drugs contribute “quite a bit” or “a great deal” to violent crimes such as theft, armed robbery, physical assault; 60% believe it contributes to property crimes (such as vandalism), and 46% believe they contribute to crashes or injuries. Fewer respondents have connected drug and alcohol use to sexual assault or date rape (40%).

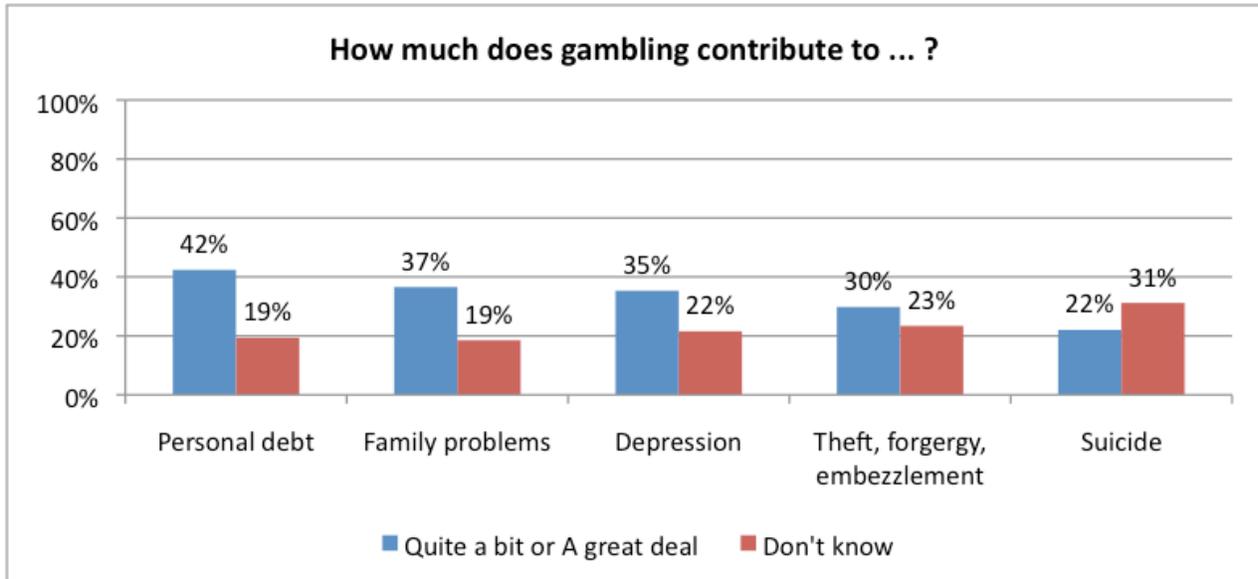
It often proves helpful to spend time with community residents making the link between ATOD use and its consequences for the general community. Using crime-related outcomes, as they relate to drug and alcohol abuse, will generally have more of an impact on community members, as no one is exempt from harm.



How much does gambling contribute to...?

With regard to gambling, 42% indicated gambling contributes quite a bit or a great deal to personal debt, 37% said it contributes quite a bit or a great deal to family problems, and 35% said the same about depression. Only 30% said gambling contributes quite a bit or a great deal to theft, forgery, and embezzlement as well as suicide.

On every item, the percentage of respondents who indicated that they “don’t know” the extent to which there is a connection exceeded the percentage who stated that gambling contributes quite a bit or a great deal. In your community the “don’t know” responses were gambling contributes to personal debt (19%), family problems (19%), depression (22%), theft, forgery, and embezzlement (23%) and suicide (31%). Clearly, there is room for improvement in educating the community about the consequences of problem gambling on an individual, family, as well as the entire community.



Domain II: Permissive Attitudes Towards ATODG

To what extent do community members view ATODG as “okay” or “no big deal”? Higher scores on this domain mean residents hold permissive attitudes toward ATODG.

Higher score = more permissive

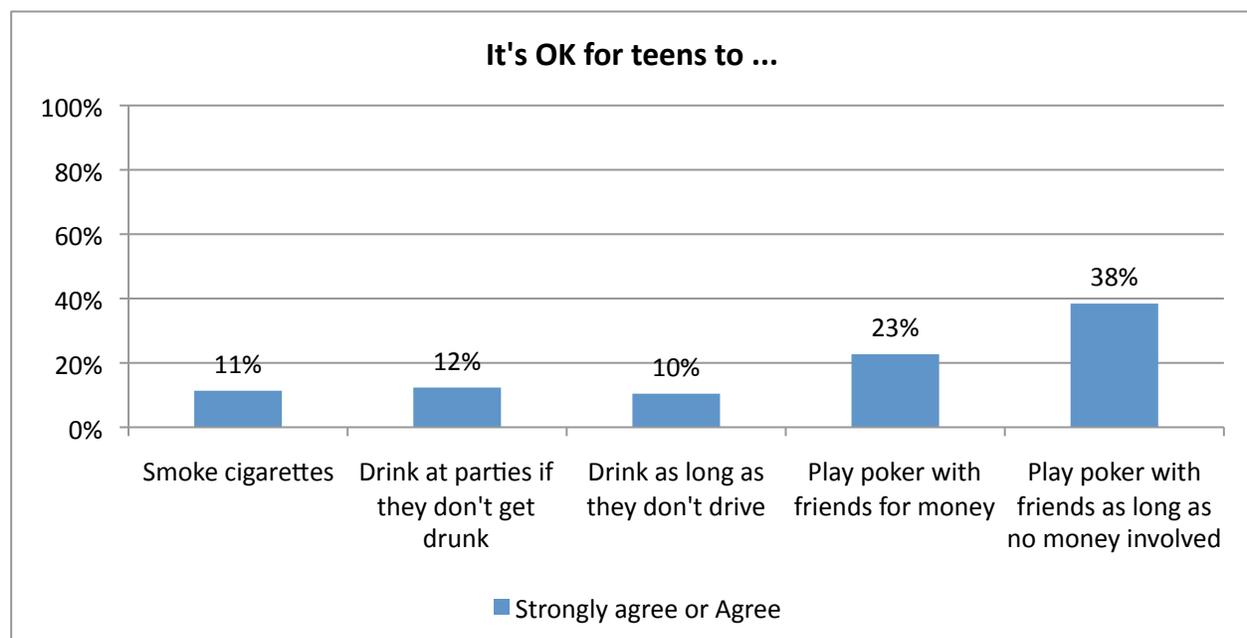
Lower score = less permissive

A special note about this domain: The percentages on this domain tend to be low relative to scores on other domains. This could reflect a “response bias” toward knowing the “right” or socially acceptable answer. Examine your community’s responses bearing in mind that the total range for scores on these items tends to be more restricted (e.g., 10-20 range as opposed to 50-90) than in other domains.

It’s OK for teens to....

There was very little endorsement by community members for teens to smoke (only 11% agreed or strongly agreed with this statement), drink at parties as long as they don’t get drunk (12%), or drink if they don’t drive (10%).

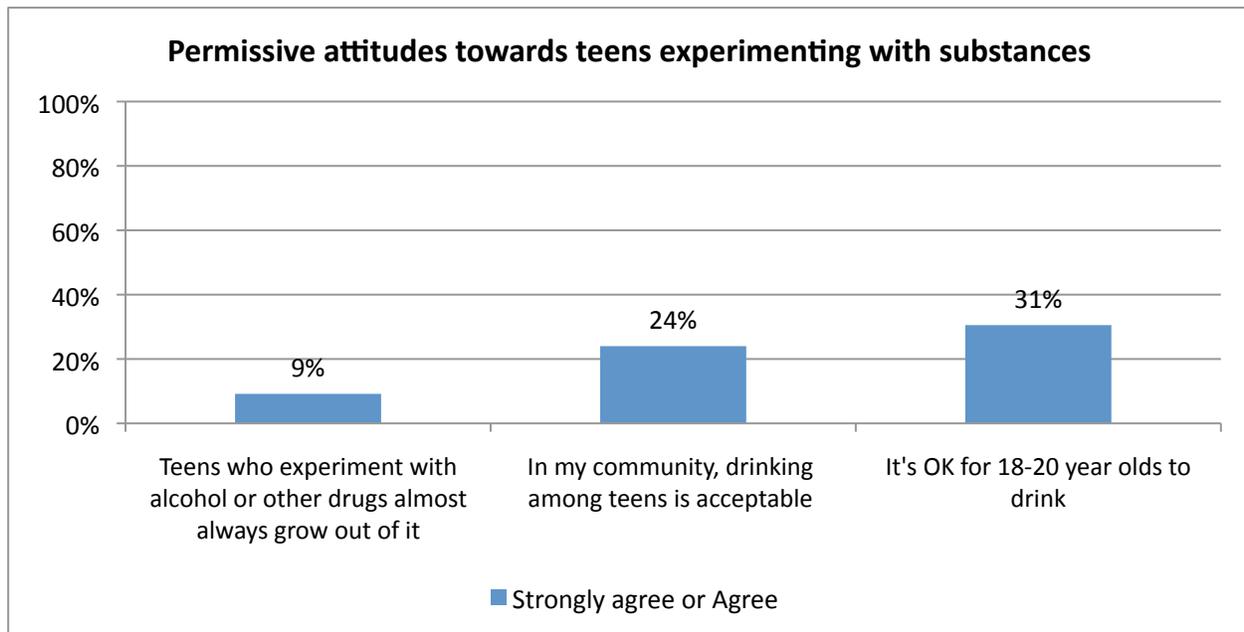
Playing poker with friends for money was more acceptable than smoking, drinking, and drinking and driving. Your survey found that 23% agreed or strongly agreed that it is okay for teens to play poker for money, while playing poker for no money was viewed as non-problematic by 38% of the respondents.



*Kids will be Kids...*Alcohol and Other Drugs

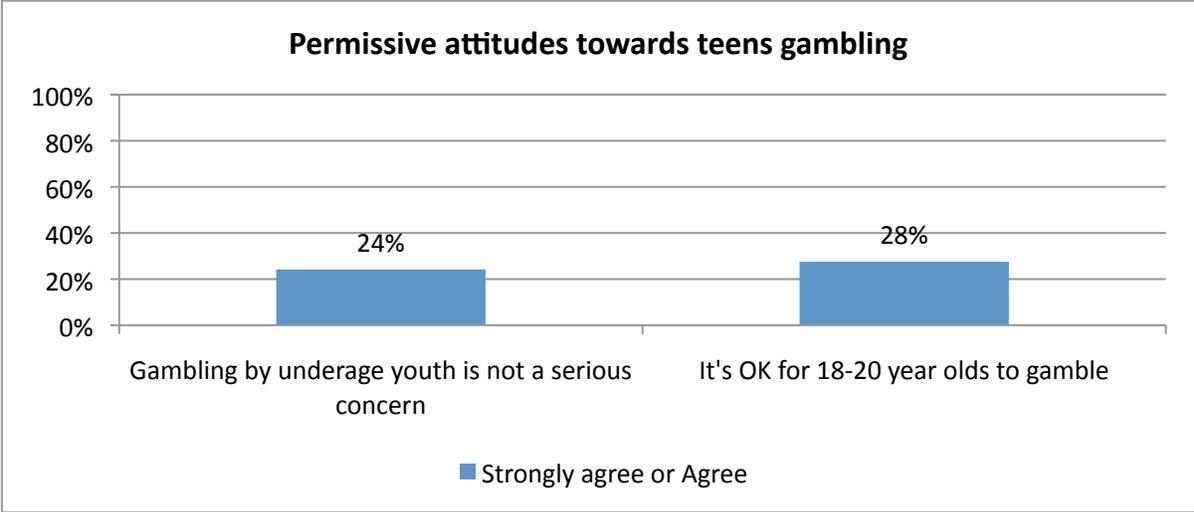
Items in this section represent comments that we hear frequently, such as “Kids who experiment with alcohol or other drugs almost always grow out of it.” They may reflect norms that need to be addressed. In your community, though, few respondents (9%) agreed with this statement.

More alarming is the fact that 31% of respondents agreed or strongly agreed that “it’s OK for 18-20 year olds to drink” and 24% felt as though within the community, drinking among teens is acceptable.



Gambling

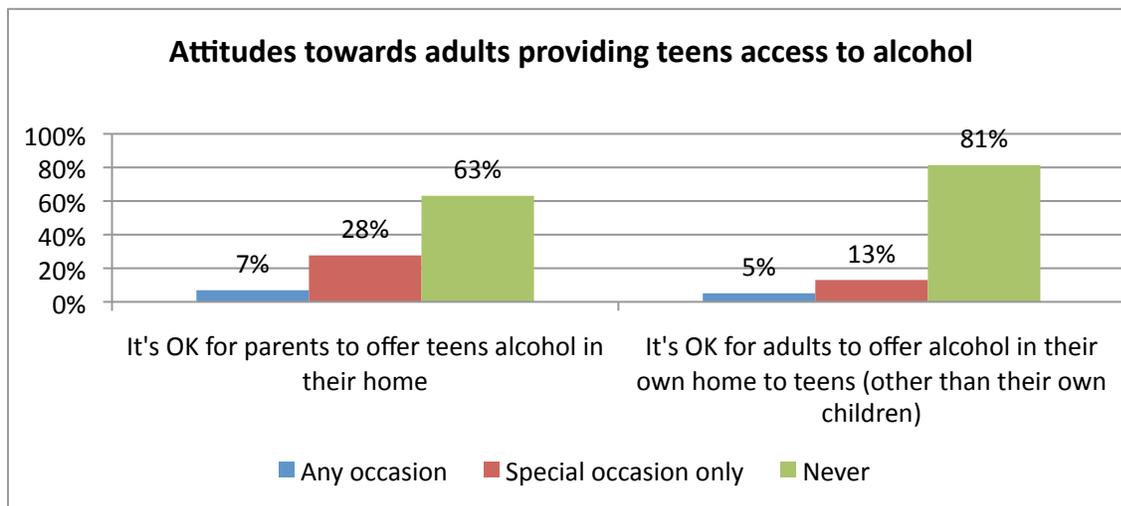
With regard to gambling, 24% of respondents agreed or strongly agreed that gambling by underage youth was not a serious concern, and 28% agreed or strongly agreed that it is okay for 18-20 year olds to gamble. If you choose to tackle certain “kids will be kids” norms, this information can serve as a beacon regarding which norms to address.



What About Parents?

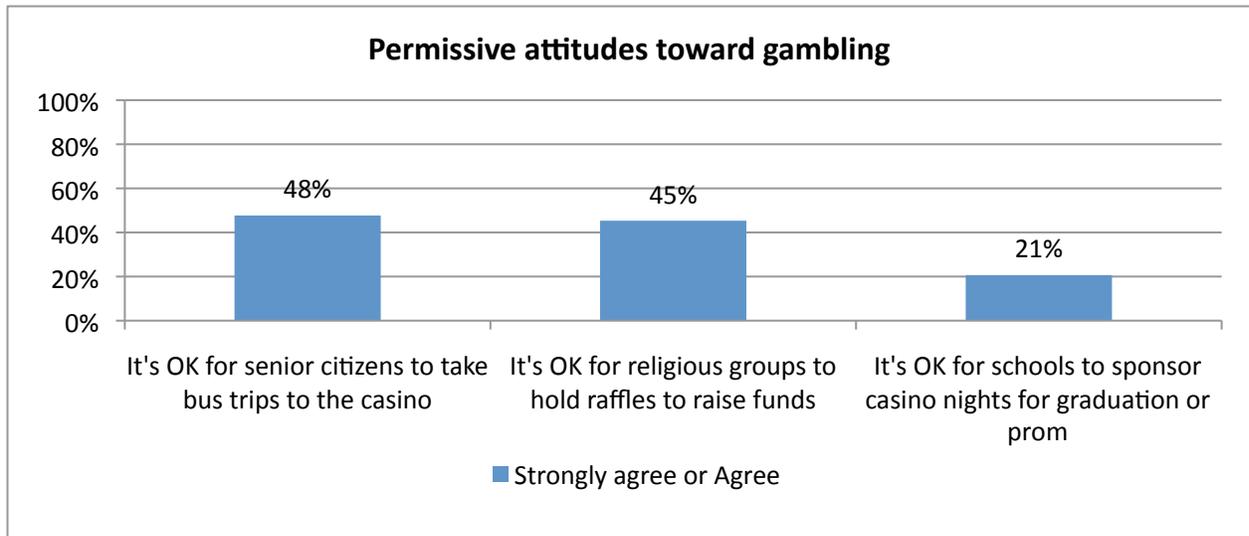
Twenty-eight percent (28%) of respondents in your community thought that it is okay for parents to offer alcohol to their own children, in their own home, on special occasions only. In contrast, 13% of the respondents said it was okay for adults to offer alcohol in their own home to teens other than their own children on special occasions. Five percent (5%) of respondents thought it was okay for parents to offer teens alcohol in their own home on any occasion. Few respondents agreed with the statements that parents prefer their teen drink with them than elsewhere (10%) and that parents tell their teen to use alcohol carefully and not let it interfere with schoolwork (8%). A low percentage of respondents thought purchasing lottery tickets or pull-tabs for their underage child was acceptable (9%).

Reporting these percentages to community members may help foster discussion among parents and other adults about the risks and consequences of providing alcohol and gambling access to minors, including liability issues.

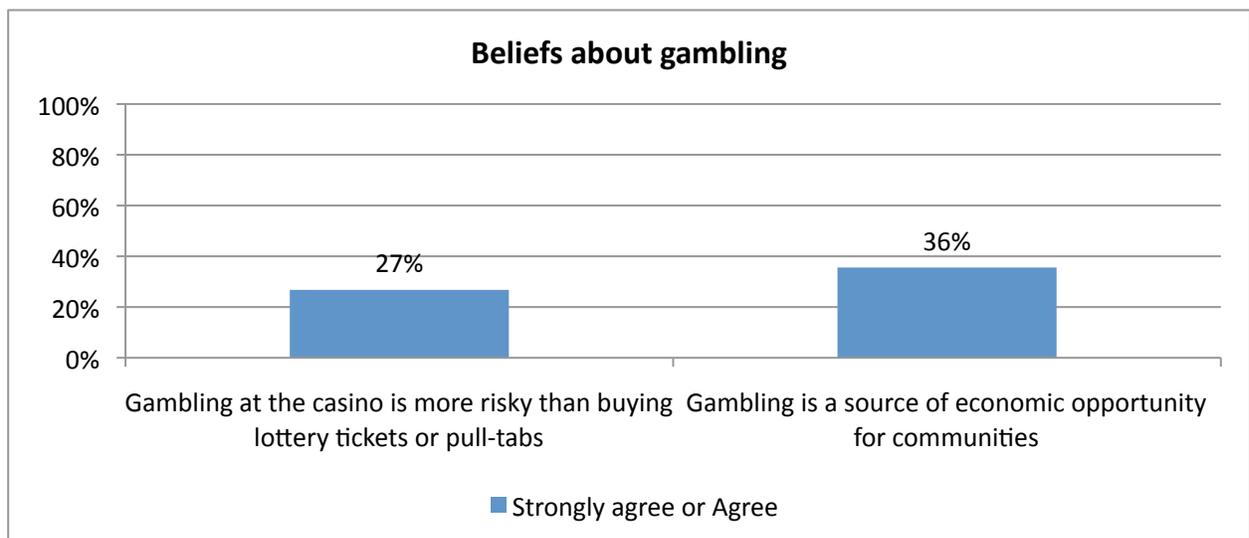


How OK is it? Attitudes and Beliefs about Gambling

It was reported that 48% of the respondents believed it is okay for senior citizens to take bus trips to the casino, 45% stated it is okay for religious organizations to hold raffles to raise funds, and 21% stated it is okay for schools to sponsor casino nights for graduation or prom.



What about perceptions regarding type of gambling? It was reported that 27% of respondents believed gambling at casinos is more risky than buying lottery tickets or pull-tabs. In your community, 36% believed that gambling is a source of economic opportunity.



Domain III: Support for ATODG Policy and Prevention

How much support would community members give to alcohol, tobacco, other drug, and problem gambling prevention? Higher scores on this domain mean residents would offer more support for alcohol, tobacco, other drug, and problem gambling prevention.

Higher score = more support

Lower score = less support

Law enforcement should spend more time enforcing...

The majority of respondents indicated they strongly or somewhat favored using local law enforcement for the following issues:

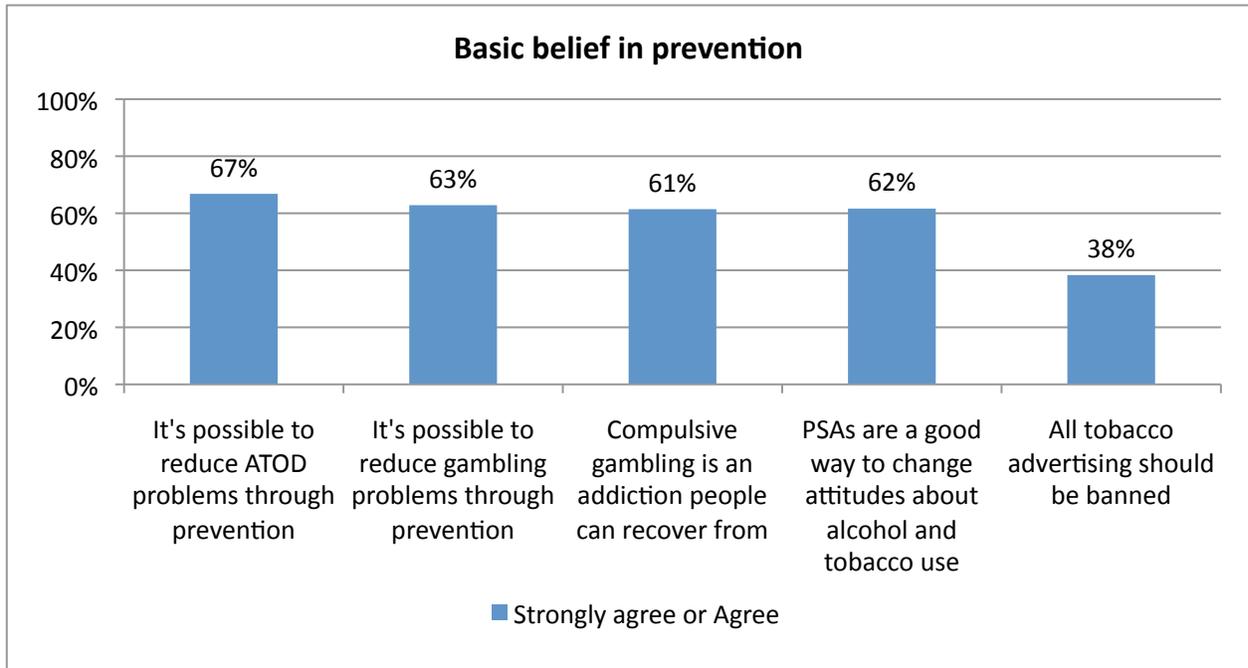
- Spending more time enforcing minimum drinking age (65%)
- Spending more time enforcing laws prohibiting sales of tobacco to teens (62%)
- Spending more time enforcing minimum gambling age (55%)
- Cracking down on illegal sports betting by either adults or teenagers (48%)

Be sure to offer these data to law enforcement—it may come as a surprise to them. We often hear from law enforcement that they believe the community wants them to go after “hard crimes, not bust kids.” This can give them a sense of community support that, in fact, residents do value law enforcement imposing alcohol, tobacco, and gambling violations, especially when underage youth are involved.

Basic Belief in Prevention

Those of us in the ATODG prevention field think we believe in it, but that the rest of the world lags behind. This may not always be the case. A moderate percentage of respondents in your community endorsed a basic belief in prevention—67% reported that it’s possible to reduce ATOD use through prevention and 63% reported it’s possible to reduce gambling problems through prevention. Sixty-two percent (62%) of respondents indicated that public service announcements (PSA) are a good way to change attitudes about alcohol and tobacco use.

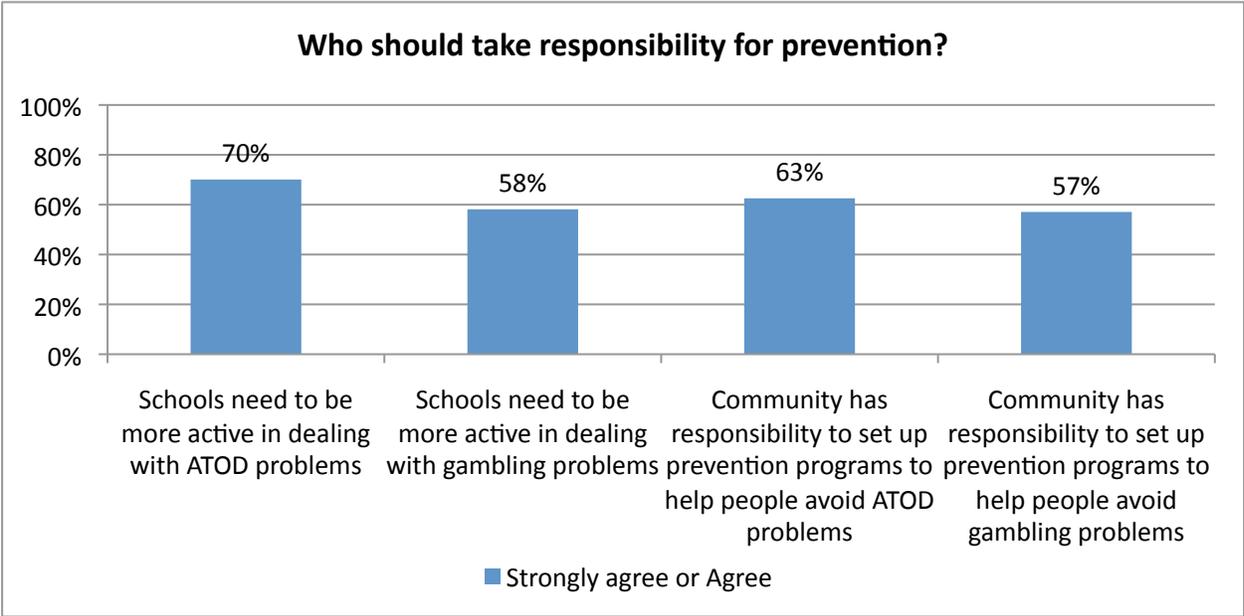
You can use the following data to support prevention programs from a “basic belief” standpoint. Perhaps your community is ready to form a coalition or strengthen efforts already in existence. Maybe, in competing for funding, you can emphasize the support already in place in your community.



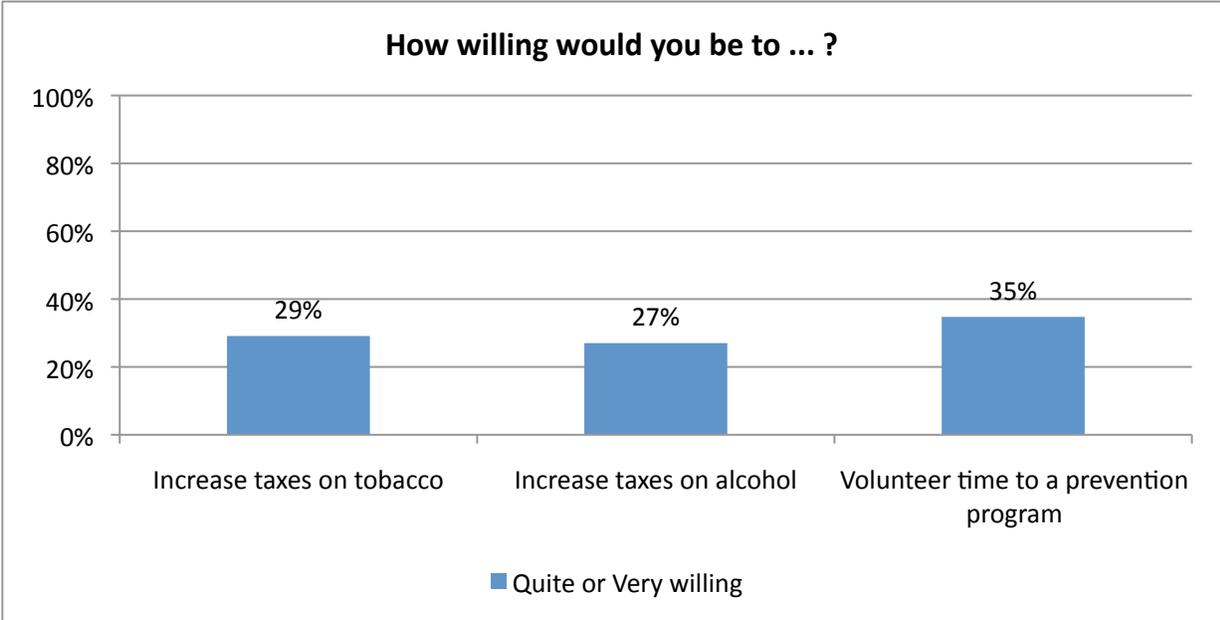
Who Should Take Responsibility for Prevention?

Franklin County residents indicated that schools should be more active for ATOD prevention (70%) and gambling prevention efforts (58%). A majority of respondents indicated that the community has the responsibility to set up prevention program to help people avoid ATOD and gambling problems. These percentages represent those who agreed or strongly agreed with these statements. School staff sometimes feels discouraged when they hear this; they say that they are doing so much already, or at least trying to. On the other hand, when budget cuts threaten prevention efforts in the school, it may be helpful to have these data on hand to show community support for prevention in schools.

Residents also believe that community members share in the responsibility. Your survey found that while 63% of residents believed the community has responsibility to set up ATOD prevention programs; 57% believed the same about gambling prevention programs. Forty-five percent of respondents (45%) indicated that legalized gambling should help pay for compulsive gamblers' treatment, while 20% stated that the public should not get involved if someone has a gambling problem.



To help pay for prevention services, how willing would you be to...?



One-fourth of all respondents supported increasing taxes on tobacco and alcohol, and 35% of respondents would be willing to volunteer their time to a prevention program. You may want to consider ways to recruit these people to help with your prevention efforts.

Domain IV: Access to Alcohol, Tobacco, and Gambling

How easy do residents believe it is for young people to get access to alcohol and tobacco products in the community? Higher scores on this domain mean residents think adolescents have easier access to alcohol and tobacco products.

Higher score = more perceived access

Lower score = less perceived access

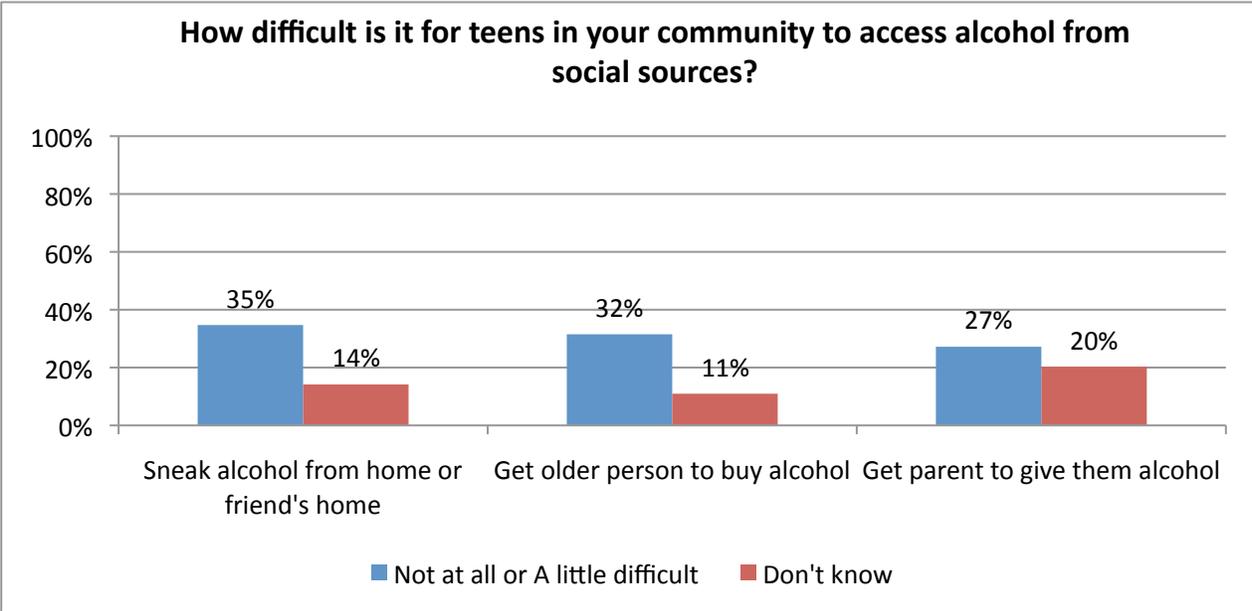
A special note about this domain: Remember, this is about perceptions only. We measured how easy people *think* it is for adolescents to gain access to alcohol, tobacco, and gambling, not how easy it *actually* is. You will want to check with your local law enforcement agency and obtain information about the extent to which your local tobacco and alcohol retailers have passed or failed actual compliance checks. It is also critical that you talk to youth to get their perspectives on access to alcohol, tobacco, other drugs, or gambling. Their comments can add some depth to the results of your Community Readiness Survey.

Also, lower scores could mean that residents are unaware of how easy it is for adolescents to gain access to alcohol, tobacco, or gambling. Or, they could mean that there has been substantial activity in this area, and access has actually been reduced. If your community has conducted compliance checks or implemented environmental policies, then perhaps lower scores are reflective of that progress.

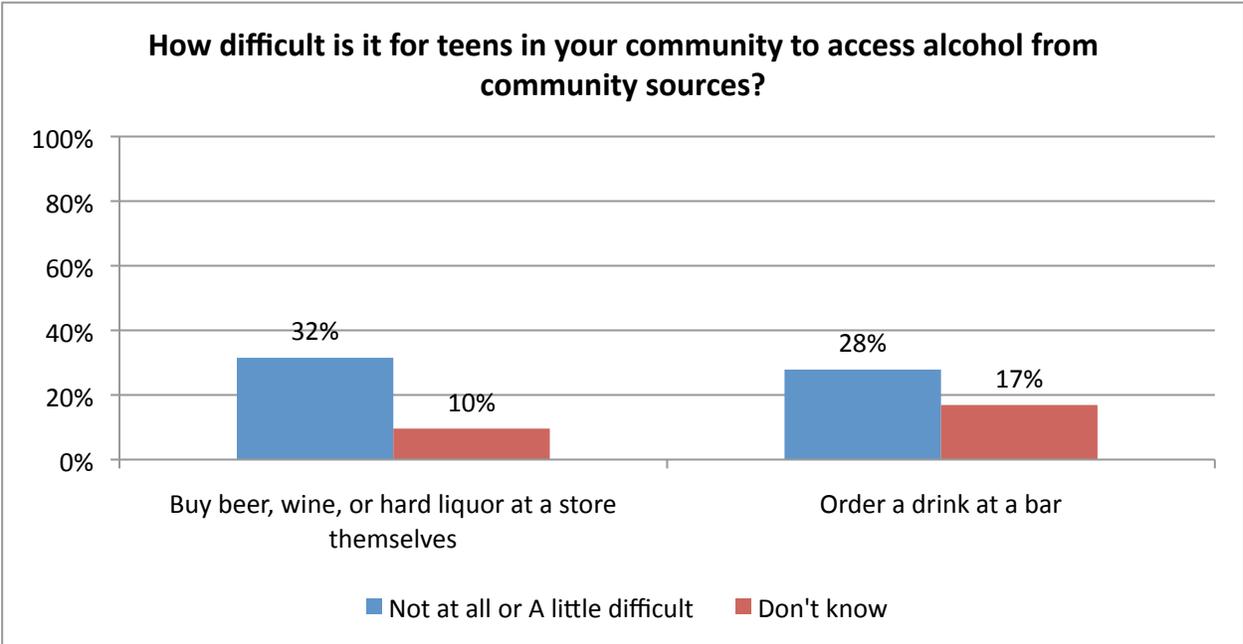
We've grouped the items separately by alcohol, tobacco, and gambling so that you can examine perceived access to each substance separately.

Adolescent Access to Alcohol

Similar to other surveys on youth access, this survey found that social sources (older person, home or a friend's home, parents) are judged to be somewhat easier than commercial sources (ordering at a bar, buying from a retailer). Respondents reported that sneaking alcohol from home or a friend's home (35%), getting an older person to buy alcohol for them (32%), and getting parents to give them alcohol (27%), as not at all or a little difficult. The item on parents is noteworthy—apparently, some respondents believe adolescents can get parents to give them alcohol. Very likely, two groups of parents are being referenced—parents of adolescents themselves, as well as parents of their children's friends. Respondents in your community indicated that 20% “don't know” the extent to which teens get their parents to give them alcohol.

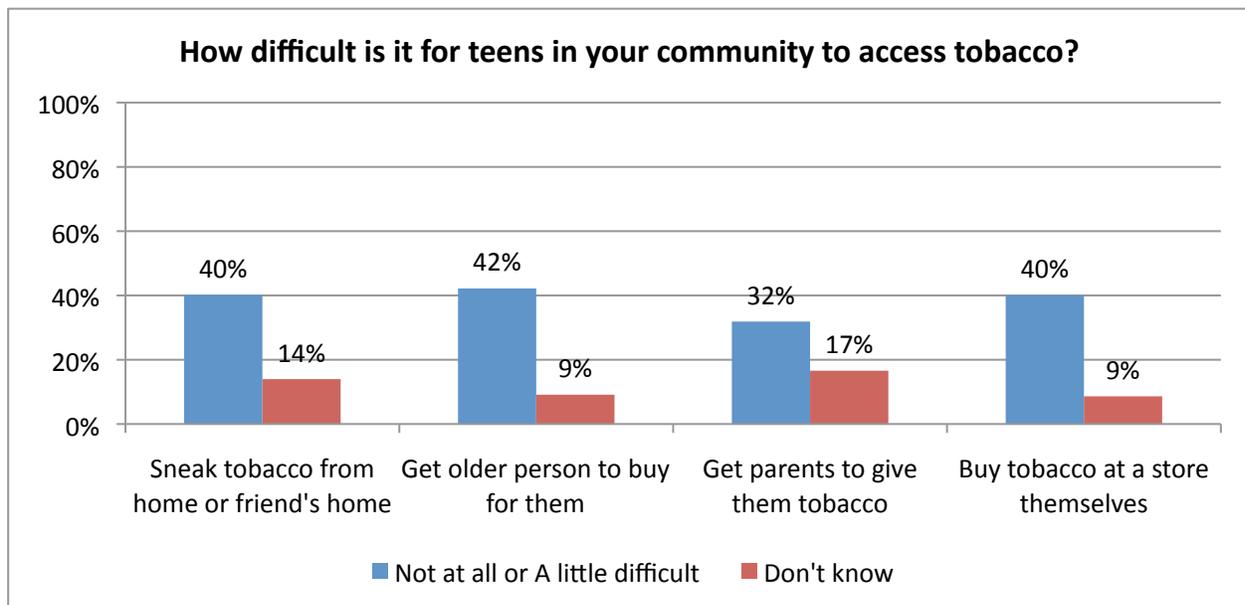


On the commercial side, 32% said it is not at all or a little difficult for teens to buy alcohol at a store themselves, and 28% stated that it is not at all or a little difficult for them to order a drink at a bar. Respondents said that 10% “don’t know” how easy it is for teens to buy alcohol at a store themselves, and 17% said they “don’t know” how easy it is for teens to order a drink in a bar.



Adolescent Access to Tobacco

Respondents reported the following to be not at all difficult or a little difficult. The most commonly perceived source of access to tobacco is for teens to get an older person to buy for them (42%), followed closely by sneaking tobacco from home or a friend's home and buying it at a store themselves. These sources are followed by getting parents to give them tobacco (32%). On the item asking about parents providing tobacco, 17% of respondents indicated that they “don’t know” the extent to which teens are able to get their parents to give them tobacco.



Adolescent Access to Gambling

Respondents reported the following were not at all or a little difficult. Community members believed the easiest access underage youth have to gambling is to gamble on the Internet (30%), get their parents to buy them lottery tickets (28%), or buy lottery tickets for themselves (30%). The least amount of access, according to respondents is, entering a casino (24%) or betting at a track (23%).

On all of these gambling access items, the percentage of “don’t know” responses greatly exceeds the percentage of those who judged gambling to be easily accessible. In your community the “don’t know” responses were the following:

- Bet at a track (40%)
- Gamble on the Internet (30%)
- Enter a casino and play games (33%)
- Get their parents to buy them lottery tickets (29%)
- Buy lottery tickets for themselves (25%)
- Again, these findings suggest an opportunity to increase public awareness and create educational campaigns about problem gambling

Domain V: Perception of Community Commitment

Would this community mobilize around any issue, let alone substance use or problem gambling? What is the level of overall community commitment or apathy? Higher scores on this domain mean residents are more committed.

Higher score = more commitment

Lower score = less commitment

This domain is particularly important in measuring readiness. According to our data, it is highly indicative of a community's ability to make change occur. When reviewing perception of community commitment, it is helpful to consider the data from three points of view:

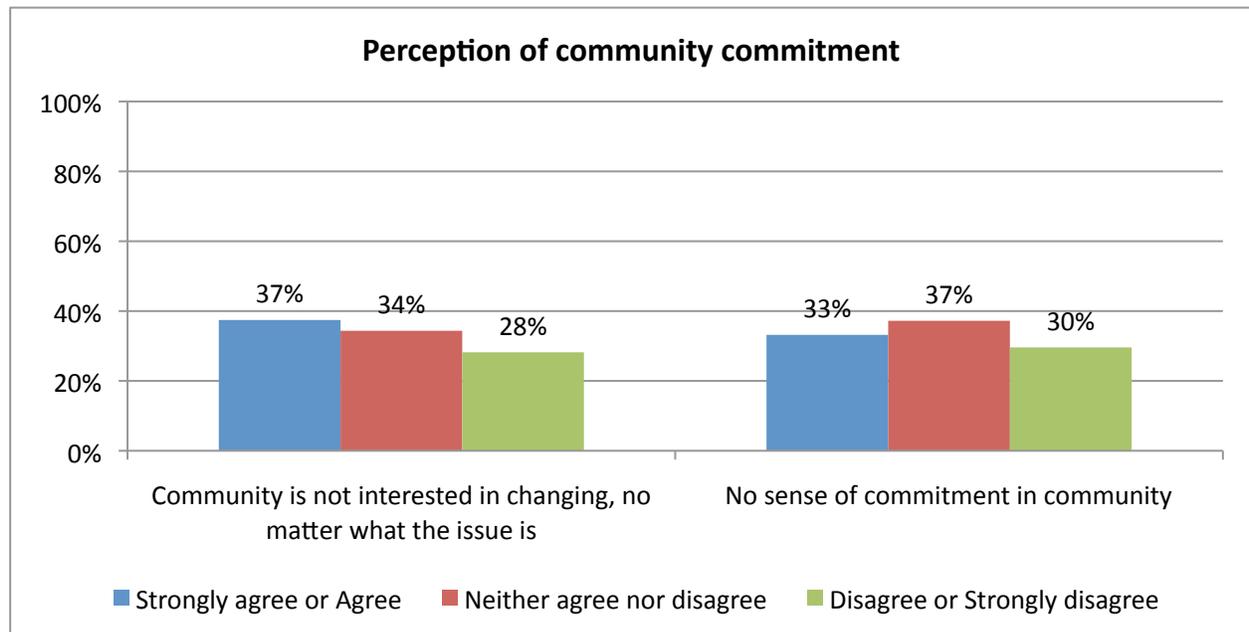
- 1) Those who believe the community is ready and willing to change.
- 2) Those who do not believe the community is ready and willing to change.
- 3) Those who are uncertain about readiness and willingness to change.

Ready and Willing

In your community, 28% of respondents believed that they are interested in changing. An even greater percentage (30%) believed that there is a sense of commitment in the community.

Not Ready and Willing

Thirty-seven (37%) of respondents indicated that they believe the community is not interested in changing, no matter what the issue, and 33% believe that there is no sense of commitment in the community.



Unsure About Readiness and Willingness

And what about the “swing vote”? These are the respondents in the middle, namely the 34% who indicated that they neither agreed nor disagreed with the statement that the community is not interested in changing, and the 37% that neither agreed nor disagreed that there is no sense of commitment in the community. These respondents represent those in the community who may be willing to join community mobilization efforts if they see evidence of success. These persons, along with those who believe the community is able to change, represent potential for increased prevention efforts. To garner support, it may be useful to follow the lead of successful campaigns, that is, to count on those that already believe in the issue, and also go after the “swing vote” for further commitment.

PRESCRIPTION DRUGS

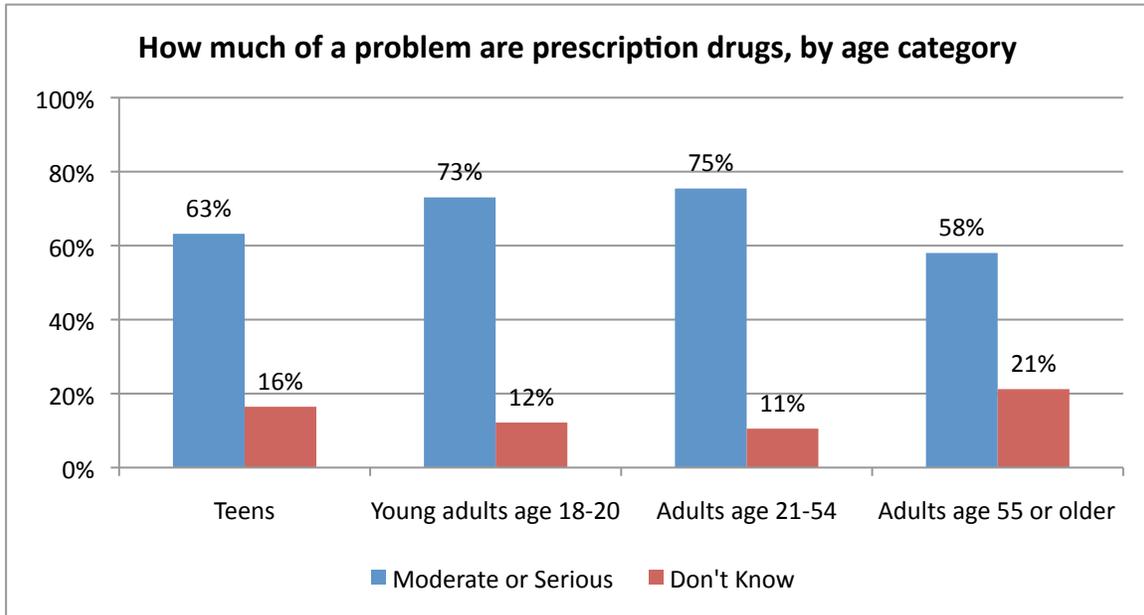
Prescription drug abuse is the use of a prescription medication in a way not intended by the prescribing doctor. Prescription drug abuse includes everything from taking a friend's prescription painkiller for your backache to snorting ground-up pills to get high. Every day, approximately four Ohioans die because of drug-related overdose. In 1999, there were 327 fatal drug overdoses in Ohio. In 2010, there were 1,544, an increase of 372% (Ohio Department of Health Office of Vital Statistics, 2010). Prescription pain relievers are associated with more overdose deaths than heroin and cocaine combined in Ohio (Ohio State Board of Pharmacy, 2010). Specific to Franklin County residents, there were 70 prescription opiates dispensed per person, compared to 67 statewide (Ohio State Board of Pharmacy, 2010).

So how much of a problem is prescription drug abuse in your community? Do community members feel it's acceptable to share prescription drugs? Do community members support policy and prevention efforts that address prescription drug abuse? How do community members access prescription drugs not prescribed to them? This section of the survey seeks to answer these questions.

Domain I: Perception of a Prescription Drug Problem in the Community

How much of a problem are prescription drugs?

Prescription drugs are perceived to be a similar level of a problem for teenagers, young adults age 18-20 and adults age 18-54 than seniors. Fifty eight percent (58%) of survey respondents indicated it is a moderate or serious problem in adults age 55 and older compared to 63% who indicated it is a moderate or serious problem in teens, 73% for young adults age 18-20, and 75% for adults age 21-54. Only 41% of respondents have heard about prescription drug drop-off programs.

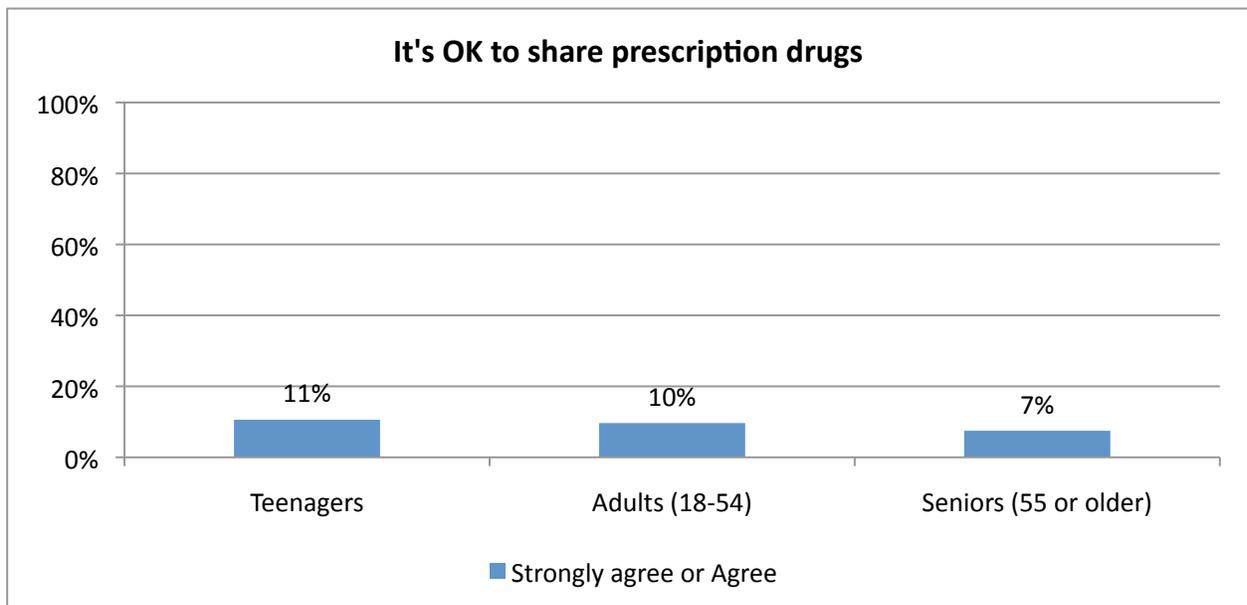


Domain II: Permissive Attitudes Towards Prescription Drug Use

Kids will be Kids...

Forty respondents (18%) agreed with the statement that teens who experiment with prescription drugs not prescribed to them almost always grow out of it.

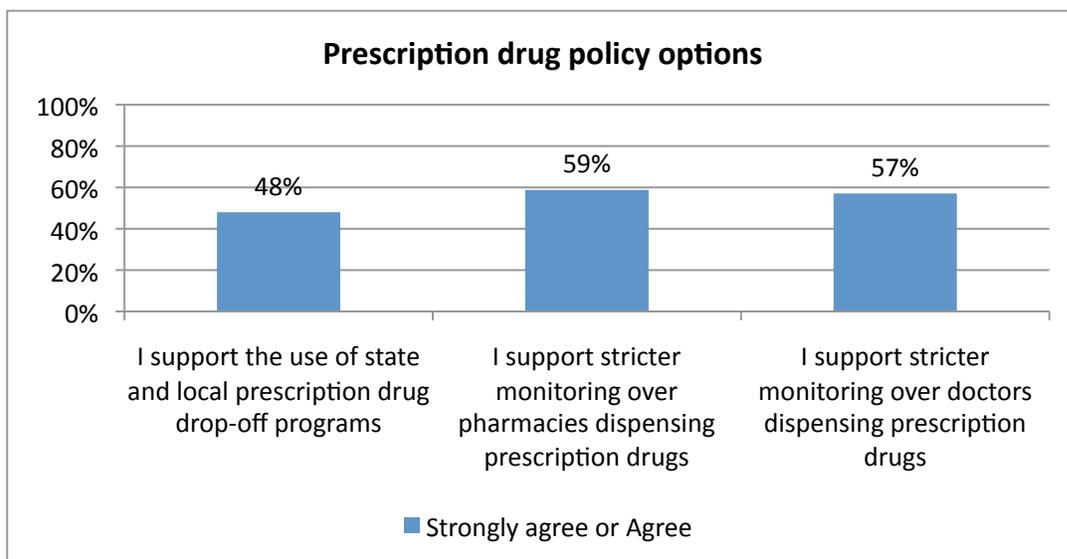
Is it Acceptable to Share Prescription Drugs?



Primary care providers, such as doctors and dentists, for specific medical conditions, prescribe drugs but a growing problem is that often people to whom they are not prescribed are using these drugs. Seven percent of respondents indicated it was okay for seniors' age 55 years or older to share prescription drugs not prescribed to them (7%). This percentage was similar to those responding that it was okay for teenagers (11%) or adults age 18-54 (10%) to share prescription drugs.

Domain III: Support for Prescription Drug Policy and Prevention

Support was strong for different policy options to prevent prescription drug problems. Forty eight percent (48%) of respondents supported state and local prescription drug drop-off programs, and 44% of the respondents reported that prescription drop-off programs are effective in reducing easy access to prescription drugs. Fifty nine percent of respondents (59%) supported stricter monitoring of pharmacies and fifty seven percent (57%) supported stricter monitoring of doctors prescribing practice.

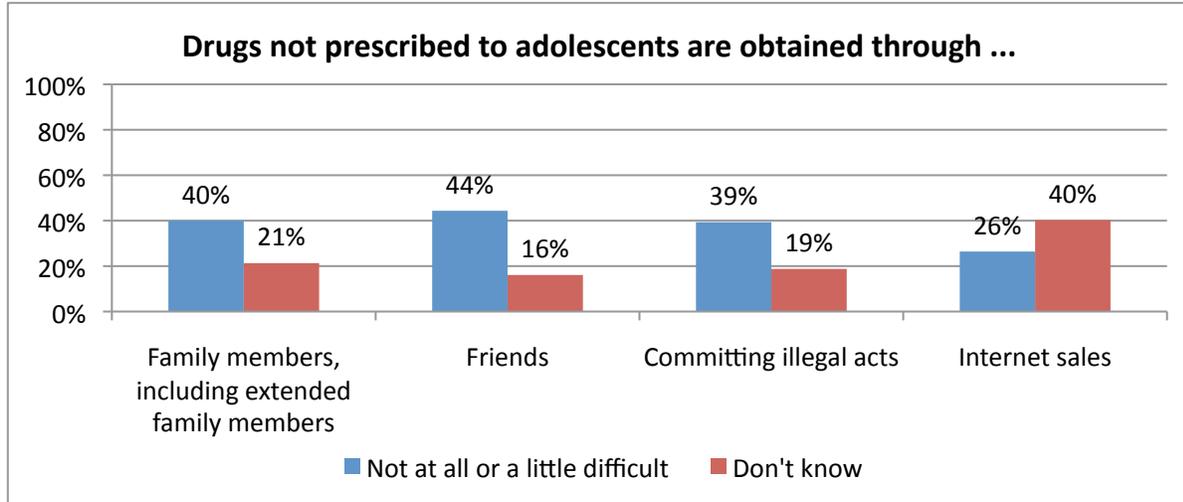


Domain IV: Access to Prescription Drugs

Adolescent Access to Prescription Drugs

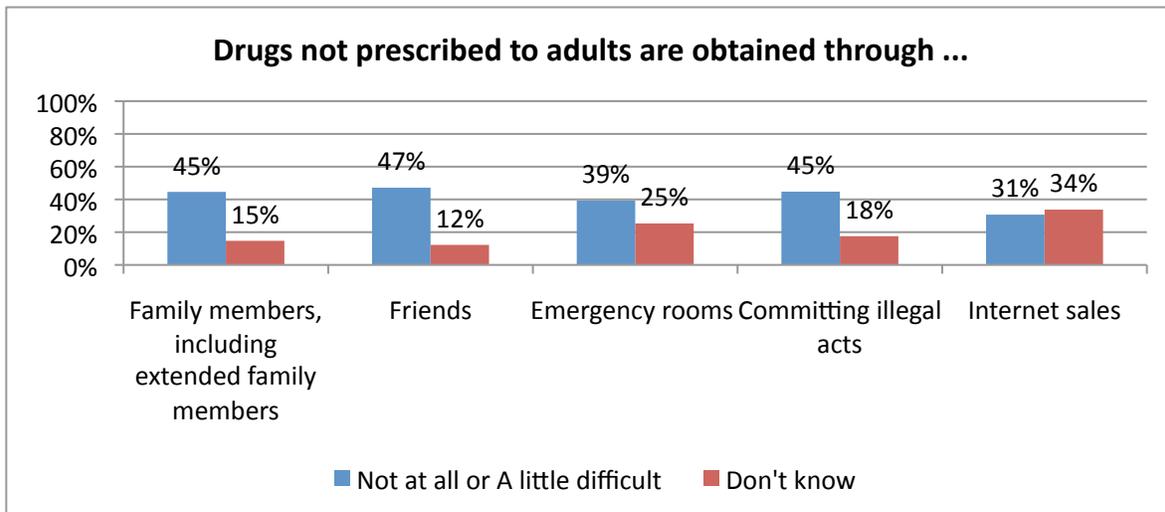
Respondents reported the following to be not at all difficult or a little difficult for adolescents to access prescription drugs. The most commonly perceived sources of access to prescription drugs for teens are through friends (44%), family members (including extended family members) (40%), through by committing illegal acts (39%), and through Internet sales (26%). It would be advantageous to conduct a PSA emphasizing that although it may seem wasteful to dispose of costly prescription medication, properly disposing of unneeded or old medication is one way to prevent prescription drug abuse among family and friends.

Internet sales had a 40% of respondents indicate that they “don’t know,” this is an opportunity to increase public awareness and create educational campaigns about teenagers obtaining prescription drug through the Internet.



Adult Access to Prescription Drugs

Respondents to the survey reported the following to be not at all difficult or a little difficult for adults access prescription drugs not prescribed to them by a healthcare provider. Respondents perceive the most common sources of access to prescription drugs for adults to be through friends (47%), family members (including extended family members), committing illegal acts (45%), emergency rooms (39%), and Internet sales (31%).



Similar to the teen access questions, these findings about adult access to prescription drugs suggest an opportunity to increase public awareness and create educational campaigns about prescription drug sources.

Senior Access to Prescription Drugs

Twenty three percent (23%) of respondents think that seniors age 55 and older visit multiple doctors, also known as doctor shopping, to obtain prescription drugs, and 21% think they share their prescriptions with one each other. Only 21% of respondents think it is okay for seniors' age 55 and older to share prescription drugs (not prescribed to them) with each other.

Domain V: Perception of Community Commitment

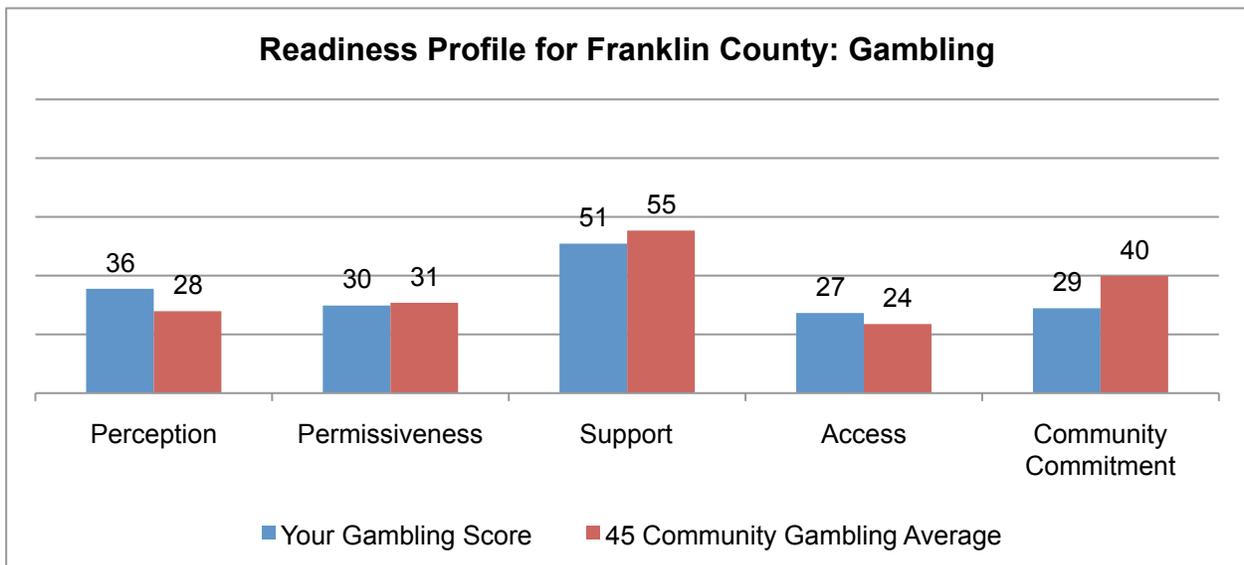
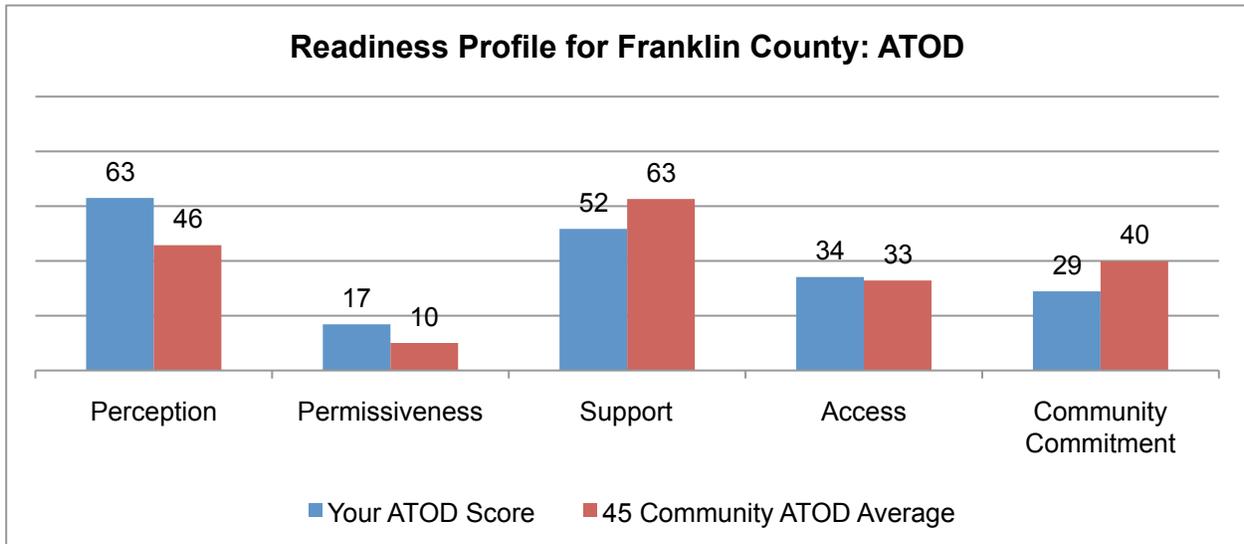
The results of this domain for prescription drugs are the same as that of ATODG. See prior sections for the results.

PUTTING IT ALL TOGETHER

Now that we've studied the trees, let's step back and look at the forest. What is your community's readiness profile? This profile suggests focusing prevention efforts on examining overall community commitment, addressing norms and attitudes about ATOD use, and increasing perception of youth access to alcohol and tobacco products. As is the case with all of the results contained in this report, it is important to keep in mind the large number of young survey respondents.

Although the five domains use the same scale on the following charts, they do vary in the direction that can be considered "good". Lower numbers for permissiveness and access are considered better, while higher readiness communities have higher scores on perception, support, and community commitment.

Your score for each domain is compared to 45 other communities that have participated in the Community Readiness Survey. Below are two bar charts that plot your community's mean scores on the five domains. We have separated the community's readiness for ATOD prevention from readiness for problem gambling prevention. On some domains, there is a noticeable difference.



The prescription drug related questions have not been used on the previous Community Readiness Surveys. Therefore, there are no scores with which to compare your scores. Furthermore, these questions were omitted from the readiness profiles above so as not to skew the data and to allow for a true comparison.

Domain I: Perception of ATOD Problem within Community

Franklin County scored 63 in the Perception domain, much higher than the historical average of 46. This can be interpreted as indicating a high level of community readiness. It means that survey respondents perceived alcohol and drug abuse to be a serious problem in Franklin County. Since community members are already aware of the alcohol and substance abuse situation, efforts to raise awareness should not be necessary.

Domain II: Permissive Attitudes Toward ATOD

In the Permissive Attitudes domain Franklin County scored 17, significantly higher than the historical average of 10. Normally this is interpreted as indicating a lower level of community readiness, however in this instance it is important to keep in mind the much younger age of Franklin County respondents relative to respondents from other communities. The Permissiveness score for the 63 individuals who responded to the mail-based survey was 12, statistically indistinguishable from the average score of 10.

The high overall Permissive Attitudes score suggests that younger respondents believe that some level of substance abuse or gambling is “okay” for either young people or adults. Therefore, it may be possible to capitalize on other norms that exist within the community. The “good news” is that prevention professionals in Franklin County may not have to fight norms and attitudes prevailing in a number of other communities.

Domain III: Support for ATOD Policy and Prevention

Franklin County’s score in the Support domain was significantly lower than the historical average (52 vs. 63). Again, it is important to consider the younger age of Franklin County respondents. When the additional responses from the non-random sample are removed, Franklin County scored 61 in the support domain, also in a statistical dead heat with the historical average.

These findings indicate that there is some level of support for prevention in the community, but that there are significant differences between different subpopulations. Going forward prevention professionals in Franklin County should take this into account. The older population, which has a moderate level of support, should accommodate prevention policies more easily. Efforts targeted at the younger population should focus more explicitly on building support before attempting to implement ambitious prevention policies.

Domain IV: Access to Alcohol, Tobacco

Franklin County scored 34 on the Access domain, statistically indistinguishable from the historical average of 33. The Access domains core did not display the sharp dichotomy observed in the Permissiveness and Support domains, indicating broad agreement between different subpopulations.

A score of 34 can normally be interpreted as representing a moderate level of community readiness, however in the unique case of Franklin County this score may suggest a higher level of readiness in the young adult population. Residents that recognize high levels of access to alcohol and other drugs may be more willing to support policies that curb such access.

Domain V: Perception of Community Commitment

Franklin County's overall score for Community Commitment was 29, significantly and substantially lower than the historical average of 40. The score for mail-based survey respondents was only marginally better at 32. This clearly represents a lower level of community readiness, which is corroborated by the initial mail-based survey's low response rate.

One reason for this may be that community members have been dealing with other social issues perceived as more pressing than ATOD use and problem gambling. Has your community been overwhelmed by unemployment, economic hard times, or even natural disaster? Do residents feel unable to make change on issues that affect the community as a whole? Or, is the population highly mobile or transient? If so, these issues need to be acknowledged alongside or even before tackling the area of substance abuse. Possibly, the community has these concerns foremost on its collective mind.

Prescription Drugs

Prescription drugs are marketed more broadly to the general public as safe and effective when used correctly; however the counter-marketing message that they are also harmful and addictive when abused, can be a difficult to convey. Thus, the community needs to focus efforts on the overall dissemination methods of accurate awareness information, the serious health consequences involved, as well as the addiction potential.

Prescription drugs can be powerfully addictive and their abuse accompanied by toxic and sometimes fatal consequences. The community is aware of the issue and is concerned; however most community members are not aware of the drop off sites within the community, as well as the registry used by pharmacy's to track the distribution of commonly abused drugs.

Next Steps

Franklin County's community readiness profile depicts a community with high levels of readiness in some areas and low levels in others. The use of the two different sampling strategies allows us to compare the respondents from the two populations and provides a more complete, nuanced portrait of Franklin County's community readiness. Viewed in its entirety the results from Franklin County's Community Readiness Survey paint a portrait of a community that believes that it has an alcohol and drug abuse problem and supports taking actions to address that problem, but is pessimistic that any of these actions will be effective.

What do these results mean in terms of prevention policies? The survey results indicate that Franklin County young adults would likely be receptive to harm reduction approaches, such as safe rides home or needle exchanges. Such interventions, while not aiming to reduce alcohol and

substance abuse directly, but can be very effective at reducing the harm to society that results from alcohol and substance abuse. Harm reduction interventions are particularly appropriate for this age demographic given high levels of doubt and low levels of buy-in.

Older respondents to the Community Readiness Survey displayed a higher level of community readiness than their younger counterparts. Community Readiness Survey results depict a population ready to take significant steps to address alcohol and substance abuse in Franklin County, and reveal an opportunity for prevention professionals to show the community that prevention can be effective.

Prevention professionals should have much less difficulty in securing support from older Franklin County residents. Interventions that do not require buy-in from younger residents can be proportionately more ambitious. Policies that prevention professionals may want to consider include effective prescription drug drop off programs, pharmacy-based prevention efforts, and stricter monitoring of prescription pain relievers. Successful interventions will help to show community members that prevention can be effective, and may ultimately help to increase levels of community commitment.

CONSIDERATIONS

To determine how representative your sample of respondents is (and how generalizable these results are to the overall population), obtain actual census data on community residents. The demographic categories (e.g., age, ethnicity, level of education) used in the Community Readiness Survey match those used by the Census Bureau, therefore you can compare apples to apples. Examine, for example, the percentage of senior citizens that actually live in your community versus the percentage of those who responded to the survey. Doing so will help answer the question of how closely the respondents mirror the community's actual demographics.

It may also be useful to collect and review other sources of information. These may include:

- Compliance check data (from law enforcement)
- Arrests related to ATOD use (from law enforcement)
- Hospital admissions related to ATOD use (from local hospitals or public health agencies)
- Alcohol or drug related crashes, injuries, and deaths (from state department of public safety)
- School/Student surveys
- County-level data from Ohio's Department of Alcohol and Drug Addiction Services,

available at: <http://www.odadas.ohio.gov/SEOW/Counties.aspx>

- US Census data on Franklin County, available at: <http://quickfacts.census.gov>