



Pacific Northwest Prevention Coalition Evaluation

Final Report

May 1999

Prepared for

The Office of Alcohol and
Drug Abuse Programs
and

The Pacific Northwest Prevention
Coalition Project

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Executive Summary

In 1993, the states of Oregon and Washington received a 3-year grant from the Center for Substance Abuse Prevention to implement the Pacific Northwest Prevention Coalition project (PNPC). The PNPC involved collaboration between two state prevention offices, Oregon's Office of Alcohol and Drug Abuse Programs (OADAP) and Washington's Division of Alcohol and Substance Abuse (DASA), as well as among 18 community coalitions in Oregon and Washington. These 18 coalitions were matched in groups of threes, called "Triads." Each Triad included: (1) one new community coalition and two existing coalitions, and (2) communities from both Oregon and Washington. Triads were also matched in terms of similarities in demographics (rural/urban), and in terms of the cultural groups targeted by the coalitions, when possible.

The primary goal of the PNPC was to build regional capacity for preventing adolescent alcohol, tobacco, and other drug use in 18 communities through a systematic coalition mentoring process. To reach this goal, training, technical assistance, and mentoring were provided in three primary areas:

1. Organizational support and coalition development;
2. Cultural competence and diversity; and
3. The use of Hawkins and Catalano's Risk and Protective Factors Prevention Model for community assessment and planning.

This report presents the results of a 3-year evaluation of the PNPC project conducted by the Northwest Professional Consortium, Inc. The evaluation employed a mixed-methods approach to document the effectiveness of the PNPC in meeting these three goals, with an emphasis on understanding the strengths, barriers, and challenges of this unique project.

Summary of Findings

The Mentoring Process

The mentoring process involved a variety of different mechanisms, including meetings with Triad members, PNPC trainings, and informal communications via phone and e-mail. Face to face meetings were generally perceived as the most effective mechanism for mentoring, especially during the early phases of the project. A variety of different kinds of information was

shared during mentoring, including ideas for prevention programming, information about the Risk and Protective Factors Model, and ideas for sharing resources and obtaining funding. Results suggested that the most beneficial aspects of mentoring were (1) learning about the prevention activities being implemented by other coalitions; (2) networking and relationship-building; and (3) learning about other cultural groups. The most significant barriers to mentoring were the geographic distances between communities, the lack of initial clarity about the concept and operationalization of mentoring, and the wide variation in levels of computer infrastructure and expertise among coalition members.

Organizational Effectiveness

Over the duration of the project, new coalitions made some significant gains in terms of organizational effectiveness. By the end of the project, all new coalitions had a mission statement in place, and were meeting regularly. Most had at least two and typically three community sectors actively involved in their coalitions, most frequently schools, law enforcement, and service providers. Coalitions improved significantly during the project in terms of their perceived effectiveness in implementing action plans, the level of cultural representativeness of the coalitions, and the level of agreement within the coalition about the important community issues to be addressed. However, building strong, successful coalitions took a good deal of time, and coalition representatives repeatedly suggested that the PNPC project would have been more successful if the duration had been longer.

Cultural Competency

One of the most important goals of mentoring was to enhance coalitions' cultural competency. Five of the six triads involved at least one coalition that was organized around one or more specific ethnic minority group. Interviews with coalition representatives suggested that many participants felt that the cultural competency aspect of the PNPC was quite successful, perhaps because each coalition and Triad was allowed to explore and approach this issue in a unique way. Achievements mentioned by participants included sharing and learning about different cultures, working harder to increase cultural diversity within coalitions, gaining knowledge about how to design and implement culturally appropriate prevention programs, and collecting and using Risk and Protective Factors data on specific minority groups for community planning. It should be noted that aspects of the project related to cultural competency developed slowly, as participants built relationships and trust over time. However, many participants saw this slow evolution as critical to the success of this component.

Use of the Risk and Protective Factors Model

Communities were provided training and technical assistance on the use of the Risk and Protective Factors model, and all coalitions were required to engage in a data-based community planning process. Data were collected for coalitions using the Hawkins and Catalano Healthy Communities School Survey, developed through the Six-State Consortium. For many communities, this was the first time data had been made available that was specific to their local community or ethnic minority group. Such data proved to be quite valuable. For example, at the request of the Asian/Pacific Islander coalitions, demographic categories on the survey were tailored to allow youth to indicate their specific ethnic group (e.g., Thai, Laotian, Vietnamese, Chinese, Japanese, etc.). Analyses showed that when data from Asian students were aggregated, this group had generally lower ATOD use and risk factors compared to other minority groups (Native American, Hispanic, and African American). However, when the Asian category was dis-aggregated, specific Asian groups, most notably the Laotian, Thai, and other non-Vietnamese Southeast Asian cultures, had rates as high or higher than these other minority groups. Thus, aggregating the data from Asian youth masked significant risks among specific Asian cultures. Coalition representatives reported that this locally driven data-sharing and planning process was an extremely valuable aspect of the PNPC.

Conclusions and Recommendations

Although in many ways the PNPC was quite successful, the project also faced significant challenges. The startup period required for this complex project was quite lengthy, in part due to the time lost when communities that dropped out and required replacement, and because of the logistics involved in facilitating 2 state agencies and 18 coalitions. Some confusion and lack of clarity about how key aspects of the program would be operationalized, including the mentoring and cultural competency components, may also have contributed to slow startup. Staff turnover at both the state and coalition levels proved problematic, especially for a project centered on developing trusting, supportive relationships across coalitions. Finally, although one of the objectives of the project was to test the viability of using technology for spanning geographic boundaries, geographical distance proved to be a significant barrier to quality mentoring. The effectiveness of technology as a mechanism for mentoring was hampered by the large variability in terms of both infrastructure (hardware/software) and the skill level of the coalitions.

The PNPC project represented an innovative approach to supporting coalition development, cultural competency, and the use of the Risk and Protective Factors Model. The model,

although not entirely successful, is one that warrants further consideration by prevention providers and funders. Coalition partners valued the mentoring process, and considered the project to be extremely useful on a variety of levels. Future research focused on understanding how mentoring could be structured to be maximally effective is needed. However, based on the results of this evaluation, we make the following recommendations for future replication efforts:

- 1) **Include a funded planning period** during which coalitions could work together to develop clear shared definitions of mentoring and concise plans for the mentoring process, including mentoring needs, activities, expectations, and objectives.
- 2) **Address a smaller number of clear project goals.** The PNPC was a very complex, multi-component project, and participants noted that working on any one of the three primary project goals (organizational effectiveness, Risk and Protective Factors model, or cultural competency) might have simplified the process and made the project more feasible.
- 3) **Reduce the geographic distance between mentoring coalitions.** Future projects should consider grouping coalitions that are in closer proximity to each other.
- 4) **Enhance support for technology** to ensure adequate infrastructure (hardware and software) as well as training for coalition members.
- 5) **Plan systems to deal with coalition and state staff turnover,** such as project orientation materials and an orientation process, or develop better systems to enhance staff continuity across the project period.
- 6) **Ensure adequate time and resources for face-to-face meetings,** especially in the early phases of the project.
- 7) **Be clear about resource allocation for mentoring and programming.** If individual level ATOD outcomes are expected, additional resources are needed to support service delivery.

- 8) **Maintain or increase the number of trainings** to support project goals and to increase the skills and knowledge of coalition members.
- 9) **Collect data that is specific to local communities and cultures**, to better support community-level ATOD planning.
- 10) **Strengthen systems for building regional coalition networks** in addition to the Triad groups, to better support information sharing and cultural competency across a larger and more diverse group of coalitions.

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Appendix B: Cultural Competency Qualitative Interviews

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I. INTRODUCTION

A. Description & Goals of the PNPC

The Pacific Northwest Prevention Coalition (PNPC) was a multi-faceted coalition-based substance abuse prevention initiative. The overarching goal of the PNPC was to build regional capacity for preventing adolescent alcohol, tobacco, and drug use in the 18 communities by creating opportunities for networking, mentoring, and training between community coalitions.

The major approaches included:

1. Using research-based training and technical assistance for organizational development to increase the strengths of coalition communities and to build an infrastructure for a strong and sustainable region-wide coalition;
2. Using cross-training and mentoring strategies to develop the cultural competency of each coalition partner and to increase the participation of culturally diverse groups in community prevention activities; and
3. Using Hawkins and Catalano's Risk and Protective Factors Prevention Model to assess community needs and identify proven strategies that would lead to the achievement of measurable improvements in community-selected outcomes.

The PNPC involved collaboration between two state prevention offices, Oregon's Office of Alcohol and Drug Abuse Programs (OADAP) and Washington's Division of Alcohol and Substance Abuse (DASA), as well as among 18 community coalitions in Oregon and Washington. These 18 coalitions were matched in groups of three, called "Triads." Each Triad would include: (1) one new community coalition and two existing coalitions, and (2) communities from both Oregon and Washington. Triads were also matched in terms of similarities in demographics (rural/urban), and in terms of the cultural groups targeted by the coalitions, when possible. The community coalitions involved in the project are listed on the following page.

PNPC Community Coalition Characteristics

Community	Triad	Ethnicity (primary)	Urban/Rural	State	Existing/New
APACSA ¹	A	Asian/Pacific Islander	Urban	OR	New
McMinnville Together!	A	Caucasian	Rural/Urban	OR	Existing
WAPIFASA ²	A	Asian/Pacific Islander	Urban	WA	Existing
North Clark County Native Alliance	B	Native American	Rural	WA	New
Clark County	B	Caucasian	Rural	WA	Existing
Confederated Tribes of Grande Ronde	B	Native American	Rural/tribal	OR	Existing
Spokane Multicultural Wellness Coalition	C	Multi-ethnic	Urban	WA	New
Safe Streets	C	Caucasian/Multi	Urban	WA	Existing
Inner Southeast Caring Community	C	Caucasian/Multi	Urban	OR	Existing
Upper Kittitas Co. Prevention Coalition	D	Caucasian	Rural	WA	New
Chelan-Douglas Together!	D	Caucasian	Rural	WA	Existing
Lebanon Together!	D	Caucasian	Rural	OR	Existing
Chicano Concilio	E	Hispanic	Urban	OR	New
Salem-Keizer Together	E	Caucasian	Urban	OR	Existing
Grant County Drug Prevention Council	E	Caucasian	Rural	WA	Existing
Health Nations Program at Warm Springs	F	Native American	Rural/tribal	OR	New
Harney County Together!	F	Caucasian	Rural	OR	Existing
Yakama Indian Nation	F	Native American	Rural/tribal	WA	Existing

B. Original Goals of the Evaluation

The original goal of the evaluation was to evaluate project outcomes in seven areas:

- 1) Organizational effectiveness of the coalitions;

¹ Asian/Pacific American Consortium on Substance Abuse (APACSA)

² Washington Asian Pacific Islander Families Against Substance Abuse (WAPIFASA)

- 2) Cultural competency among participating members and their coalitions;
- 3) Ability of member coalitions to use a risk and protective factors model for planning and implementing substance abuse prevention activities;
- 4) Networking and sharing among coalition members;
- 5) Use of technology and telecommunications;
- 6) Presence of risk and protective factors among youth in targeted communities;
- 7) Prevalence and incidence of Alcohol, Tobacco, and Other Drug (ATOD) use in targeted communities.

However, it became clear as the project evolved that it was important for the evaluation to focus more attention on the *processes* of mentoring, enhancing cultural competency, and coalition development than on individual-level changes in risk and protective factors. Therefore, the evaluation shifted its emphasis to focus more on the first five of these outcome areas in order to highlight the unique aspects of this project. Of special concern was documenting the “lessons learned” in implementing the PNPC in order to best inform any subsequent replication efforts. Moreover, issues surrounding program development — especially the relatively lengthy startup phase, time lost to communities that dropped out and required replacements, and the complex nature of the program — suggested that outcomes at the coalition development level were more feasible and realistic than outcomes at the level of individual substance use. Finally, because this program was not a service delivery grant, and given the relatively small amount of resources dedicated to substance abuse programs (less than \$7500 per coalition) the evaluation team, with the agreement of the State Project Director and the Federal Program Officer, shifted from a more traditional outcome-focused design to a more emergent approach focused on documenting “lessons learned” in the implementation of the PNPC.

C. Purpose of this Report

The purpose of this report is to present evaluation information related to the key components of the PNPC program: (1) the process of mentoring, (2) coalition development, (3) cultural competency, and (4) the Risk and Protective Factors Model. Within each of these topics, we will focus on “lessons learned,” from the PNPC project experiences and how these experiences might be used to improve any future replications of the PNPC model. Whenever possible, data have been drawn from multiple sources to inform the analysis and conclusions.

II. EVALUATION METHODS

The evaluation employed a mixed-methods approach to data collection, including meeting minutes and observations, qualitative interviews, focus groups, mail surveys, and school-based student surveys. These data sources are described in more detail below.

A. Meeting Minutes and Observations

Evaluation staff members were present to observe and record all major project meetings, including Advisory Board meetings, most Triad meetings, trainings, and video-conferences, etc. The primary purpose of the meeting observations was to record the Triad activities and to gain further understanding of the challenges and benefits of the mentoring process. Thus, these data provided the context to understand the development of the PNPC, and provided the evaluation team with a working knowledge of the program. Observations served to guide the qualitative data collection by constantly raising emergent issues that could be incorporated into the more structured data collection methods (e.g., qualitative interviews and surveys).

B. Qualitative Interviews

Two sets of qualitative interviews were conducted. One focused on the mentoring process, the other focused on cultural issues.

1. Mentoring Interviews

A total of 28 persons representing 17 of the 18³ communities were interviewed using a semi-structured qualitative interview (see Appendix A). On average, two persons per coalition were interviewed. Additionally, four state staff members were interviewed (two from DASA and two from OADAP). Interviews lasted from 40 to 90 minutes. The purpose of the interview was to explore the evolution of the mentoring process and to gain an understanding of the benefits and challenges of mentoring. Responses were transcribed and analyzed using QSR (Qualitative Solutions in Research) NUD*IST software (Non-numerical Unstructured Data Indexing, Searching and Theorizing).

³ One coalition refused all participation in evaluation activities during the final project year. This coalition had voiced numerous complaints during the project about the high level of paperwork and other demands required by state and federal funders, and was unwilling to participate further in data collection. Thus, while there were still technically 18 coalitions in the project, the evaluation team had access to only 17.

2. Cultural Competency Interviews

A total of 27 persons representing 16 of the 18 communities were interviewed using a semi-structured qualitative interview (see Appendix B). On average, two persons per coalition were interviewed. In addition, the PNPC staff person who had been primarily involved in cultural activities was interviewed. Interviews lasted from 30 to 90 minutes. The purpose of the interview was to understand the ways in which cultural issues had been addressed in the PNPC and the perceived effects of the PNPC on cultural competency and diversity. Responses were transcribed and analyzed using NUD*IST software.

3. Follow-Up Interviews.

A series of follow-up telephone interviews with the key contact person for each coalition was conducted in February 1999, 6 months after the grant funding to communities ended. Seventeen communities participated in these interviews. The purpose of these interviews was to assess whether (1) the coalitions were still functioning; and (2) whether any ongoing communication, mentoring, or other activities were occurring across communities.

C. Team Health Assessment

One of the major goals of the PNPC was to help new coalitions develop their organizational capacity. In order to assess the level of organizational effectiveness of the PNPC coalitions, a "Team Health Assessment" (THA) was administered to coalitions in March 1997 (Time 1) and again in August 1998 (Time 2). The THA instrument was developed based on previous measures of coalition effectiveness (e.g., Kumpfer, 1997). Five surveys were provided to each coalition for distribution to "people most involved with the PNPC project." Copies of the instruments used are contained in Appendix C. At Time 1, 36 THAs were returned from 15 of the 18 coalitions. At Time 2, 34 surveys were returned from 15 of the 18 coalitions. On average, surveys were returned by two persons from each coalition.

D. Focus Groups

1. Minority Youth Focus Groups

In 1997, a series of four focus groups was held with the Spokane Multicultural Coalition. The purpose of these focus groups was to understand the ways in which risk and protective factors for ATOD use were expressed within minority cultures. Four minority groups that were involved with the Spokane coalition participated: Hispanic, African

American, and Korean. The focus groups averaged nine participants, and were led by a culturally matched, trained facilitator.

2. Project Outcomes Focus Groups

Two focus groups were held in November 1998, about 1 month after the project funding period ended. The purpose of the focus groups was to collect information about the perceived benefits and challenges of the PNPC project. A total of 24 people from 15 of the 18 communities participated. Participants were asked to discuss (1) major project achievements, (2) project challenges and/or barriers, and (3) suggestions for project improvements in each of the following areas:

- (1) The overall PNPC project
- (2) The use of the Risk and Protective Factors Model
- (3) Training
- (4) Mentoring

E. School Surveys

In the spring of 1997, the evaluation team conducted a series of student surveys in some of the new communities and in some targeted comparison communities. The survey instrument was the school survey developed by Hawkins and Catalano through the Six-State Consortium project, in which Oregon was a participant. This survey assesses both substance use and risk and protective factors. This survey has been used in the state of Oregon since 1992, as a part of biennial planning efforts.

The evaluation team initially approached all the schools in the areas served by the new coalitions. At that time these coalitions included: APACSA, Concilio, Spokane, Warm Springs, North Clark County, and Upper Kittitas. We were able to gain access to the schools in the communities served by APACSA, Chicano Concilio, Warm Springs, and Upper Kittitas. We were denied access in North Clark and to the Spokane school district. To increase our ability to provide comparison data to the coalitions, we added a survey in Grande Ronde and added surveys in five other communities with relevant ethnic compositions.

Prior to the survey administration, we met several times with the APACSA coalition to make the survey more relevant to Asian cultures. As a result, we made modifications to the instrument

including allowing the student to specify his/her Asian culture. As we will describe in the Results section, this modification turned out to be important.

In 1998, these data were augmented by additional samples that were part of the statewide student survey. Originally we had sought to use the 1997 and 1998 data as a pre-post test of outcomes. However, it soon became clear that such a comparison would be spurious since the development of prevention programming by the new coalitions as a result of the grant would not have an impact by 1998. Therefore, the data from 1998 were used to supplement our understanding of substance use and risk and protective factors among the relevant ethnic cultures.

In both administrations, evaluation staff members administered the survey in the classrooms of the selected schools. Strict protocols were observed and anonymity of the survey responses was guaranteed. No identifying marks were put on the forms, and teachers were not allowed to be close to the students as they filled out the survey. This protocol, which we have used with success in several statewide surveys helps provide an atmosphere of serious purpose and confidentiality of response.

The total numbers of students surveyed were as follows:

Caucasian	15,749
Hispanic	1,452
Native American	827
African American	261
Total Asian	981

The total numbers of students from specific Asian cultures were as follows:

Vietnamese	184
Southeast Asian (not Vietnamese)	165
Pacific Islanders	151
Chinese	122
Korean	115
Other Asian	114
Filipino	69
Japanese	61

III. MECHANISMS FOR MENTORING

In order to understand the outcomes of the mentoring process, it is first important to understand what the mentoring process involved. Communities were allowed considerable flexibility in operationalizing the concept of mentoring and in using project dollars to support mentoring. Below we describe the kinds of activities that were involved in the mentoring process in the PNPC and the successes and challenges in creating strong networks of coalitions for the purpose of mentoring.

A. Resources

Each coalition was provided with \$7500 in project funds. Within each Triad, \$5000 was to be allocated specifically to mentoring activities. The amount each coalition was to contribute to the \$5000 mentoring fund was left to the discretion of the Triad. Typically, the existing coalitions each contributed \$2500 to the mentoring fund. Communities were given considerable flexibility in terms of how these funds would be spent. This flexibility led to some confusion, however, about appropriate mentoring expenditures; in fact, some communities had trouble spending their “mentoring” dollars. All communities spent at least some, if not most, of their mentoring budget on travel. Mentoring dollars also were used to fund prevention activities for the new communities (often in partnership with the existing coalitions). For example, one Triad used mentoring dollars to sponsor youth from the new coalition to attend a summer Diversity training.

The legal requirements of the fiscal reimbursement system in the state of Washington caused some communities to have difficulty accessing their funding. In Oregon, funds were awarded to each coalition up front, but the state of Washington required a reimbursement method. Therefore, the funds were channeled to Central Washington University, which in turn reimbursed communities after expenses were incurred. There were significant time lags in receiving these reimbursements, which caused a burden for many of the Washington communities (especially the smaller, newer coalitions). In fact, in at least two instances, Oregon coalitions loaned money to Washington coalitions to cover program expenses until reimbursements were made.

B. Meetings

Triad meetings. Much of the coalition mentoring occurred during Triad meetings, which occurred both by phone and face to face. Triad D (Lebanon/Chelan-Douglas/Upper Kittitas) was the first to implement phone meetings in March 1996. The full implementation of Triad meetings was somewhat delayed, however, because of coalition attrition during the first project year. By August 1996, most of the Triads were having mentoring contacts monthly or every two months.

PNPC Advisory Board meetings

The first PNPC all-coalition meeting occurred in January 1996. These meetings occurred periodically throughout the grant period, typically once per quarter. The location of all-coalition meetings was rotated among the communities. These meetings lasted ~~1 to~~ 2 days and usually included a training component and a business meeting.

C. Trainings

Trainings played an important role in the PNPC project, both in terms of their content and their providing an additional opportunity for coalition representatives to network. A variety of different trainings were held; each is described briefly below. The evaluation team also collected information about each training using a Training Evaluation form. Each evaluation was tailored to the individual training session.

1. Building Communities: This 2-day training focused on community development, parent involvement, telecommunications, and advocacy. It was conducted by James Copple, from Community Anti-Drug Coalitions of America (CADCA), Rick Evans from the National Family Partnership on The Power of Parents; and Chris Carter from Join Together!

2. Key Leader Training: This training was provided via a video teleconference format held at eight different sites in Oregon and Washington simultaneously. The training included OADAP staff Caroline Cruz on “Phases of Community Planning” and “The Foundation for Risk Factors,” Barbara Groves on “The Circle of Prevention,” and Jeff Ruscoe on “Protective Factors.”

3. Unveiling the Mystery in Your Data: A Training on Outcome-Based Evaluations: This training included presentations on “Risk Factor Overview,” “Washington County Profiles – An Overview of Data Collection,” “Oregon County Profiles – An Overview of Data Collection,” and “Collecting Local Data.” This training was a joint effort between Scot Waller (DASA), Alicia Hickok (Lebanon Together!), and Mike Finigan (PNPC project evaluator).

4. Involving Youth in Prevention: This presentation focused on how to involve youth in community mobilization and coalition development, and was conducted by a private consultant, Lewis Andrews.

5. Native American Cultural Diversity: This training was provided by one of the community coalition representatives, Wilson Wewa, the Cultural and Heritage Director of the Confederated Tribes of Warm Springs. The day ended with a personally conducted tour of The Museum at Warm Springs led by Wilson Wewa and sponsored by The Healthy Nations at Warm Springs.

6. Crossroads: Building Cross-Cultural Collaboration: The Crossroads training was a CSAP-sponsored and funded 3-day training session. CSAP funding allowed a number of PNPC participants to be trained as trainers, and then a coalition wide Crossroads training was held to enhance cross-cultural collaboration for substance abuse prevention and community development. The training was designed to create a rich experience where a cross-section of people from varying cultural groups could join together in safe and meaningful ways to explore cross-cultural collaboration and problem solving for substance abuse prevention and related community development issues and to identify workable solutions to address these problems. Each of the 18 communities involved in the PNPC project brought teams of 3 to 5 members to participate. Day 1 focused on exploring the pathways that we choose and that are open to us, Day 2 we came to the crossroads in our own communities, and Day 3 was spent focusing on ways to “build bridges” as Triads.

7. Anchors Away: This training was the “kickoff” of PNPC’s effort to more fully involve youth in PNPC and coalition activities. The training focused on stress relief and reduction for youth and adults from 18 prevention communities throughout Oregon and Washington. It was designed to reduce coalition burnout and was directed to the youth and adults present. Grant County, Washington, youth were trained in the interactive dramedy-style process, and then assisted the trainer.

8. Telephone Conference and First Class Chat Training: This training was provided by PNPC staff. Seventeen of the 18 prevention communities from Oregon and Washington met via First Class software on their personal computers and in combination with phone conferencing. This format gave us the ability to chat on-line. Following the morning training there was an afternoon Advisory Board meeting conducted by electronic communications utilizing this same format.

9. Prevention in Community Coalition Development: This training was presented by PNPC staff. Using various tools and interactive activities, the participants explored various

prevention strategies that they might be able to use in their own coalitions in various formats. To learn some of the history of prevention, there were generational exercises that looked at the progress of prevention in relation to alcohol, tobacco and other drug use.

10. Introduction to Mapping and Building Assets in Communities: This training was designed to provide an introduction to the basic concepts and skills used in assets-building models to develop effective, community-based prevention initiatives within the communities. The workshop included interactive, large and small group discussion time to help participants process and practice the identification of inherent strengths in their communities that can be mobilized to build assets. The workshop compared key elements from several preventive models, including Hawkins and Catalano's Risk and Protective Factors Model, Bonnie Benard's Resiliency model, John McKnight's model for mobilizing community assets, and the Search Institute's Youth Assets Development model. Participants were encouraged to work with their coalitions to tailor prevention approaches that fit their communities.

Suggestions For Trainings

During the focus group session, a full one-third of participants (33%) indicated that the trainings were one of the most important aspects of the PNPC project. Focus group participants were also asked to provide suggestions for ways of improving the training sessions. These included: providing trainings to smaller groups (on average, trainings involved 30–45 people); providing child care; having more handouts and “take home” materials; and making videotapes of the trainings available.

D. Telecommunications

The PNPC project attempted to use a variety of forms of telecommunications as a way of promoting information sharing, networking, and mentoring. Telecommunications efforts included: (1) providing e-mail access to all coalition representatives; (2) enrolling all representatives in First Class, a class conferencing ED-NET system operated by the State of Oregon; (3) holding telephone conference calls; (4) attempting a videoconference and an on-line/mixed format teleconference; and developing a project Web site. The attempt to implement these telecommunications activities met with a number of problems related both to individual differences in initial skills and comfort using technology and significant variation in the technological infrastructures available within different communities. Although some resources and technical assistance were provided to coalitions to help develop the technological

infrastructure, problems persisted for some coalitions. Some had never used e-mail, and one key contact person found e-mail difficult because of his/her difficulty typing. This issue is discussed further in Section F, below. By the end of the project, most coalitions were using e-mail and First Class, and found them helpful for bridging the geographic boundaries between communities.

The PNPC also developed a Web site that had the potential to serve as a mechanism for sharing information between coalitions as well as communicating to others via the Internet about the PNPC. However, there were few resources for developing or maintaining the site during the project period, and many of the coalitions did not have Internet access. Therefore, the potential of the site was never fully realized. However, at the end of the project, unspent funds were made available to support a Web site for presenting the “lessons learned” from the PNPC project. The evaluation team subcontracted with a Web design firm to develop an attractive, user-friendly site.

E. Information Sharing

By far the most common expression of mentoring was through information sharing. This occurred formally during Triad meetings, PNPC Advisory Board meetings, and trainings — and informally via face-to-face meetings, phone calls, and e-mail. A variety of different kinds of information were mentioned by interview respondents as being important aspects of the mentoring process, including:

- information about the Risk and Protective Factors Model
- ideas about prevention activities and programs
- information about funding opportunities
- cultural issues
- joint planning for prevention events
- ideas for sharing resources
- risk assessment
- computer skills
- infrastructure development (meetings, mailing lists, etc.)
- community development (recruitment, outreach, etc.)
- opportunities for training
- youth involvement

- fundraising ideas
- evaluation

F. What worked best for mentoring?

Data collected through the qualitative interviews suggested that coalition representatives perceived face-to-face contact as being the most effective mechanism for mentoring. Thirteen of the 24 representatives (54%) indicated that “face to face was best.” A smaller number preferred e-mail, or indicated that e-mail was more feasible than face-to-face contact due to geographic distances (3 respondents). Several respondents (4) indicated that some combination of face to face, phone, and e-mail was most successful. Several also commented on the need for more face-to-face contact during the initial, relationship building phase of the grant, for example: “Face to face was most important, especially for cultural issues — it’s difficult to show respect over e-mail” and “phone conferences are effective now, but not two years ago.” Clearly, these participants felt that face-to-face contact, especially in the early stages, was most beneficial.

IV. THE MENTORING PROCESS: SUCCESSES & CHALLENGES

The mentoring process developed slowly, as the coalitions struggled to define and operationalize the concept of mentoring. Several issues emerged that proved challenging for the PNPC, which could be avoided in future projects using a mentoring model. These are described below.

A. Defining mentoring

One of the major issues for the PNPC was developing a definition of “mentoring.” Results of the qualitative interviews showed that many of the coalition representatives (18, or 75%) lacked a clear understanding, at least at the outset of the grant, of what “mentoring” should involve. For some of these respondents, there was an increase in clarity over the duration of the grant. For example, one respondent said, “The first year of the project we had no experience with mentoring...we did not have any expectations, and we misunderstood what mentoring meant. Our intention was to work with these other organizations so that they could avoid our pitfalls; at first it sounded like we were to direct them...but it turned out to be just sharing and learning.” A few respondents, however, stated that even at the end of the grant they were not entirely clear what “mentoring” was or should have been (13%).

Those coalitions that did begin the project with a pre-existing definition of mentoring often found they had to adjust these expectations during the process. Many of the Triads spent considerable time and energy working to develop a mutually acceptable definition of “mentoring.” In particular, there was initial confusion with many of the new culture-specific coalitions, which believed that they were the “mentor” for the existing coalitions around cultural issues. As one respondent put it, “We had problems figuring out who was mentoring whom.” In fact, over the duration of the project many of the culturally based coalitions did actively mentor the primarily Caucasian coalitions, even though most of them were not originally classified as “mentor” communities. Several of the Triads eventually dropped the term “mentor,” which implied a unidirectional flow of information (from existing coalitions to new), preferring to think of the process as mutual sharing and partnership. Others maintained a mentorship model that was mutually beneficial. For example, in one Triad, both mentor coalitions spent all of their mentoring dollars to support development of the mentored coalition. However, a few of the coalitions adhered to a more hierarchical mentoring structure (e.g., describing mentoring as “sharing our expertise with [new coalition]”), which was sometimes less successful.

An example of this shift in roles was illustrated in the relationship between the APACSA (Asian/Pacific Island new coalition), WAPIFASA (Asian/Pacific Islander existing coalition), and McMinnville (a predominantly Caucasian existing coalition). Although APACSA was the new coalition, it expected to be involved in mentoring McMinnville in regard to cultural issues. Coalition representatives spent numerous meetings during the first year of the grant discussing this issue and developing a shared definition of mentoring. One respondent remarked, “Mentoring is more of a partnership — [we] concluded that this was a shared definition.....After that, there were no problems, we worked together beautifully.” Other coalitions were less successful in developing and implementing a common understanding of mentoring, although several expressed that “the concept was great, but it didn’t work out [well] all of the time.”

B. Triad Structure

Several issues related to Triad structure emerged as factors that may have contributed to confusion and slow startup. First, as previously mentioned, several communities initially recruited for the grant decided not to participate. This may have been the result of the significant time lag between initial recruitment of communities and the time that the grant was actually funded and implemented. During this period, there was considerable turnover in staff at the community level, and many of the individuals who were initially recruited were no longer involved at the point the grant was funded. This contributed both to the early dropout of some communities and more generally to confusion about the mission and goals of the PNPC project. The delay in bringing communities into the process continued to have repercussions throughout the grant. As one respondent put it, “[We] felt like an adopted child, [because] we came in late to fill an open slot.”

Second, many respondents (10, or 42%) were unclear about the reasons they were paired with their particular mentoring partners. This may also have contributed to general confusion during the startup period. Some communities shared obvious similarities, most notably the two Asian/Pacific Islander coalitions. However, pairing by general ethnic group did not ensure perceived similarity, especially among the Native American coalitions. For example, in one Triad, two Native American groups experienced initial difficulties because of vastly different tribal histories and between-group conflicts. Further, predominantly minority coalitions that were paired with two other predominantly Caucasian communities (2 of 6 Triads) indicated that this was a challenge: “At first, it seemed awkward working with two mainstream communities and

[our coalition]. This was due to differences in cultural groups.” Coalition respondents were also confused about the reasons for cross-state pairing, as this was perceived as generally creating more difficulty due to geography (this issue is discussed further below). However, by the end of the grant period, over half of the communities indicated that they felt that at least one partner was “a good match” (9 of the 16 communities interviewed, 56%).

Finally, five respondents (20%) questioned whether a Triad structure (groupings of three) was preferable to pairing communities. However, the remainder appeared to support Triads, both in terms of the size of the groups: “Three communities worked nicely. Two is too small, and four is too big.” and in terms of the potential benefits of having a third partner to facilitate collaboration: “It was very helpful to have the third party. [This] allowed the atmosphere of collaboration more than a pair would have.”

C. Resistance to Mentoring

One issue faced by some Triads was a perceived resistance to “being mentored.” Often, the resistance seemed to result from initial misperceptions of the purpose of the PNPC project, as some coalitions expressed that they did not have a complete understanding of what the PNPC was when they committed to being involved. Resistance also resulted from misunderstandings of who was to mentor whom, as was discussed previously. Data suggest that resistance to mentoring was an issue for at least five of the Triads. Most Triads were able to overcome this within the first year. Only two communities remained at least somewhat resistant to mentoring throughout the grant, as perceived by their coalition partners and PNPC staff.

D. Geography

More than any other factor, the geographic disparity between some coalitions proved to be a significant barrier to quality mentoring. When coalition representatives were asked about the factors that posed the greatest challenges to the PNPC, 23 of the 24 respondents (96%) mentioned issues related to the geographical distances between the communities. Some of the communities were as far as 434 miles from at least one of their partner communities. On average, coalitions were 220 miles from their most distant partner. This made it difficult for communities to engage in the kinds of regular, consistent contact with their partners that some had expected. Often, a Triad would involve two partners who were relatively close to each other

and a third, more distant partner. In most cases, this resulted in the third partner having significantly reduced contact with the other two.

The problem of geographic distance was exacerbated by the relatively small pool of resources provided by the PNPC. Six respondents (25%) indicated that for geographic distances to be adequately spanned, more resources were necessary, both in terms of direct funding for travel, and in terms of funding for more staff time to engage in mentoring.

Some coalition representatives indicated that the geographical barrier was less significant over time, as e-mail and other telecommunications were used more extensively. However, as noted before, many felt that initial relationship development relied heavily on face-to-face contact, which was made difficult by the geographic distances, and some coalition members (at least 3) were never entirely comfortable communicating via e-mail or First Class.

E. Telecommunications

The usefulness of various telecommunications strategies differed considerably among the communities. For two respondents, the use of technology was seen as one of the most exciting and helpful aspects of the grant. However, for four other respondents, telecommunications was not a very successful mechanism for mentoring. For example, a few coalition representatives did not have e-mail fully operational until the third year of the grant. Other attempts to use technology to facilitate mentoring, such as videoconferencing and on-line teleconferences were not generally successful, due primarily to the lack of technological infrastructure. For example, during the on-line teleconference, some participants could not participate because their computer modem and phone were on the same phone line. Videoconferencing also went beyond the technological capacity of many coalition members, whose computers were often older, slower models. For those participants who were initially unfamiliar with e-mail, additional training and technical support may have helped to make this aspect of the program run more smoothly.

For most, e-mail and First Class were functional by the end of the grant, and for those who became comfortable with it, e-mail was seen as extremely helpful. Others mentioned the usefulness of telephone conference calls; one respondent noted that he was glad "we had budgeted for lots of long-distance." E-mail was mentioned most frequently among the different forms of telecommunications as being helpful for mentoring (9 respondents, or 38%).

F. Other Issues

Other challenges to mentoring that were mentioned by coalition representatives included limited resources (especially money and time available for mentoring and problems with the fiscal reimbursement issues, see Section III-A above), paperwork requirements, cultural barriers, and staff and coalition turnover. Each of the coalitions received only a small amount of money for mentoring, much of which was used to support travel to the different communities. Even more problematic, however, were the limited human resources. Five of the 17 coalitions (21%) interviewed indicated that this was a significant problem. Half of the coalitions are comprised primarily of volunteers, who found the required time and travel quite difficult. PNPC funds generally were not substantial enough to allow these coalitions to hire staff, although several coalitions with existing staff did use PNPC dollars to supplement staff funding. As one respondent put it, "All of us have full-time jobs and the grant did not provide funds for time and staff to do this work." Mentoring, especially face-to-face, proved to be a time-consuming process. Moreover, five respondents (25%) mentioned that the paperwork requirements were heavy, especially given the relatively small amount of money provided to communities.

Staff turnover was mentioned by seven (29%) as creating problems, both in terms of turnover among PNPC staff and within coalitions. Originally, there were to be two project coordinators, one in Washington and one in Oregon. However, the budget was insufficient to hire two full-time, qualified coordinators, so a decision was made to hire one coordinator who would be assisted by state office staff. Coordination of such a complex program, however, was difficult, and it may be that two full time coordinators are needed. The PNPC program director changed once, mid-project, and although the lead evaluator stayed consistent, there was turnover among other evaluation staff. Three coalitions mentioned that they experienced significant coalition transitions, including losing funded staff who were replaced by volunteers, transition in key funded staff, and turnover among Advisory Board members, all of which were seen as creating problems with the implementation of the PNPC project. DASA and OADAP staff also perceived turnover at the community level to be a significant problem, as new PNPC coalition representatives had to "relearn" the goals and processes of the project.

Cultural barriers were mentioned by six respondents (25%) as a challenge to mentoring. These included communication (some initial misunderstandings triggered longer term difficulties), perceived stereotyping, and cultural differences in perceptions of ATOD issues.

V. MENTORING OUTCOME #1: COALITION DEVELOPMENT & FUNCTIONING

One of the major goals of the PNPC was to help new coalitions develop their organizational capacity. Research has shown that coalitions with more structure, clearly delineated organizational routines (e.g., decision-making procedures), better communication and conflict resolution, etc., are more likely to be more productive. The evaluation assessed the organizational effectiveness of the coalitions using the Team Health Assessments, described above.

Team Health Assessments (THA) were administered to coalitions in March 1997 (Time 1) and again in August 1998 (Time 2). The instrument was modified at Time 2 to assess some additional constructs; therefore, direct comparisons were not possible for all survey items. At Time 1, 36 THAs were returned from 15 of the 18 coalitions. At Time 2, 34 surveys were returned from 15 of the 18 coalitions. On average, surveys were returned by two persons from each coalition.

A. Coalition Characteristics

Various questions were asked in the second survey to assess basic coalition characteristics, such as staffing configuration, frequency of meetings, presence of a mission statement, and levels of involvement of various community sectors (e.g., youth, faith community, education, etc). These results are presented in Table 1, below. It should be noted that at the beginning of the project, new coalitions generally did not have mission statements and were not meeting consistently as coalitions.

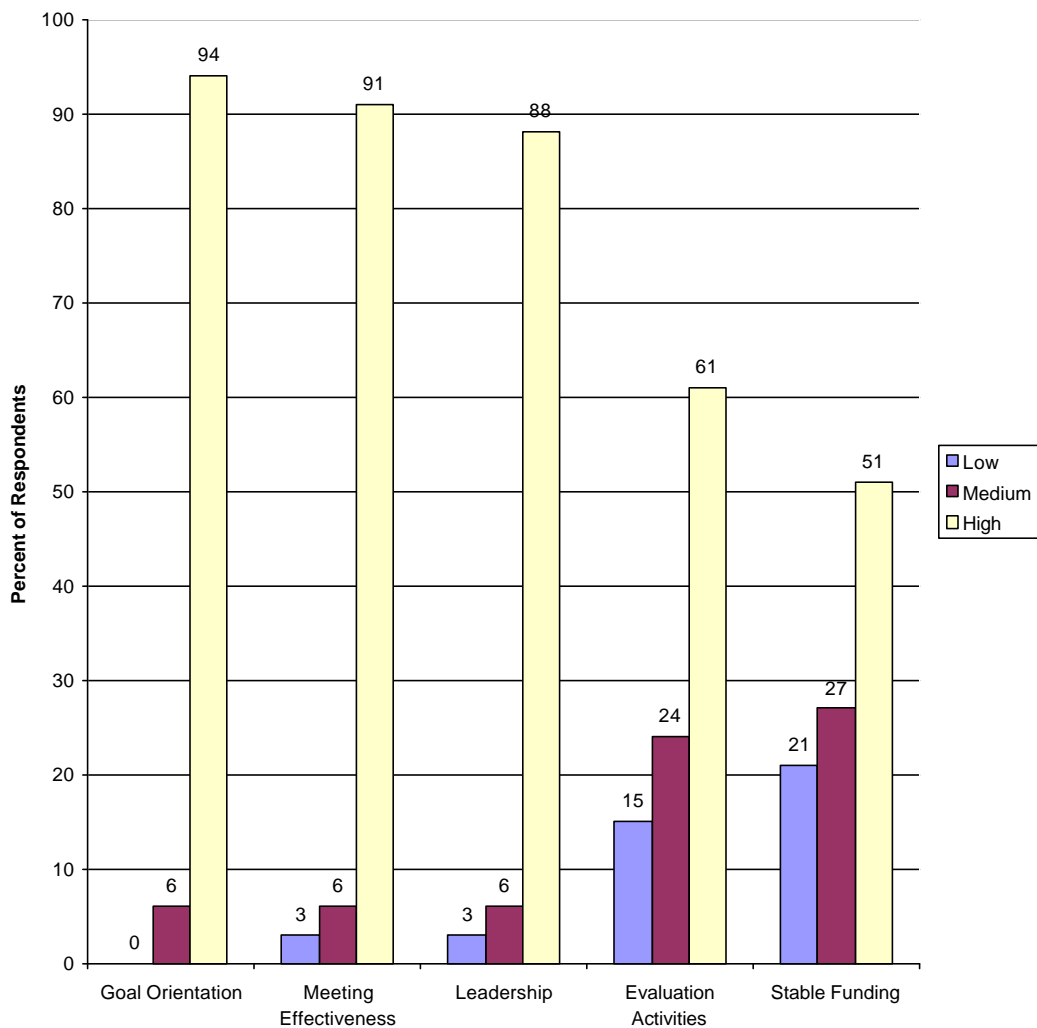
Table 1
Coalition Characteristics

Coalition Name	Triad	Existing or New Coalition	Volunteer vs. Paid Staff	Mission Statement Present at Time 2	Frequency of Coalition Meetings (per year)	Number of "highly involved" Community Sectors
1. 1. APACSA	A	New	volunteer	yes	12	3.25
2. 2. WAPIFASA	A	Existing	staff	yes	4	2.3
3. McMinnville Together!	A	Existing	volunteer	no	12	3.2
4. Clark County	B	Existing	staff	yes	4	0
5. Confederated Tribes of Grande Ronde	B	Existing	staff	yes	9	4.75
6. North Clark County Native Alliance ²	B	New	volunteer	yes	na	na
7. Inner Southeast Caring Community	C	Existing	staff	yes	10	5
8. Spokane Multi-Cultural Wellness Coalition ²	C	New	volunteer	yes	na	na
9. Safe Streets ²	C	Existing	staff	yes	na	na
10. Chelan-Douglas Together!	D	Existing	volunteer	yes	9	5
11. Upper Kittitas County Prevention Coalition	D	New	volunteer	yes	12	4
12. Lebanon Together! ²	D	Existing	volunteer	no	10	5
13. Chicano Concilio	E	New	volunteer	yes	12	2
14. Grant County Drug Prevention Council	E	Existing	volunteer	yes	12	na
15. Salem/Keizer Together!	E	Existing	staff	yes	12	4
16. Harney County Together! ²	F	Existing	staff	yes	na	na
17. Healthy Nations Program at Warm Springs ²	F	Existing	staff	no	na	na
18. Yakama Indian Nation	F	New	staff	yes	12	1

B. Organizational Effectiveness

1. Characteristics. At the time of the second THA, coalition members generally perceived their coalitions as having a high level of organizational effectiveness (see figure 1 below). Coalition members perceived the highest levels of functioning in terms of being goal oriented, holding efficient meetings, and having strong leadership. Coalition members rated their coalitions as being less effective in terms of their use of program evaluation and ability to obtain consistent, stable funding.

Figure 1
Perceived Coalition Effectiveness



2. Changes Over Time. In order to assess changes in organizational effectiveness, a series of Analyses of Variance (ANOVAs) were conducted to compare coalition representatives' scores from Time 1 to Time 2 on the following variables:

1. Perceived cultural representativeness of coalitions
2. Level of agreement on coalition mission & goals
3. Level of satisfaction with decision-making procedures
4. Level of effectiveness of the coalition in creating an action plan
5. Level of effectiveness of the coalition in implementing the action plan
6. Level of effectiveness of the coalition, overall
7. Amount of improvement in the coalition effectiveness in the past year
8. Level of agreement within the coalition about key community issues

Additionally, it was hypothesized that new coalitions might show more change over time, compared to existing (and presumably more stable) coalitions. To test this effect, we tested for the presence of significant interactions between time and coalition status (existing vs. new) for this same set of variables.

Results indicated significant ($p < .05$) improvements over time for **both** existing and new coalitions in terms of:

- effectiveness in implementing action plans
- level of agreement about which community issues the coalition should address

There were significant ($p < .05$) interactions, such that new coalitions showed **more** improvement from Time 1 to Time 2, compared to existing coalitions, in terms of:

- the level of cultural representativeness of the coalition

However, perhaps reflective of the relatively lengthy time needed to get coalitions “up and running,” existing coalitions rated themselves more positively ($p < .05$) at both time points in terms of:

- agreement on mission
- agreement on decision-making procedures
- effectiveness in creating action plans

Finally, there were no significant differences either across time or between existing and new coalitions in terms of perceived:

- overall coalition effectiveness
- amount of improvement in past year

These results suggest that while there were some small changes in organizational effectiveness, only one area (cultural representativeness) changed more for new coalitions compared to existing. The fact that existing coalitions rated themselves as more effective at both points in time in many areas further highlights the length of time it may require within a community for a coalition to become fully developed and structured.

3. Areas in Need of Improvement in Organizational Effectiveness. The Time 2 THA asked respondents to reply to two open-ended questions addressing challenges faced by the coalitions:

1. What areas related to coalition functioning do you think need improvement in order to maximize coalition effectiveness?
2. What were the most significant barriers faced by the coalition in developing and implementing ATOD prevention activities?

By far the area mentioned most frequently as needing improvement was member participation and involvement. Twelve of 22 open-ended responses (55%) mentioned the need for more members, retention of members, and/or a higher level of member participation as a key area in need of improvement. Respondents also mentioned a general need for more organization and infrastructure (23%), obtaining or increasing the level of staff time available to the coalition (14%), and increasing cultural representation (9%).

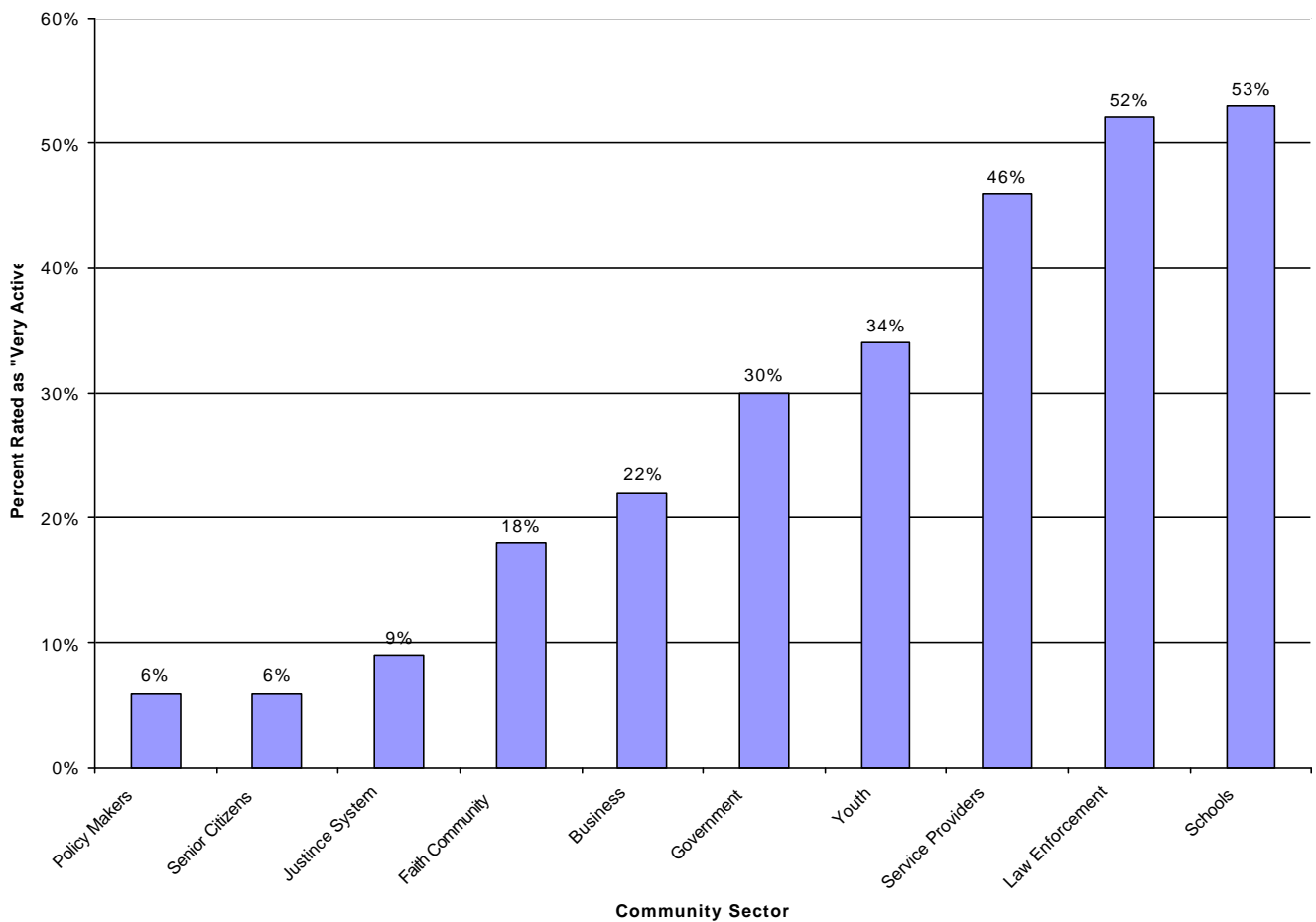
Barriers to implementing ATOD activities that were mentioned paralleled the issues raised above: 12 of 27 responses mentioned the level of participation and time available for working on prevention activities (44%); 6 respondents mentioned the lack of sufficient funding (22%); 3 mentioned the lack of trained and available staff (11%); and 2 respondents mentioned coordinating with other efforts (4%) and lack of community awareness (4%).

Interestingly, there were no appreciable differences between new and existing coalitions in terms of the challenges mentioned.

C. Levels of Participation by Community Sectors

Figure 2 presents the percentage of survey respondents who indicated that a particular community sector was “very active” in their coalition. As can be seen, school representatives were most likely to be rated as “very active,” followed by law enforcement and social service providers. The groups least likely to be rated as “very active” were policy makers, senior citizens, and the justice system.

Figure 2
Level of Participation in Coalitions



D. Team Building

The Time 2 THA asked coalitions to choose, from the following list, the activities they believed best supported team building within the coalition. Respondents were then asked to circle the one activity they believed was *most important* to team building. These results are presented in Table 2 below. As can be seen, opportunities for face-to-face communications, including meetings, retreats, and planning sessions, were seen as the most important mechanisms for team building.

Table 2
Coalition Activities Most Important to Team Building

Activity	Percentage of times selected (overall)	Percentage who selected as "most important"
Face-to-face meetings	81% (26)	33% (10)
Retreats	37% (12)	20% (6)
Planning activities to address ATOD issues	47% (15)	20% (6)
Other informal communications (telephone, etc)	44% (14)	13% (4)
Informal events (dinners, etc)	31% (10)	3% (1)
Trainings	31% (10)	3% (1)
E-mail	10% (3)	3% (1)

VI. MENTORING OUTCOME #2: CULTURAL COMPETENCY

One of the most important goals for mentoring was to enhance coalitions' cultural competency, both through formal trainings and through information-sharing and relationship-building with coalitions involved with a diverse array of ethnic minority populations. For the evaluation, however, assessing cultural competency, and changes in cultural competency, proved difficult. An initial attempt to assess cultural competency using a structured, primarily quantitative, mail survey did not lead to satisfactory results. The data from this survey suggested that the instrument may not have been sensitive to the complex and difficult issues related to cultural competency. Many of the subscales showed clear ceiling effects, such that most coalition members reported extremely high levels of cultural competency. Rather than repeat the mail survey instrument in a second round, we instead adopted a more qualitative approach to assessing cultural competency-related issues within the PNPC. Face to face, semi-structured qualitative interviews were collected, focusing on understanding the following issues:

- expectations about how PNPC would influence cultural competency
- progress and achievements in the area of cultural competency
- specific inter (or intra) cultural issues raised during the project period, and how these were addressed
- strategies used by coalitions and Triads to enhance cultural competency
- remaining unresolved issues
- suggestions for improving the process through which the PNPC addressed issues of culture

A. Expectations

As was the case for mentoring, many of the coalition representatives were not clear about what was expected in terms of developing or enhancing cultural competency and sensitivity. Of those interviewed, two-thirds (67%) indicated that they had “no expectations” about what the cultural competency component of the PNPC would involve. About half of the respondents (14, or 52%) were aware that a focus on cultural issues was a primary component of the PNPC. For some, the emphasis on culture was one of the most exciting aspects of the project: “When we met for the very first time, I remember coming back to our council and being quite excited because of the information I would get regarding Hispanics and Hispanic culture.” However, a significant number of respondents indicated that they weren't aware at all that the PNPC project had an emphasis on enhancing cultural competency (13, or 48%). As one respondent put it, “I didn't

have any expectations about it, I didn't think that was part of the project;" another simply stated, "We didn't have a clue what it was [about] when it began."

Conversations with PNPC project staff suggest that the lack of clear expectations was probably reflective of the actual level of clarity around this topic: Although cultural issues and enhancing cultural competency were a part of the PNPC from the outset, there was never a clear articulation of exactly what this meant, how it was to occur, or what to expect. This lack of clarity may have had positive unintended effects, however, by acting to empower communities to develop their own strategies and methods for dealing with cultural issues. Further, there was considerable variability across the Triads in terms of the degree to which cultural issues were emphasized. In some Triads, in particular those involving coalitions based on ethnicity (e.g., APACSA, WAPIFASA, Chicano Concilio, and the tribal coalitions), cultural issues were at the forefront of Triad activities from the beginning. For others, there was no culturally specific coalition, and although all coalitions felt it was important to improve cultural competency in order to better serve ethnically diverse communities, there was a less direct focus on this issue.

B. Issues

During the qualitative cultural interviews, respondents were asked about the kinds of cultural issues they had encountered, both within their communities and within their Triad, during the PNPC project. Specifically, they were asked about: (1) the *most* difficult issues that their coalition faced, in terms of culture, and (2) whether they had experienced difficulties because of (a) lack of trust between cultures; (b) communication issues; or (c) different attitudes about ATOD use. The most difficult issues that were mentioned included:

- recruitment and outreach ethnic minorities (8 respondents)
- increasing awareness and sensitivity within communities about cultural diversity (4 respondents)
- intra-cultural trust & understanding (e.g., between different Asian cultures) (2 respondents)
- language barriers (2 respondents)
- facilitating trust between minority groups and "governmental agencies" (1 respondent)
- intra-cultural agreement about how to deal with ATOD use among youth (1 respondent)
- tribal politics (1 respondent)

Approximately two-thirds (18, or 65%) of the persons interviewed indicated that trust between members of different cultures was an issue for their coalition or Triad. For example, in one Triad, specific incidents were perceived as disrespectful and causing major problems in the relationships between two coalitions. The issue of who was being “mentored” also created some problems with trust, as some of the new culturally specific coalitions felt that their role was to mentor the established coalition in terms of cultural issues. Many indicated that trust developed over time through repeated face-to-face contacts.

Two thirds of respondents also indicated that communication was an issue, although this was not necessarily related to culture. In fact, only 8 of the 18 who indicated that they had communication problems related the problem to culture, and only two of these were specifically related to language issues.

About half of those interviewed indicated that their coalition had problems because of inter-cultural differences in attitudes related to ATOD use and abuse. This was not limited to ethnic minority coalitions, however; one respondent from a primarily Caucasian coalition said, “We have some people that don’t want kids in school doing drugs, but they have no problem with their kids at their own home drinking...so [we tried] to find a common ground where everybody agrees that **this** is a problem.” Attitudes within specific minority cultures were mentioned, such as the private nature of substance use and abuse in Asian cultures, and the sanctioned use of some drugs for ritual purposes in Native American cultures. Like communication, the majority of “cultural” issues related to attitudes about drugs and alcohol were equally relevant to Caucasian coalitions: only 4 of the 14 responses (28%) related to attitudes mentioned issues that pertained to a specific minority group.

C. Strategies

In order to understand the processes through which PNPC influenced respondents’ cultural competency, we asked interviewees to describe how they thought cross-cultural learning occurred in the PNPC project. Not surprisingly, most respondents had some difficulty answering this question. Seven (26%) emphasized the importance of **formal** forms of learning, such as trainings and activities, while ten (37%) focused on the more **indirect** and **informal** pathways; and ten indicated that it was a **mix of both** formal and informal learning (37%). Examples of informal learning were primarily related to conversation and face-to-face interactions: “Like

anything, the most valuable part is the time spent talking to the people there and being exposed to other people;” and “there was a tremendous learning and sharing process in that informal atmosphere. At least in [our Triad] it certainly built a lot of trust between Native American and other communities. I understood them a heck of a lot better as to where they’re coming from.” Several of those who described a combination process suggested that initial informal communication and face-to-face meetings were necessary before issues could be addressed more directly: “First it was building the relationships, and then as we started to say, ‘what are the issues and concerns’ and started to address them it became more direct, because then you had to truly understand that culture and where they were coming from.”

In describing how cultural competency was enhanced, many respondents highlighted the importance of the cross-Triad meetings (Advisory Board meetings, trainings, etc), which allowed exposure to a broader array of different cultural groups than within a given Triad. Three people mentioned working with coalitions that were not in their Triad to address cultural issues.

One activity in particular played an important role in terms of facilitating cross-cultural sharing and communication: eating and sharing meals. Ten (37%) respondents mentioned the role of food as one key aspect of cross-cultural sharing. While certainly sharing different kinds of ethnic food does not define cultural competency, it can open the doors for communication about other aspects of culture: “Eating with them, having your meals, that’s a wonderful way to share. Sharing the food of their ethnicity is amazing, that brings out a lot of other stuff, too.” Anthropological research suggests that sharing meals is a common technique, across cultures, for facilitating communication and discussion, and it appeared to play a significant role in the PNPC project as well. However, it should also be noted that in at least one Triad, the fact that one coalition representative appeared to focus only on using multi-ethnic food fests as a means of fostering cultural competency created some tensions, as ethnic minority coalition representatives felt this discounted more important cultural issues.

D. Accomplishments

The perceived accomplishments of the coalitions in terms of cultural competency varied considerably. Some coalition representatives spoke of specific cultural events or activities that they had implemented; others spoke more generally about shared learning and opportunities for crossing cultural barriers. Four (15%) of the primarily Caucasian coalitions mentioned that

working with the PNPC galvanized them to work harder to ensure diversity within their local coalition and coalition Advisory Boards. Representatives from one cultural coalition described how their coalition worked towards enhancing intra-cultural diversity, and inclusiveness within the broad cultural group of “Asian/Pacific Islander.”

Five of the respondents indicated that the most significant accomplishments in terms of cultural competency were gaining access to different cultural communities and having the opportunity to share and learn from the members of these communities. For example, as one respondent stated, “We have opened doors to other ethnic groups and are able to be in contact with other groups of Asians.” Several (4, or 20% of those providing information about positive accomplishments) indicated that this led to an increase in their awareness of issues within these other cultures. Learning about other cultures, in general, was mentioned by nine respondents (33%) as an important achievement of the PNPC project. Many respondents mentioned the cross-cultural sharing that occurred at one of the PNPC Advisory Board meeting which “spotlighted” each culture: “It was amazing to see the sharing in all the different Triads. At the Spokane training they taught us basket weaving, making moccasins, dancing, communication skills, making fresh salsa; there was sharing in many different ways. [We] were learning to bridge the gap between cultures. The project went way beyond what was on paper.”

During the qualitative interview, respondents were asked whether they believed their coalition had improved in its ability to involve different cultural groups in prevention activities and its ability to design and implement culturally relevant prevention activities. In terms of involving culturally diverse groups, 18 of the respondents, (67%) indicated that working with the PNPC had improved their ability to involve different cultural groups. Types of involvement included increased outreach to diverse communities, development of specific prevention events with and for specific cultural groups, collaboration with grassroots cultural groups, and cultural food fests and other celebrations.

Another accomplishment was the use of data to describe different cultural groups. Four respondents mentioned the visual impact of the evaluator’s presentation that showed intra-cultural variations and cross-cultural variation in risk and protective factors: “The evaluation process was fantastic. It played a big part in helping to understand not just different Triads, but different geographic areas, such as east, rural frontier, inner-city or whatever, those were the differences we were looking at, too.”

The remaining respondents indicated that they felt their coalitions “had a long way to go.” Three respondents noted that within their community, there was relatively little ethnic diversity, and that cultural diversity required attention to socioeconomic, gender, and age variables; some saw this as more difficult to address than ethnic diversity. Others stated that while they haven’t necessarily changed their outreach, their policy is one of inclusivity: “I haven’t seen us go out of the way to involve people, but neither did we exclude.” Two respondents cited particular cultural groups that they have struggled to involve, without success.

Twelve respondents (44%) indicated clearly they had improved in their ability to design and implement culturally relevant prevention programming. Some of these mentioned specific programs that they had developed, such as an anti-tobacco videotape developed by and for Native American youth. One coalition representative credited the PNPC with allowing coalitions to adapt programs to better fit minority cultures: “The state (Oregon) has been most culturally competent and sensitive. Before this money, we always had to conform our methods to the mainstream population even though we knew this approach would not work for Asians. The state trusted [us] to approach drug and alcohol prevention in our own way.” However, generally, respondents felt there were significant challenges remaining in terms of being able to develop and implement culturally appropriate programs. Two respondents pointed to the lack of research on this topic. Others pointed out the difficulty of coming to agreement on what particular adaptations might be successful with different cultural groups: “Because of all the different backgrounds of people, we were able to say this will work, or not, and why, but there were times when we couldn’t agree on what would work — when we would plan an event thinking that it would work because we had all these different people talking about whether they thought it would or wouldn’t, and then it wouldn’t work anyway.” Four respondents indicated that they felt PNPC had increased their awareness of the importance of cultural issues, but they had not yet taken the “next step” of developing culturally appropriate programs: “[our coalition] is a group of well-meaning people who have not focused on how to actualize their intent for cultural competency. I think the board will continue to avoid the issue.”

E. Suggestions for Improvement

Suggestions for improving the cultural competency component centered on three areas: more time devoted to this topic, broader participation from more community members in Triad/PNPC activities, and clearer expectations around developing cultural competency. In terms of clear expectations, one respondent stated, "When the initial meeting took place, there could have been a detailed orientation and encouragement that we would work on cultural concerns and awareness, and information that could be shared. Raising the level of expectations and providing a better map would be helpful." Four respondents made specific suggestions, including highlighting a different culture at each Advisory Board meeting, and having members of different cultural communities talk about themselves and their culture at the beginning of the project.

VII. MENTORING OUTCOME #3: USING A RISK AND PROTECTIVE FACTORS MODEL

One of the major goals of the PNPC in general, and of the mentoring process in particular, was to support coalitions, both new and existing, to implement the Hawkins and Catalano Risk and Protective Factors Model of substance abuse prevention. Communities were provided training through OADAP and DASA on the Risk and Protective Factors Model, and were mentored by existing communities who had used this model. All communities were expected to identify the risk and protective factors that were most relevant to their community using a data-based planning process. This was required in order to receive PNPC funding during the second two years. The evaluation team provided technical assistance to the communities in using data for planning, and also collected data using the Hawkins and Catalano student survey for each community, as described previously.

One of the primary accomplishments of the PNPC was the use of Risk and Protective factors data by coalitions for community planning. Data collected using the school survey within ethnic minority communities provided especially helpful data, as some of these communities had never seen the risk and protective factors data broken out by ethnic group. Further, the data collected by the PNPC evaluation team allowed disaggregation within the Asian cultural group, which proved extremely valuable for planning purposes. Below, we present the three different kinds of information that were provided to communities for local planning.

1. First, we present data that were shared with communities that examined the level of substance use, risk factors, and protective factors for various ethnic groups in Oregon and Washington.
2. Second, we present data that were shared with communities that examined differences within sub-populations of Asian/Pacific Islander communities in terms of substance use, risk factors, and protective factors. As these data show, grouping all Asian ethnic groups within one global category masks significant differences between various Asian cultures.
3. Finally, we present two examples of how community-level data were presented and incorporated into local planning, for one Hispanic coalition and one primarily Caucasian coalition that had not previously used the Risk and Protective factor model.

A. Data-Based Planning in Ethnic Minority Communities

The following data describe Risk and Protective Factors within five ethnic groups: Caucasian, African American, Native American, Hispanic, and Asian-American. Data are grouped into the key risk factor domains: community, school, peer, individual, and family, and are presented for 6th, 8th, and 11th graders separately. A complete list of Risk and Protective factor domains and items is included in Appendix D.

Ethnicity and Risk Factors

African American, Native American, and Hispanic respondents reported higher risk responses to community risk factor scales than Caucasian or Asian respondents.

Statistically significant differences ($p=.05$) were found for the following risk factors:

- Neighborhood Antisocial Behavior
- High Community Disorganization
- Personal Transitions and Mobility

In addition the following risk factor had a similar although non-significant trend.

- Community Transitions and Mobility

Table 3

Community Risk Factors by Ethnicity – 6th Grade

Percentage of students whose average scale responses were in the at-risk categories

Community transitions and mobility	Neighborhood antisocial behavior		High community disorganization	Personal transitions and mobility
30.8	18.2		13.9	30.5
Hispanic	27.4	32.0	20.1	35.6
Native American	34.6	33.5	24.3	37.2
African American	29.9	34.7	30.1	49.2
Caucasian	18.4	28.0	13.3	27.5

Table 4

Community Risk Factors by Ethnicity – 8th Grade

Percentage of students whose average scale responses were in the at-risk categories

Ethnicity	Neighborhood antisocial behavior	Community transitions and mobility	High community disorganization	Personal transitions and mobility
Asian	30.6	31.7	21.4	35.2
Hispanic	49.0	31.3	26.1	37.2
Native American	55.8	28.2	27.3	41.0
African American	57.3	33.7	27.8	43.5
Caucasian	37.3	27.0	16.4	31.2

Table 5

Community Risk Factors by Ethnicity – 11th Grade

Percentage of students whose average scale responses were in the at-risk categories

Ethnicity	Neighborhood antisocial behavior	Community transitions and mobility	High community disorganization	Personal transitions and mobility
Asian	34.7	29.5	11.5	39.0
Hispanic	68.1	28.3	21.9	42.0
Native American	70.6	27.1	15.7	48.6
African American	77.3	35.7	16.3	52.3
Caucasian	54.7	22.9	13.2	31.6

Family Risk Factors

African American, Hispanic and Native American respondents reported higher risk responses to some family risk factor scales than Caucasian or Asian respondents.

Statistically significant differences ($p=.05$) were found for the following risk factors.

- ◆ Family Antisocial Behavior
- ◆ Parental Attitudes Favorable to ATOD use

Table 6

Family Risk Factors by Ethnicity – 6th Grade

Percentage of students whose average scale responses were in the at-risk categories

Ethnicity	Family antisocial behavior	Parental attitudes favorable to ATOD use
Asian	18.5	1.2
Hispanic	27.7	1.6
Native American	35.5	2.0
African American	30.1	1.6
Caucasian	23.7	1.2

Table 7

Family Risk Factors by Ethnicity – 8th Grade

Percentage of students whose average scale responses were in the at-risk categories

Ethnicity	Family antisocial behavior	Parental attitudes favorable to ATOD use
Asian	29.0	4.3
Hispanic	45.0	5.0
Native American	55.8	9.1
African American	51.9	8.9
Caucasian	39.7	3.5

Table 8

Family Risk Factors by Ethnicity – 11th Grade

Percentage of students whose average scale responses were in the at-risk categories

Ethnicity	Family antisocial behavior	Parental attitudes favorable to ATOD use
Asian	32.8	4.2
Hispanic	49.2	3.9
Native American	62.3	11.3
African American	66.7	8.6
Caucasian	49.2	4.9

Peer Risk Factors

African American, Native American and Hispanic respondents reported higher risk responses to some peer risk factor scales than Caucasian or Asian respondents.

Statistically significant differences ($p=.05$) were found for the following risk factors.

- ◆ Early Initiation of the Problem Behavior
- ◆ Gang Involvement
- ◆ Peer Antisocial Behavior
- ◆ Peer ATOD Drug Use
- ◆ Individual Antisocial Behavior

Table 9

Peer Risk Factors by Ethnicity – 6th Grade

Percentage of students whose average scale responses were in the at-risk categories

Ethnicity	Early Initiation of problem behavior	Gang involvement	Individual antisocial behavior	Peer antisocial behavior	Peer ATOD use
Asian	37.2	4.3	.9	3.7	7.8
Hispanic	42.8	6.3	2.2	6.7	13.7
Native American	49.5	11.1	3.9	7.7	15.9
African American	45.8	11.7	6.0	12.4	12.5
Caucasian	36.1	3.1	1.0	2.3	9.3

Table 10

Peer Risk Factors by Ethnicity – 8th Grade*Percentage of students whose average scale responses were in the at-risk categories*

Ethnicity	Early Initiation of problem behavior	Gang involvement	Individual antisocial behavior	Peer antisocial behavior	Peer ATOD use
Asian	46.5	5.3	3.8	9.0	26.2
Hispanic	56.8	18.2	8.3	15.7	42.1
Native American	67.6	18.5	11.8	19.8	46.8
African American	65.9	15.5	11.4	28.0	46.3
Caucasian	53.6	5.4	3.1	8.4	36.6

Table 11

Peer Risk Factors by Ethnicity – 11th Grade*Percentage of students whose average scale responses were in the at-risk categories*

Ethnicity	Early Initiation of problem behavior*	Gang involvement	Individual antisocial behavior	Peer antisocial behavior	Peer ATOD use*
Asian	49.2	10.1	5.2	9.6	48.0
Hispanic	68.4	12.1	4.6	17.4	58.3
Native American	75.0	16.8	9.5	15.9	67.0
African American	63.6	9.1	2.4	13.6	54.5
Caucasian	63.1	2.6	3.6	7.9	56.0

School Risk Factors

African American, Native American, and Hispanic respondents reported higher risk responses to school risk factor scales than Caucasian or Asian respondents.

Statistically significant differences ($p=.05$) were found for the following risk factors.

- Academic failure

Table 12

School Risk Factors by Ethnicity – 6th Grade

Percentage of students whose average scale responses were in the at-risk categories

Ethnicity	Academic failure
Asian	10.8
Hispanic	25.0
Native American	32.7
African American	27.9
Caucasian	17.1

Table 13

School Risk Factors by Ethnicity – 8th Grade

Percentage of students whose average scale responses were in the at-risk categories

Ethnicity	Academic failure
Asian	15.5
Hispanic	43.1
Native American	43.1
African American	32.7
Caucasian	26.4

Table 14

School Risk Factors by Ethnicity –11th Grade

Percentage of students whose average scale responses were in the at-risk categories

Ethnicity	Academic failure
Asian	27.0
Hispanic	41.7
Native American	45.6
African American	52.6
Caucasian	25.0

Alcohol, Tobacco, and Other Drug Use

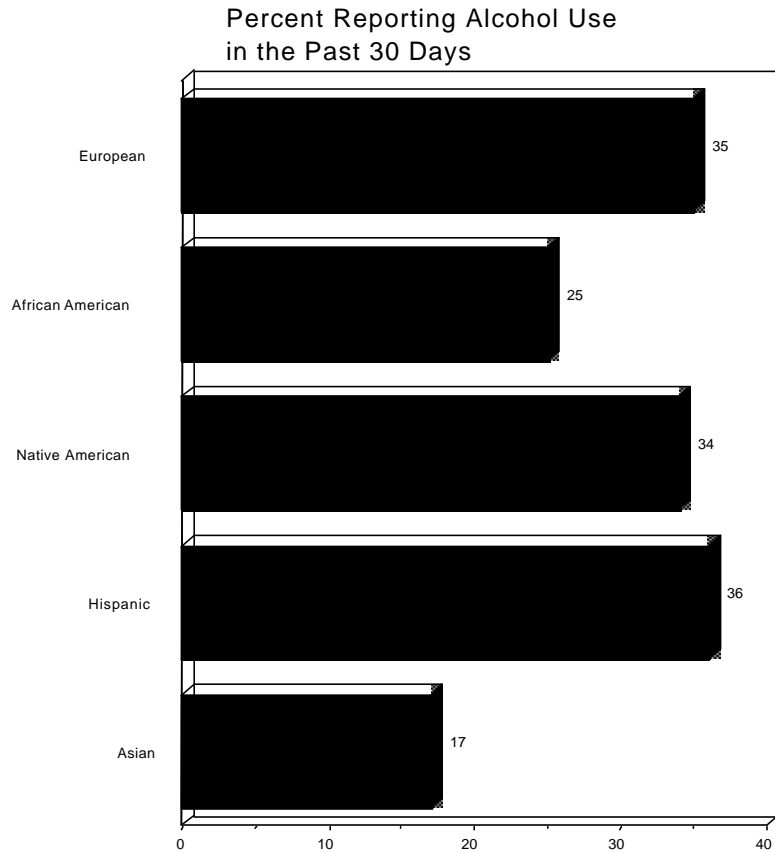
Substance Use & Risk Factors in Asian Communities

Based on suggestions from the two Asian/Pacific Islander coalitions, the evaluators collected survey data for a variety of Asian cultures. With these data, it became clear that traditional approaches to data analysis that combine all Asian students together under one category were masking important differences between Asian cultures. The following data were prepared and presented to the Asian coalitions to aid them in prevention planning. It was the recommendation of the Asian coalitions that Vietnamese youth be separated from other Southeast Asian cultures (e.g., Thai, Laotian).

Alcohol Use

Using the traditional ethnicity categories, Asians appear to have the least serious alcohol-related substance abuse problems.

Figure 3
Ethnicity and Alcohol Use



However, when data are collected on the various Asian cultures, several cultures emerge with more serious problems.

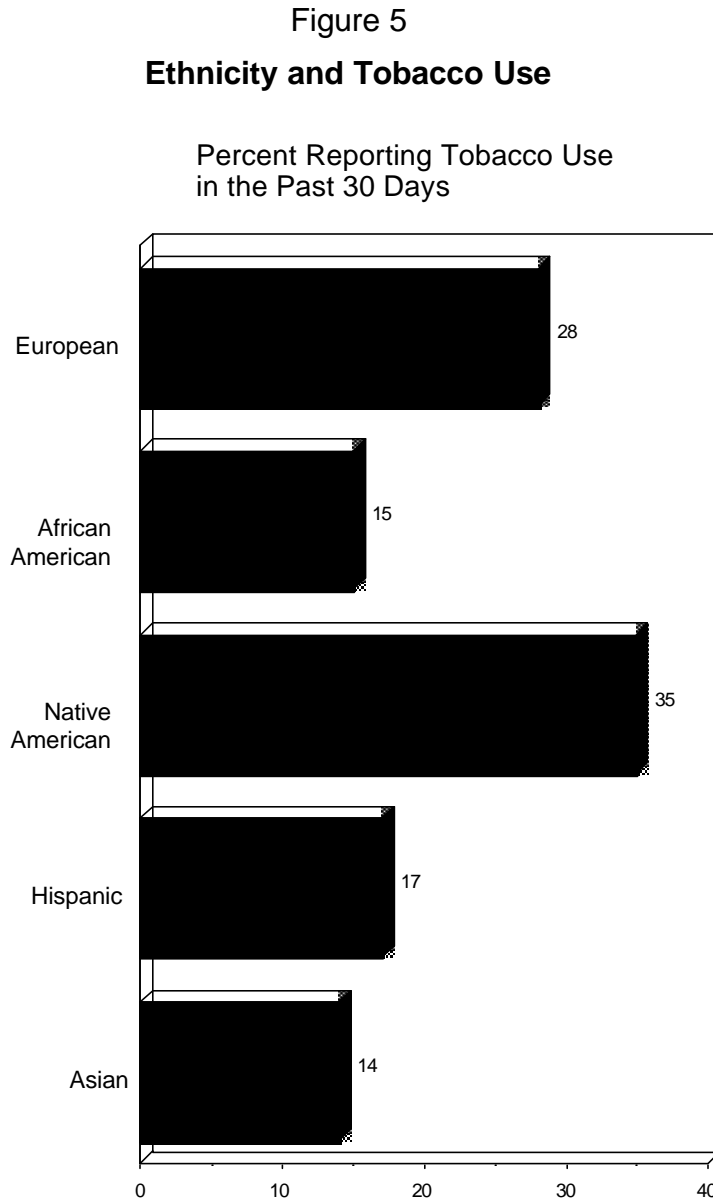
Figure 4
Asian Ethnicity and Alcohol Use



Southeast Asians (non-Vietnamese) and Pacific Islanders emerged with significantly greater alcohol use than the other cultures.

Tobacco Use

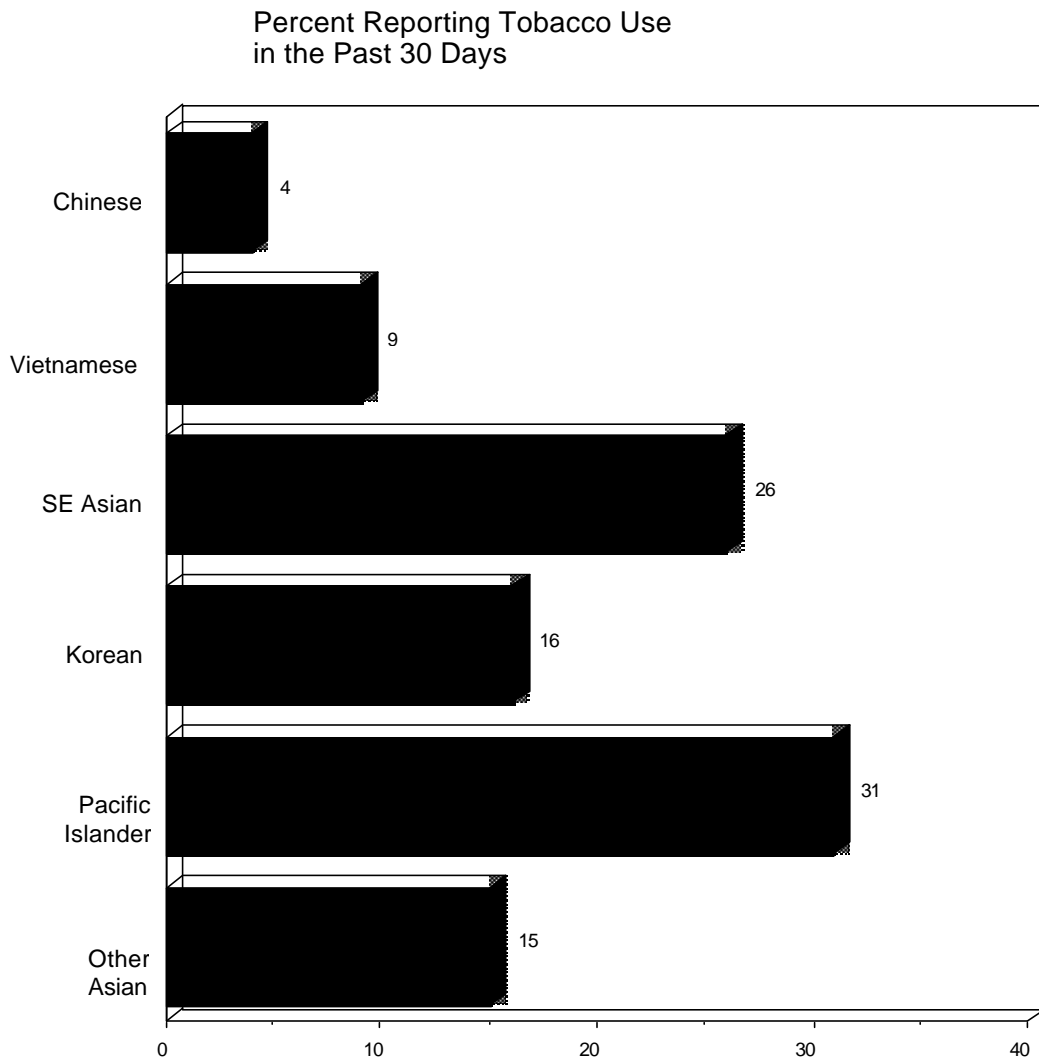
Using the traditional ethnicity categories, Asians appear to have the least serious tobacco-related substance abuse problems.



These data were also useful to the Native American coalitions in targeting smoking as a serious problem (as Grande Ronde chose to do).

However, when data are collected on the various Asian cultures, several cultures emerge with more serious problems.

Figure 6
Asian Ethnicity and Tobacco Use

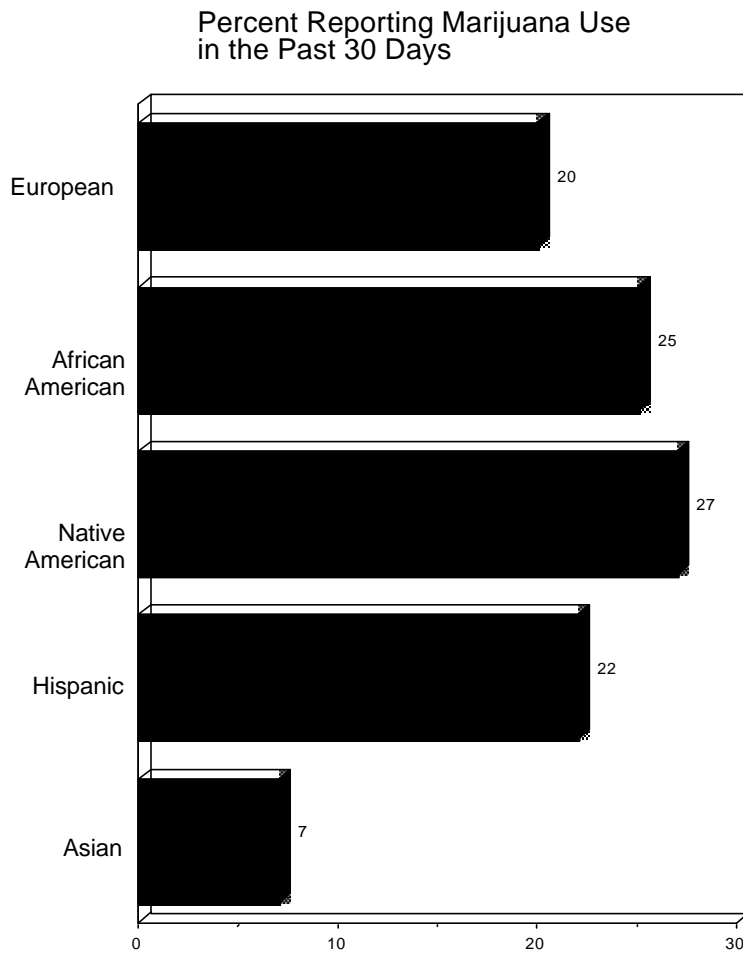


Again, Southeast Asians (non-Vietnamese) and Pacific Islanders emerged with significantly greater use than the other cultures.

Marijuana Use

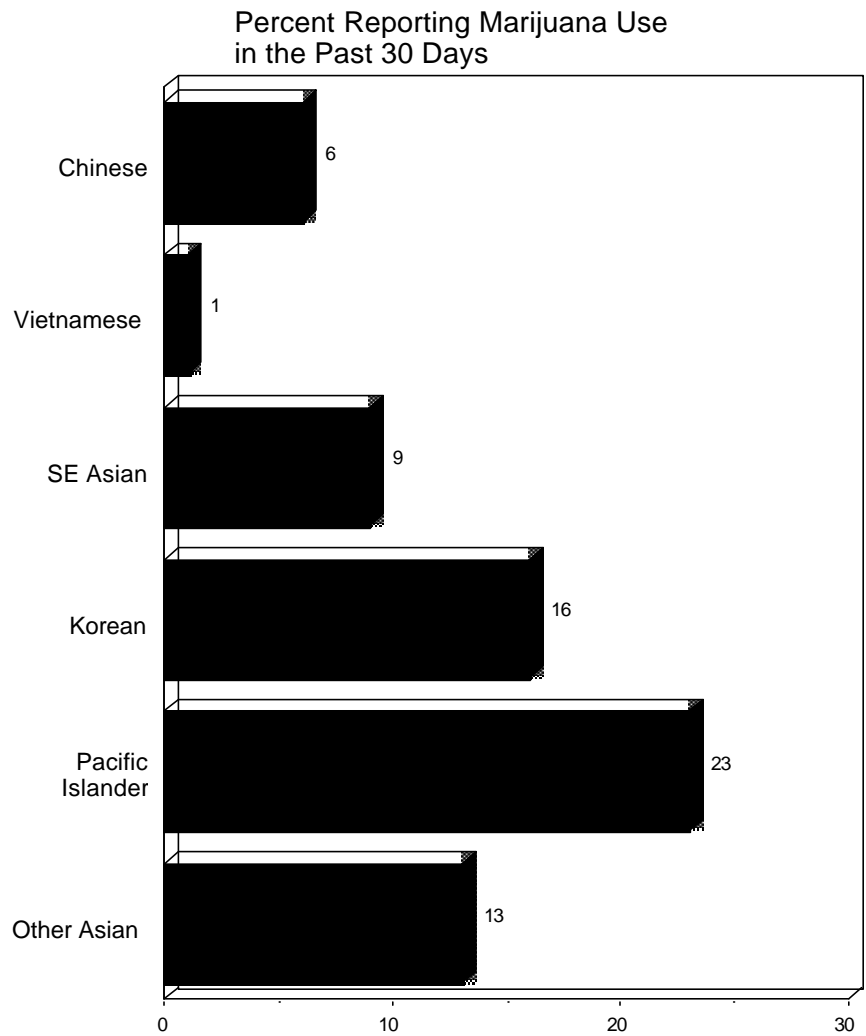
Using the traditional ethnicity categories, Asians appear to have the least serious marijuana-related substance abuse problems.

Figure 7
Ethnicity and Marijuana Use



Again, when data are collected on the various Asian cultures, several cultures emerge with more serious problems.

Figure 8
Asian Ethnicity and Marijuana Use



Pacific Islanders again reported high use.

Risk Factors Within Asian Cultures

As was the case for substance use, when Asian cultures are examined by culture, significant differences ($p < .05$) emerge in responses in some risk factors. These data are presented in tables 15–18.

Table 15

Community Risk Factors by Asian Ethnicity – 6th, 8th, and 11th Grades

Students whose average scale responses were in the at-risk categories

Ethnicity	Neighborhood antisocial behavior	Community transitions and mobility	High community disorganization	Low neighborhood attachment
Chinese	14.5	29.7	7.6	25.6
Japanese	22.8	49.1	19.0	31.0
Korean	20.6	27.8	15.7	33.9
Vietnamese	22.0	21.3	11.8	35.5
SE Asian (non-Vietnamese)	41.4	35.5	22.1	44.2
Pacific Islander	46.9	31.2	23.8	38.5
Filipino	24.6	34.3	20.3	34.8
Other Asian	17.0	31.9	15.6	34.4

Southeast Asian (non-Vietnamese) and Pacific Islanders report the highest risk in the Community Domain.

Table 16

Family Risk Factors by Asian Ethnicity – 6th, 8th, and 11th Grades*Students whose average scale responses were in the at-risk categories*

Ethnicity	Family antisocial behavior	Parental attitudes favorable to ATOD use
Chinese	9.2	3.0
Japanese	21.2	8.9
Korean	23.8	2.3
Vietnamese	13.3	1.7
SE Asian (non-Vietnamese)	40.0	6.6
Pacific Islander	42.7	2.3
Filipino	32.8	2.0
Other Asian	18.0	3.1

Table 17

Peer Risk Factors by Asian Ethnicity – 6th, 8th, and 11th Grades*Students whose average scale responses were in the at-risk categories*

Ethnicity	Attitudes favorable to anti-social behavior	Gang involvement	Individual antisocial behavior
Chinese	18.3	3.9	1.4
Japanese	26.0	3.4	3.9
Korean	17.8	3.8	1.0
Vietnamese	18.4	5.6	1.3
SE Asian (non-Vietnamese)	22.1	12.7	7.8
Pacific Islander	14.5	11.0	7.0
Filipino	12.5	5.9	3.0
Other Asian	10.0	4.3	3.4

Again, Southeast Asian (non-Vietnamese) and Pacific Islanders tend to be the cultures that report the highest risk.

Table 18

School Risk Factors by Asian Ethnicity – 6th, 8th, and 11th Grades

Students whose average scale responses were in the at-risk categories

Ethnicity	Academic failure
Chinese	4.9
Japanese	23.4
Korean	6.5
Vietnamese	6.5
SE Asian (non-Vietnamese)	30.1
Pacific Islander	30.8
Filipino	26.4
Other Asian	18.9

B. Data-based Community Planning

Example #1: Planning with the Chicano Concilio

The evaluation team made a focused effort to collect data among Hispanic students in two neighborhoods. The schools in the Portland neighborhood of the Clara Vista housing project were identified and the 6th, 8th, and 11th grades were surveyed. These data were then shared with the Chicano Concilio, a Hispanic PNPC coalition.

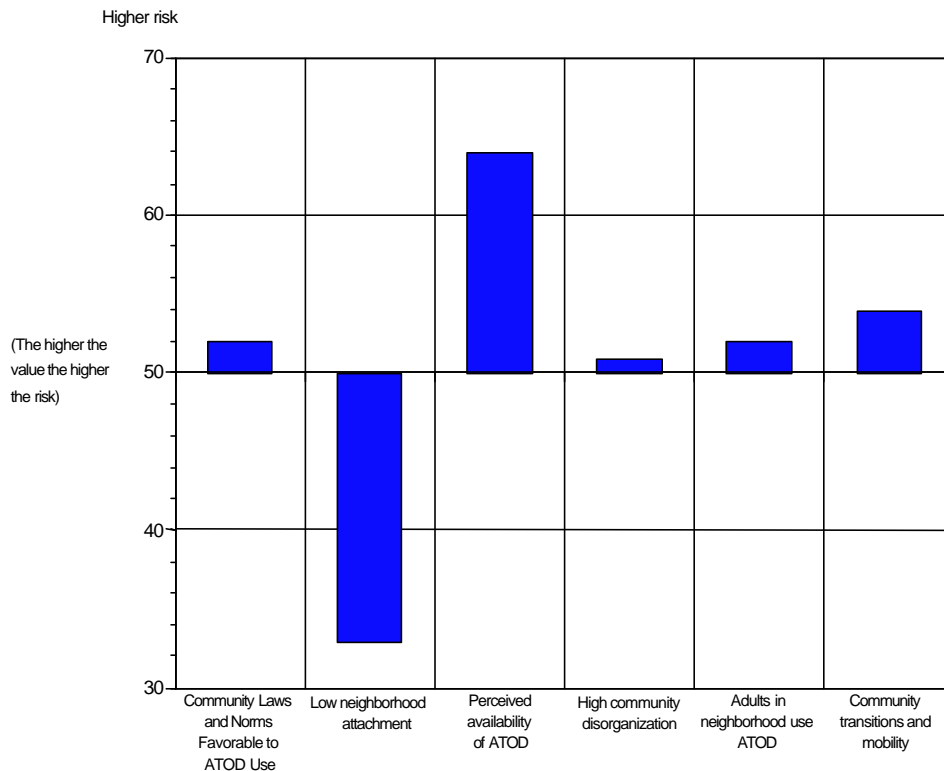
The figures below display the data for the risk and protective factors reported by students in their responses to the Hawkins and Catalano Risk and Protective scale items of the questionnaire⁴. The scores have been standardized as T-values with 50 as the standardized average risk or protective factor score. The higher the T-value, the greater the risk for risk factors, and the higher the value the greater the protection for protective factors.

⁴ For this analysis the 6th, 8th, and 11th grade responses are combined in assessing risk and protective factors.

This assessment shows the following risk factors as the most prominent for Hispanics in the Clara Vista neighborhood.

The very highest risk factors include the following domains, illustrated in Figures 9–12 showing the degree of risk.

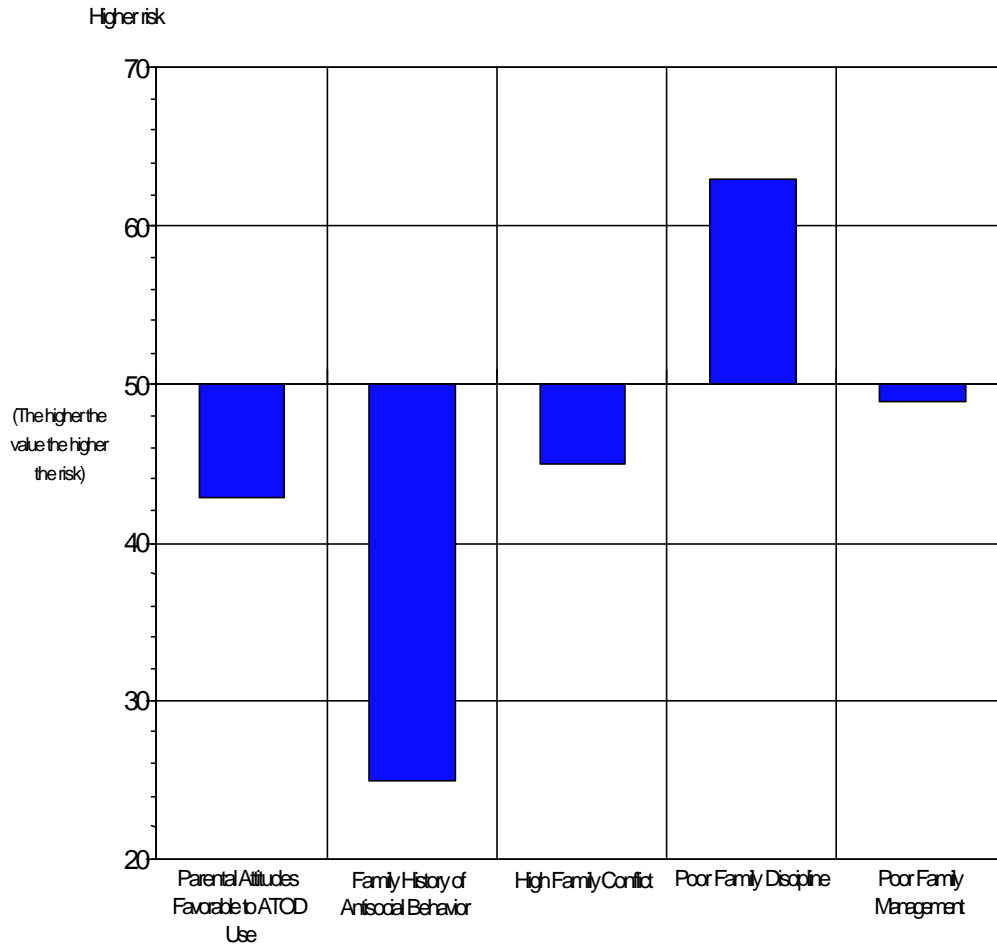
Figure 9
Community Risk Factors – Hispanic



The Concilio area Hispanics reported the following risk factors as being at high risk:

- Perceived availability of ATOD
- Community transitions and mobility

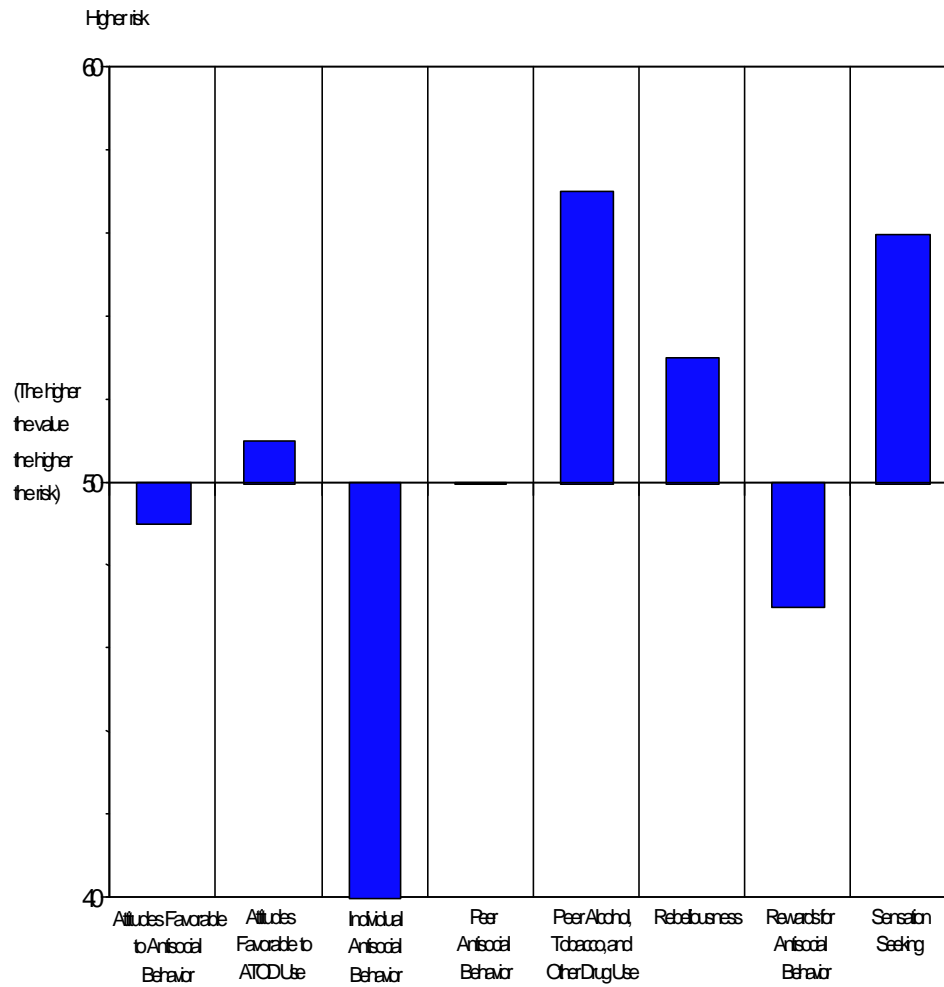
Figure 10
Family Risk Factors – Hispanic



The Concilio area Hispanics reported the following family risk factor as being at high risk:

- Poor family discipline

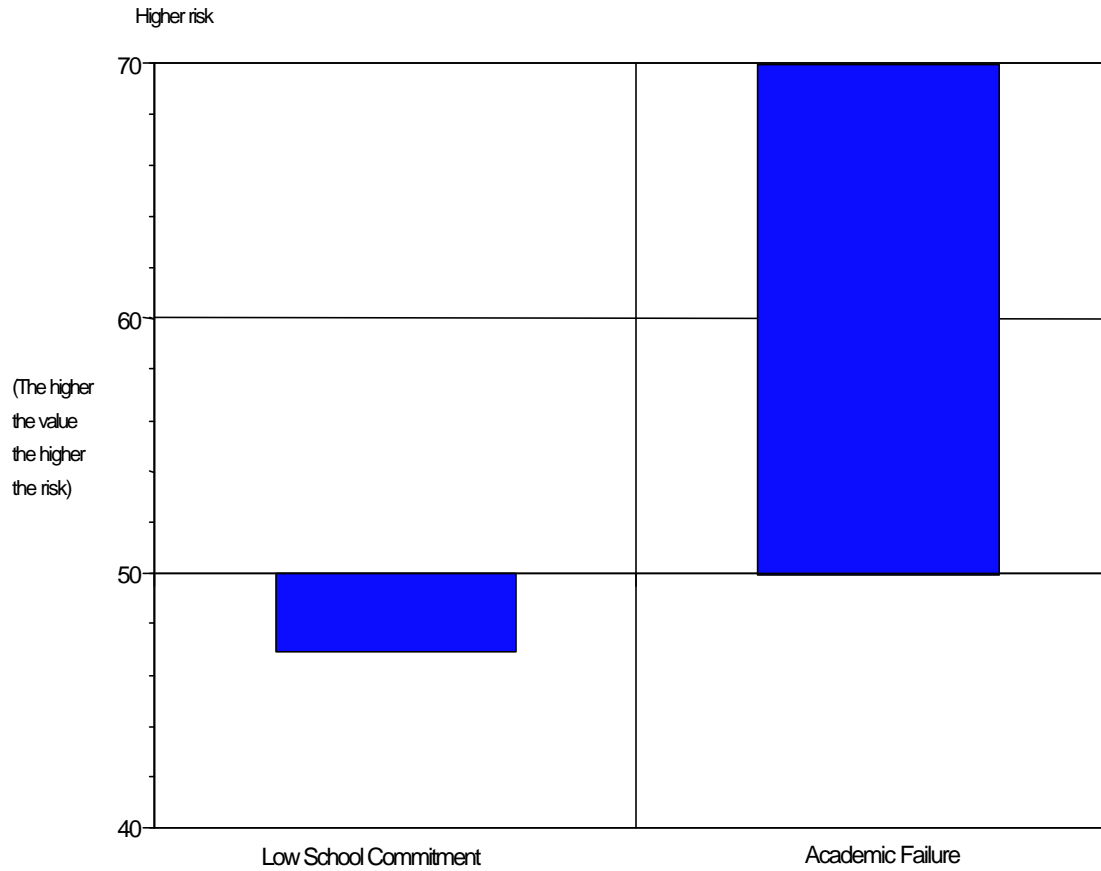
Figure 11
Peer-Individual Risk Factors – Hispanic



The Concilio area Hispanics reported the following peer-individual risk factors as being at high risk:

- Peer ATOD use
- Rebelliousness
- Sensation-seeking

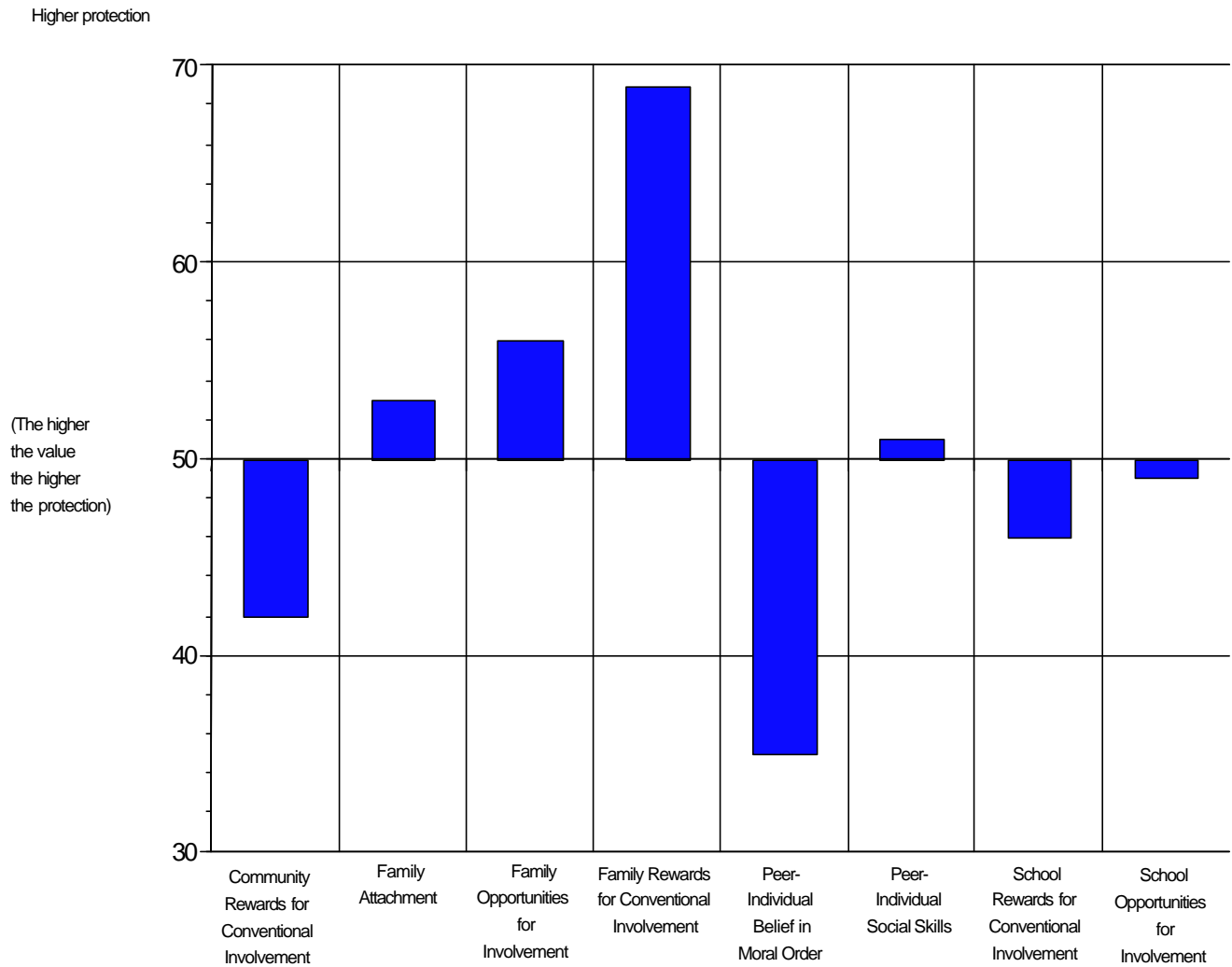
Figure 12
School Risk Factors – Hispanic



The Concilio area Hispanics reported the following school risk factor as being at high risk.

- Academic failure

Figure 13
Protective Factors – Hispanic



Most protective

- Family rewards for conventional involvement
- Family opportunities for involvement

Least protective

- School rewards for conventional involvement
- Community rewards for conventional involvement

Summary

The Hispanic students in these neighborhoods had some positive and protective elements in their families but have some significant risks in availability of ATOD, poor family discipline issues, peer use of ATOD, and rebelliousness and sensation-seeking attitudes, combined with lack of protective factors at the community and school levels. This information was used to shape the prevention efforts of the Concilio coalition.

The PNPC project also supported data-based planning in non-culturally specific community coalitions. An example was the process used in Upper Kittitas, and new coalition in the state of Washington. This coalition had not previously had much exposure to the Risk and Protective Factors model, and was supported through training and mentoring to adopt a data-based planning strategy. This is described below.

Example #2: Planning with Upper Kittitas County

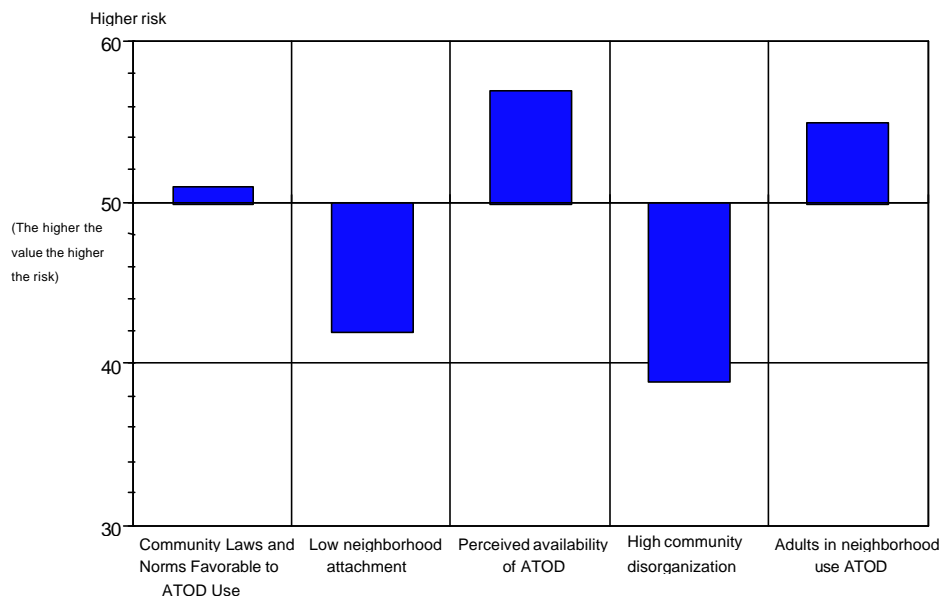
The school substance use survey was administered to the 8th and 11th grade students in Upper Kittitas, Washington, in June 1997. Access to the schools was greatly facilitated by the parents involved in this partnership who convinced the school principals and the superintendent that the survey would be of value to the community.

The following tables compare substance use among the Upper Kittitas students with substance use averages statewide in 1995 (the last year a statewide survey was conducted in Washington). The Upper Kittitas 8th graders are compared with 8th graders statewide. To be consistent with the rest of the surveying done for this grant, 11th graders were surveyed in Upper Kittitas, while the state surveyed 10th graders. The data that resulted from the survey suggest that there is a higher rate of use of cigarettes and smokeless tobacco for Upper Kittitas students in both grades and a higher rate of alcohol use for the eleventh graders. Upper Kittitas marijuana use is close to the state averages for 1995, although the state average represents a substantial increase from past years.

The following graphs display the data for the risk and protective factors, reported by students in their responses to the Hawkins and Catalano Risk and Protective scale items of the questionnaire⁵. The scores have been standardized as T-values with 50 as the standardized average risk or protective factor score. The higher the T-value, the greater the risk for risk factors, and the higher the value the greater the protection for protective factors.

This assessment shows the following risk factors as the most prominent in Upper Kittitas:

Figure 14
Community Risk Factors – Upper Kittitas



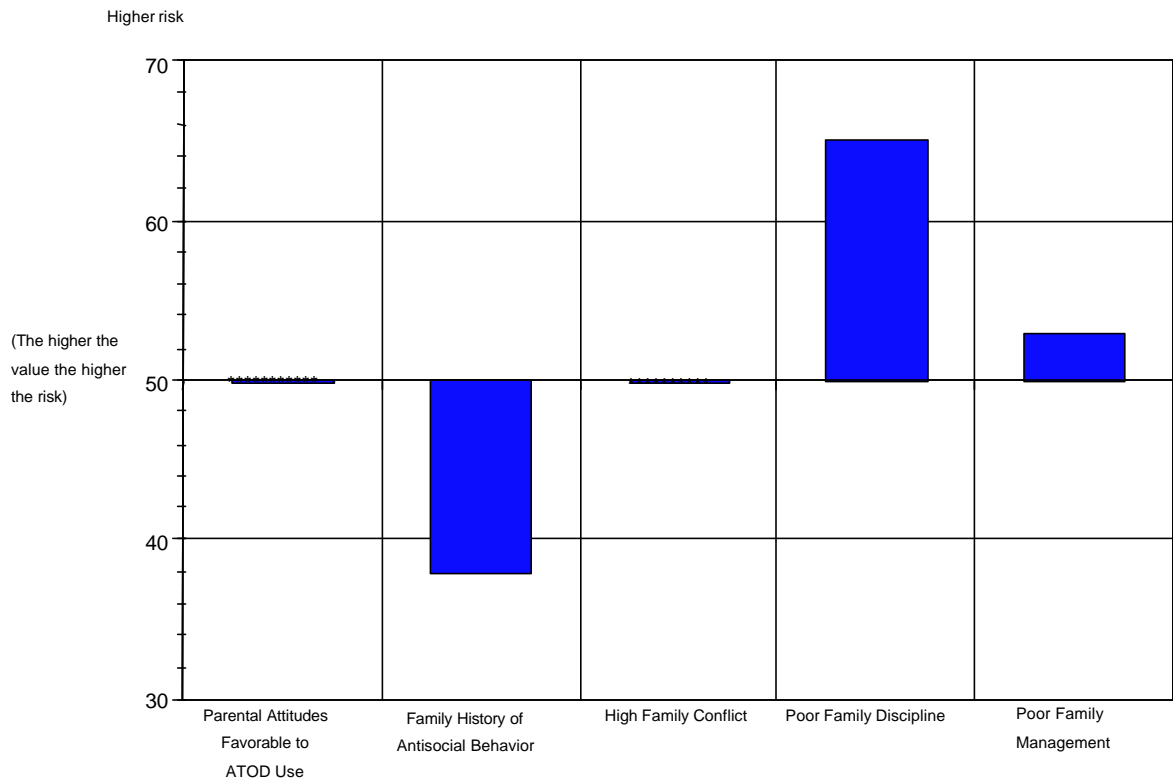
Upper Kittitas students responded at higher risk for the following community risk factors:

- Perceived availability of ATOD
- Adults in the neighborhood who use ATOD

They were at lower risk for factors associated with community attachment and community disorganization.

⁵ Because of the small numbers, the 8th and 11th grade responses are combined in assessing risk and protective factors.

**Figure 15
Family Risk Factors – Upper Kittitas**

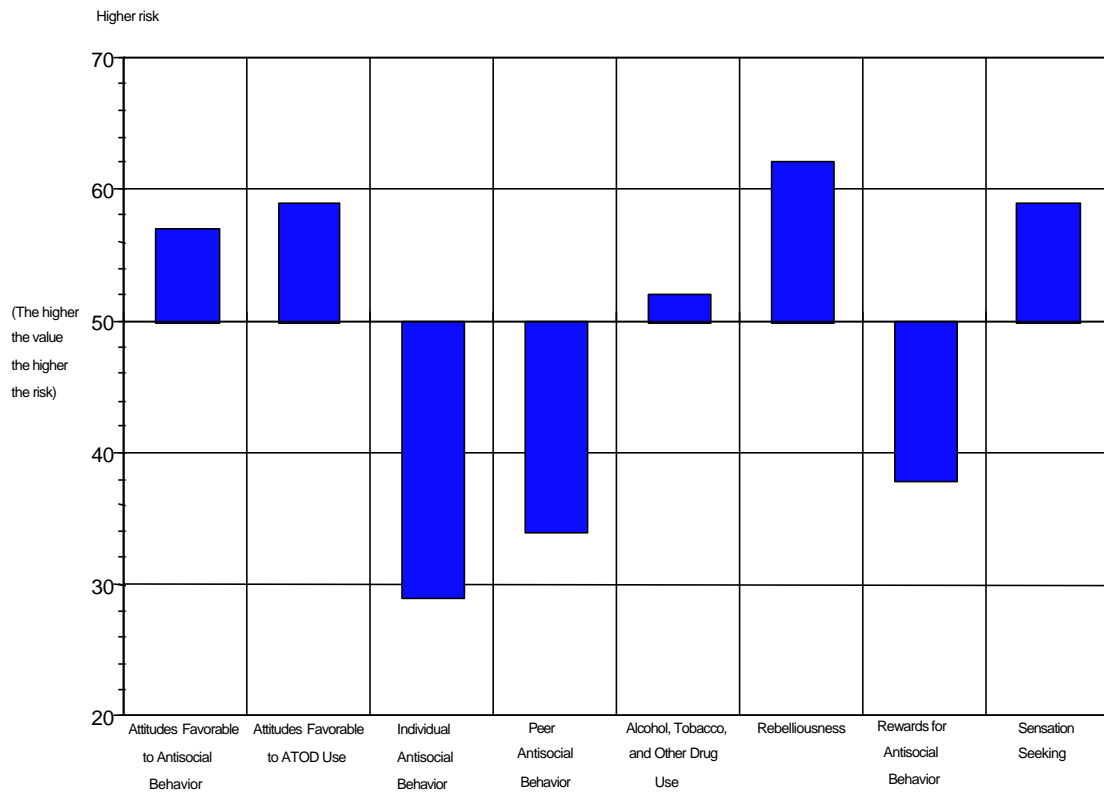


***** equals 50

Upper Kittitas students responded at higher risk for the following risk factors:

- Poor family discipline
- Poor family management

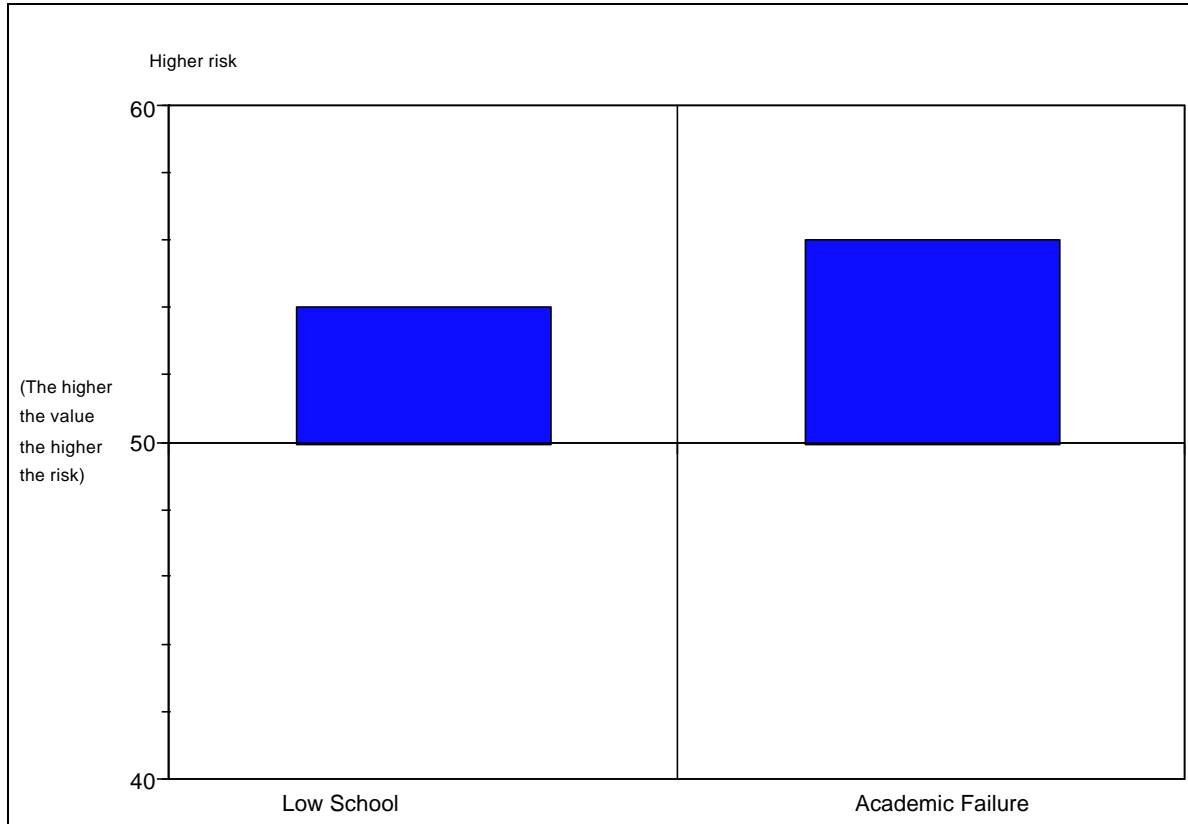
Figure 16
Peer-Individual Risk Factors – Upper Kittitas



Upper Kittitas students responded at higher risk for the following peer-individual risk factors:

- Attitudes favorable to anti-social behavior
- Attitudes favorable to ATOD use
- ATOD use
- Rebelliousness
- Sensation-seeking

Figure 17
School Risk Factors – Upper Kittitas

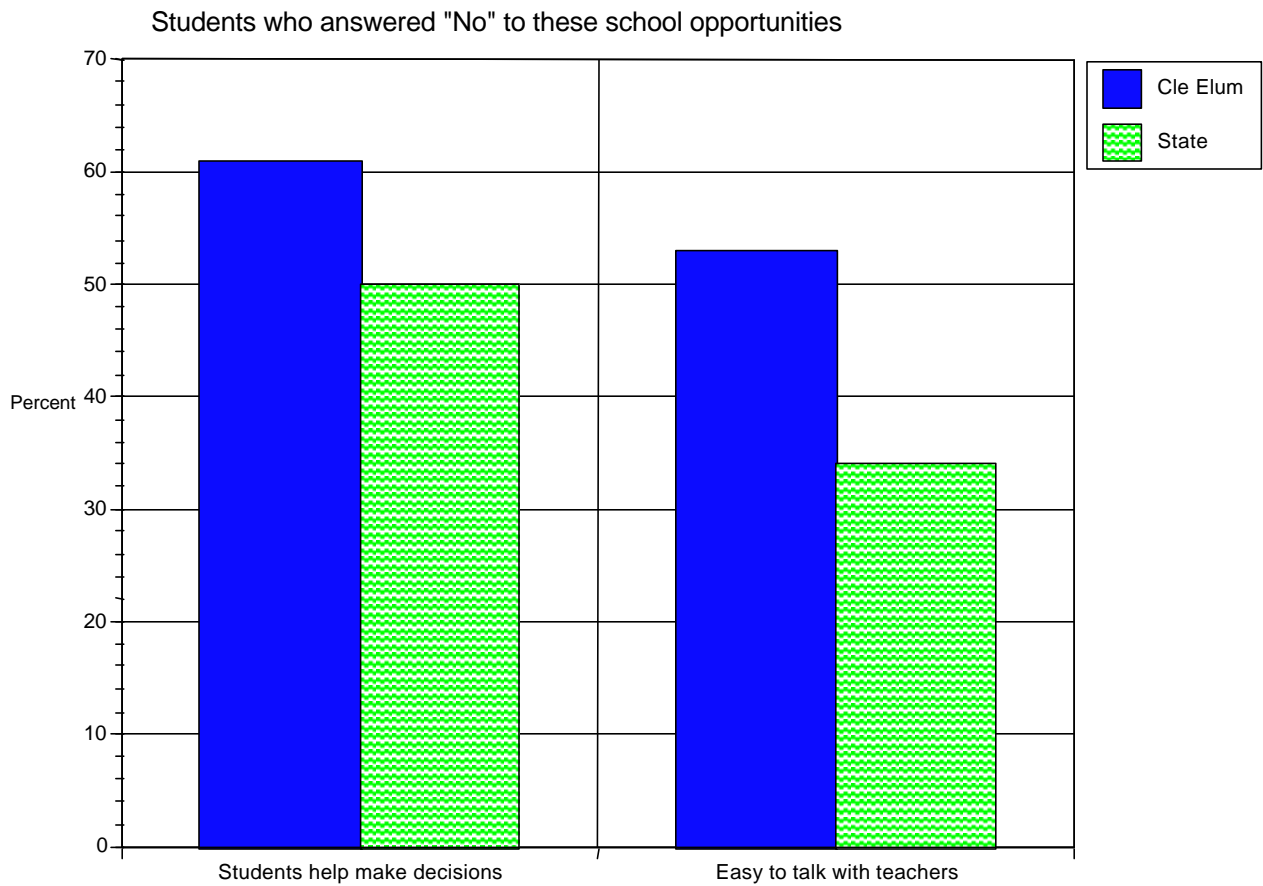


Upper Kittitas students responded at higher risk for the following school risk factors:

- Low school commitment
- Academic failure

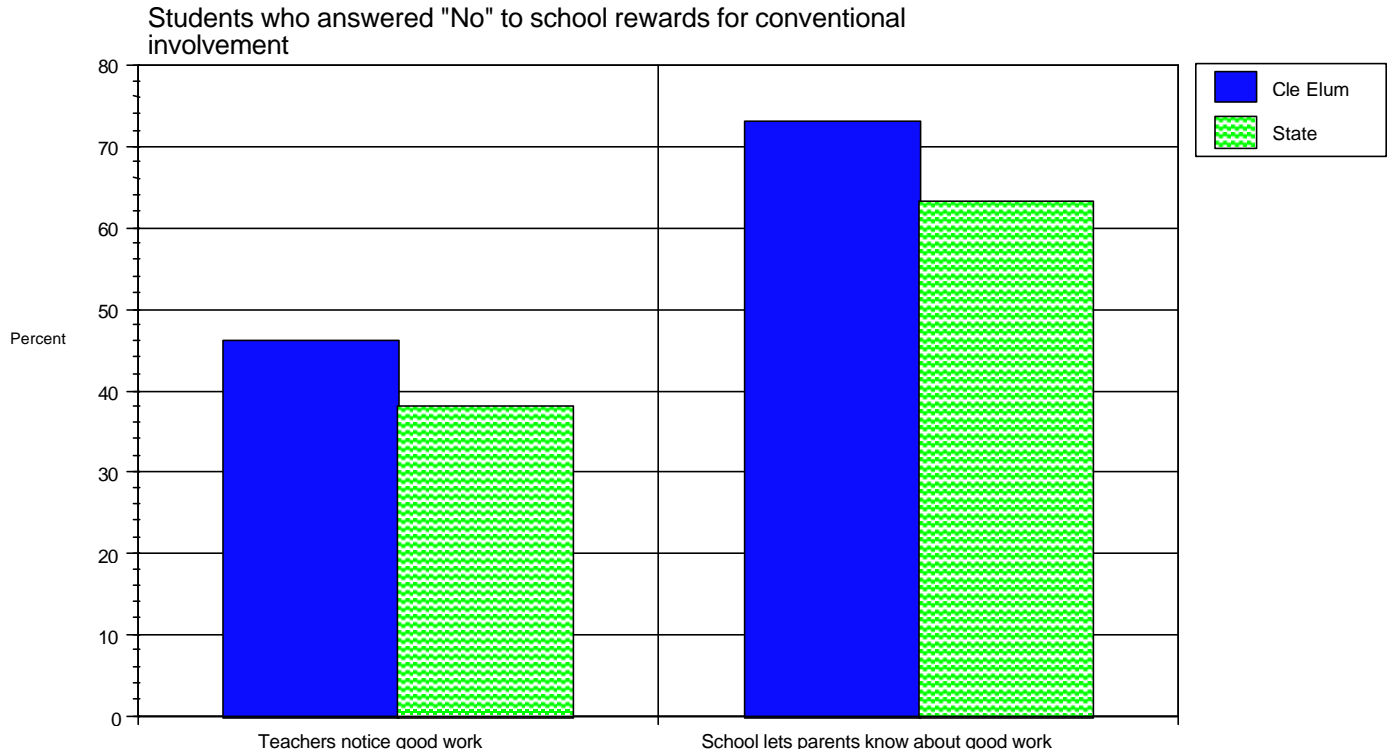
The next two graphics illustrate the school risk factor results. The responses of the Upper Kittitas students are compared to the responses from the statewide survey in 1995.

Figure 18
Specific School Risk Factors – Upper Kittitas



Upper Kittitas students were more negative about their school experience than students statewide. They put less value on hard work and good grades in school and reported less interest in going to college than students statewide. This puts them at higher risk for substance abuse.

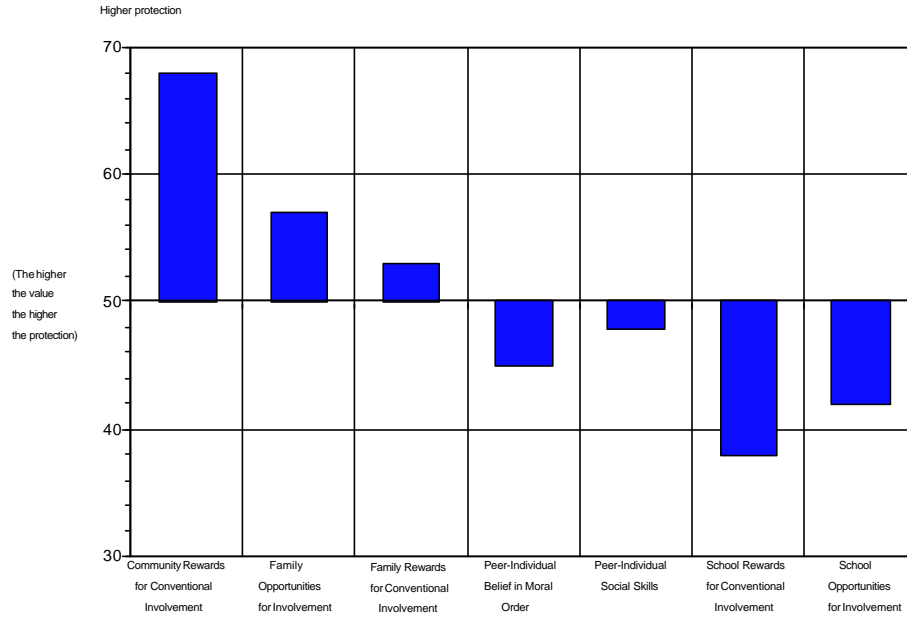
Figure 19
School Rewards – Upper Kittitas



The students also felt that the school did not provide them with motivational opportunities for involvement. Nearly three-quarters indicated that the school did not keep their parents informed about their positive accomplishments, and nearly half reported teachers who did not notice when they did good work in school.

The student responses were also calculated for the protective factors scales. These scores were standardized in order to compare the relative strength of each factor. Here the higher the value, the more protective the factor.

Figure 20
Protective Factors – Upper Kittitas



- Most protective
 - Community rewards for conventional involvement
 - Family opportunities for involvement
- Least protective
 - School rewards for conventional involvement
 - School opportunities for involvement

Summary

Upper Kittitas has positive and protective elements in the community and in the families of the community; however, significant risks exist in availability of ATOD, peer attitudes favorable to ATOD use, and low school commitment combined with lack of protective factors in the schools. The reported lack of protective factors in the Upper Kittitas schools reported by these students created some tensions when the data were provided to the coalition. School representatives were resistant to hearing information that students did not perceived the schools and teachers as supportive, and that the levels of these protective factors were so low compared to statewide estimates. The coalition has been attempting to overcome this resistance and work towards improving the school environment for Upper Kittitas students.

C. Perceptions of the Risk and Protective Factors Model

Focus Groups with Minority Youth

One new coalition, the Spokane Multicultural Coalition, had difficulty deciding on the most important risk and protective factors on which to focus. This coalition was specifically targeting four diverse cultural communities in the Spokane area: the Latino community, the African American community, the Korean community, and the Hmong community. Access to schools had been denied in Spokane, so student survey data were not available that were specific to this community. To provide some information to the Spokane Coalition, and to increase coalition members' understanding of how risk and protective factors were expressed within different minority groups, the evaluation team proposed that they conduct focus groups with teens in their respective cultural communities. The focus group leaders were culturally appropriate to their groups and were trained in leading focus groups by Dr. Michael Finigan of the evaluation team. The focus group questions were based on the Hawkins and Catalano Risk and Protective Factors Model. They were conducted in late August and early September of 1997. The results are given below:

Latino focus groups

Two girls and five boys ages 12–17 participated in the group. Teen participants identified many models in the community for ATOD use. Alcohol use in particular is high among parents, siblings, and adult friends. The participants indicated that their families are often supportive but have poor skills in establishing and enforcing rules about use. Surprisingly, these teens said the majority of their friends sold drugs in the past year. Most gave responses that suggested that

rebelliousness and sensation seeking were highly valued among their peers. All suggested that ATOD were easily available to teens in their neighborhoods. Most said that the school only communicates with parents when teens have done something wrong and that it is not a source of positive support to Latino teens. Some indicated that there is racism at school and that teachers favor and spend more time with non-Latino students.

African American focus groups

Nine teens were present, four males and five females ranging in age from 13 to 18. An African American male facilitated the groups. Respondents felt that their neighbors did acknowledge their accomplishments but that teens set their own standards and do not care as much about adult attitudes. The questions about the police led to a common viewpoint that black teens in Spokane are harassed by the police, although one teen indicated that police overlook marijuana smoking because it is so common. The group expressed the view that the adults they know do not think it is wrong for a teen to use alcohol or cigarettes. The teens indicated that both ATOD and handguns are readily available to teens in their community. They explained that school was a safe haven for them and that they did not always feel safe on the streets. Eight of the nine indicated they knew adults who in the past year had used marijuana, crack, or other drugs. The teens expressed mixed responses about their relationships with their parents and about parental discipline.

Korean Focus Group

This group included 11 participants, ranging in age from 12 to 19. Most indicated that ATOD is very available to teens in their community. All indicated that they have friends who use tobacco, alcohol, and drugs. Most felt that their neighborhood is not one where neighbors notice or are supportive of Korean youth. Some called it a community of "closed doors." Most saw the school as providing them only limited support, although they expressed a strong commitment to school and saw each other as a support group at school. The family questions were the most difficult for them to answer, reflecting the fact that (as we encountered with our work with the APACSA and WAPIFASA, the two Asian/Pacific Islander coalitions) Korean (and other Asian) youth have parental relationships that do not fit the Hawkins and Catalano model. The questions presented by the Hawkins and Catalano model imply that being close to your mother or father or receiving praise from them is part of a "normal" family and is protective against substance use. However, in Asian families, particularly Korean families, parents and children do not openly express affection in the same manner as Caucasian families. Korean parents indicate when their

children have done something wrong, not when they have done something right. In response to the questions are you close to your mother or to your father there was a chorus of “no” and laughter at the (perceived) silly question. They suggested that with Asian families a different set of questions needs to be developed. However, some indicated that the “hidden rules” of the family were important in Asian families and related to ATOD issues.

Summary

Although extremely preliminary, the focus group data were useful both in terms of understanding the nature of the communities in which these youth lived, as well as beginning to explore where the Hawkins and Catalano model might be more or less appropriate for understanding ATOD use in minority cultures. In retrospect, it would have been interesting to conduct a focus group with a primarily Caucasian group of youth in Spokane for comparison purposes. Results do indicate, however, that there are some differences between these four ethnic groups. The role of the school, for example, appears to be somewhat different. The Latino students did not perceive school to be a supportive environment, whereas the African American students saw school as a “safe haven.” School was seen as moderately supportive by the Korean youth. For Asian youth, the parental relationship appears to be expressed differently, compared to Caucasian youth. Neighborhood support and the influence of other adults also appears to be somewhat different across these groups, being seen as more supportive by Hispanic youth, and less so by Korean and African American students. More in-depth focus groups such as these to further understand the appropriateness of the various risk and protective factors to these minority groups is clearly needed.

Coalition Representative Focus Groups. As described previously, focus groups were also conducted with coalition representatives at the end of the project period. During these focus groups, questions were asked about the utility of the Risk and Protective Factors Model and the challenges faced by these coalitions in implementing the model. Responses focused on several primary issues. Participants reported that the most important aspects of the model included the ability to collect and use data for specific communities for needs assessment and planning (as occurred for the PNPC), and the ability to create common ground for addressing substance abuse prevention by adopting a shared model across states and programs.

In terms of challenges, the cultural relevancy/appropriateness of the model — in particular the school survey — were questioned. Respondents suggested that other methods for data collection might be more appropriate with some ethnic groups, and further, that more research seemed to be needed before they would feel comfortable advocating for this model within predominantly minority communities. Several participants also noted that the resources for administering the survey at the community-specific level were limited. Finally, participants noted that the model is focused more on “risks” and less on protective factors. This was seen as a problem in building community support for the model: “the strong focus on risk zaps community energy.” Overall, however, participants felt the model was useful, and indicated that they were generally pleased with the support and training that had been provided by the PNPC around how to use the model in their communities.

VIII. OTHER PROJECT OUTCOMES

A. Community Awareness of ATOD Issues

The Team Health Assessments (THA) described previously also asked coalition members to rate the extent to which they believed that their communities were (1) *aware* of various ATOD issues; and (2) *concerned* about various ATOD issues. Specifically, we included questions about each of the following issues: Use of tobacco, alcohol, and other drugs by teenagers, adult drug use, teen pregnancy, delinquency, and drunk driving. Results indicated that for all areas except for adult use of alcohol, coalition respondents reported that their communities were more aware of the problem at Time 2, compared to Time 1. For both teenaged alcohol and drug use, this effect was especially pronounced for new coalitions. Results for community concern were less consistent. For teenaged alcohol use, coalition respondents indicated that there was greater community concern at Time 2, compared to Time 1. However, for other variables there was either no significant difference between Time 1 and Time 2 (teenaged drug use, delinquency) or that community concern was higher at Time 1 (teenaged tobacco use, adult alcohol use, and drunk driving). These data suggest that most coalition representatives perceived higher levels of community awareness at the second assessment period; however, while coalition activities may have influenced this variable, these results are merely suggestive.

B. Sustainability of Coalitions

A series of follow-up telephone interviews with the key contact person for each coalition was conducted in February 1999, 6 months after the grant funding to communities ended. All communities except North Clark County participated in these interviews (n=17). The coalition leader in each community was asked the following open-ended questions:

1. Is your community coalition or group continuing to be involved in local prevention activities?
 - If yes, what kinds of activities are currently going on?
 - If not, why?
2. When was the last time your coalition or group met or got together?
3. Is your community continuing to be involved with other members of your Triad?
 - If yes, what kinds of activities are currently going on?
 - If no, why not? What are the barriers to ongoing contact?
4. When was the last time you met with your Triad?
5. Would you like to continue to be involved with other coalitions in the PNPC or in your Triad?
6. What would you need to have (e.g., resources, time, etc.) to be able to keep these connections?

These results are summarized in Table 19 on the following page.

Table 19

Results of Follow-up Telephone Interviews (Feb. 1999)

Coalition name	Triad	Existing or new coalition	Coalition still active?	Contact with Triad/PNPC members	Desire for ongoing Triad contacts	What is needed to continue contact?
1. APACSA	A	New	yes	yes	yes	Funding
2. Chelan-Douglas	D	Existing	yes	no	yes	Funding for travel
3. Chicano Concilio	E	New	yes	yes	maybe	state level coordination
4. Clark County	B	Existing	yes	no	yes	more staff, more time
5. Grande Ronde	B	Existing	yes	no	yes	time
6. Grant County	E	Existing	yes	no	yes	clear goal for relationship
7. Harney County	F	Existing	yes	no	yes	funding for travel, staff time
8. Inner Southeast	C	Existing	yes	yes	yes	staff to coordinate, a common goal
9. Upper Kittitas	D	New	yes	no	yes	Funding for travel
10. Lebanon	D	Existing	yes	no	yes	partnership with geographically closer coalitions
11. McMinnville	A	Existing	yes	yes	yes	time and money
12. North Clark County	B	New	na	na	na	na
13. Salem/Keizer	E	Existing	yes	no	yes	partnership with geographically closer coalitions, common goals
14. Spokane	C	New	yes	no	yes	staff time
15. Safe Streets	C	Existing	yes	yes	yes	time, money for travel
16. WAPIFASA	A	Existing	yes	yes	yes	money for travel
17. Warm Springs	F	Existing	yes	yes	yes	someone to facilitate networking
18. Yakama	F	New	yes	yes	yes	money for travel

Results indicated that all of the coalitions continue to be actively implementing activities related to ATOD prevention in their communities; in fact, all coalitions except two (one new, one existing) indicated that they had met sometime within the past month.

Although 8 of the 17 coalitions indicated that they had been in contact with another PNPC coalition since the end of the grant, for the most part this contact involved information seeking and informal phone contact. There have been a few examples of more substantive contact: Chelan-Douglas provided some technical assistance to Upper Kittitas; Chicano Concilio was approached by Inner Southeast to help develop a community; Warm Springs and Yakama are partnering to plan a Cultural Exchange program; and WAPIFASA helped APACSA obtain funding to attend a tobacco prevention conference. Barriers to ongoing contact with other coalitions were related to the absence of money for travel, time barriers, and distance barriers. Almost all coalition representatives indicated that they would appreciate the opportunity for ongoing contact. Not surprisingly, many mentioned the need for additional resources for travel and staff time in order to maintain contact. Three mentioned the need for a clear, shared goal in order to facilitate effective contact with other coalitions. Finally two mentioned that partnerships could be developed with other, different, coalitions that were closer geographically. What is striking, however, is the desire expressed by these coalition representatives for ongoing contact with other coalitions; this converges with the data from the mentoring interviews that suggest that nearly all coalitions would agree to be involved in a mentoring process again (although with some changes in the design of the mentoring system).

C. Overall Project Accomplishments

The original goal of mentoring was to support new coalitions to develop organizational capacity for designing and implementing substance abuse prevention activities for youth. Additionally, the mentoring process was expected to influence the cultural competency of coalition members. Because the many issues facing these coalitions in terms of mentoring (described above) many of the new coalitions had only begun to implement new prevention activities during the third year of the grant period. During the mentoring interviews, coalition representatives were asked to describe the most beneficial aspect of the mentoring process. The most frequent answers to this question included:

- Learning about what other communities were doing around prevention (8, 33%). Both existing (5) and new (3) coalitions mentioned this as a benefit.

- Networking, relationship-building and developing new contacts (6, 25%). Three of the four representatives mentioning this as the most important benefits were from existing coalitions.
- Learning about other cultures (4, 17%). All four of the representatives indicating that this was the most useful result were members of existing, mainstream communities. This underscores the bi-directional nature of the mentoring process.

Other benefits mentioned included project-specific accomplishments, such as help with sponsoring a youth conference, funding assistance, and coalition development.

Community representatives were asked whether they would agree to participate in a mentoring process again. Overall, 21 of the 24 coalition representatives indicated that they would participate again. Of these, however, eight (38%) indicated that their participation would be contingent on changes in the process. In particular, respondents mentioned the need for more initial clarity regarding mentoring, roles, and expectations, the need for a good “match” in terms of mentoring partners, and the need for resources for staff to spend time on mentoring.

Only one respondent said “no.” This person indicated that “it was never clear what they were supposed to be doing...then information demands got out of hand...[it was] overwhelming, with high expectations given the small amount of money.” Two respondents said they “weren’t sure” whether they would agree to be involved again.

During the focus group, participants were asked to list on an index card what they felt were the most important achievements and challenges to the PNPC project. A total of 45 responses were provided by the 24 participants. These responses are summarized in Table 20 below.

Table 20

**Most Important Achievements of PNPC Project
(Focus Group Responses)**

Achievement	Percentage of Participants
Cultural competency and diversity	18 (75%)
Sharing and networking	9 (38%)
Training	8 (33%)
Use of technology	4 (17%)
State agency collaboration	3 (13%)
Mentoring support	3 (13%)

These results clearly indicate that the emphasis on cross-cultural communication and sharing was a valued aspect of the program. A full 75 percent of the participants in the focus group indicated that this was one of the most important PNPC accomplishments. More than a third of participants also perceived the opportunities for information sharing/networking and the trainings provided as key program achievements.

In terms of challenges, 18 responses were provided. The perceived challenges were more varied than the achievements, as can be seen in Table 21 below. The most significant challenges appeared to be issues around workload (e.g., number of meetings required, amount of paperwork) and fiscal issues (complicated fiscal processes and amount of dollars provided, which were seen as relatively small given some of the extensive time and paperwork expectations). As noted previously, fiscal issues in the state of Washington resulting from problems with the subcontracted fiscal agent created serious problems for some communities.

Table 21
Challenges of PNPC Project
(Focus Group Responses)

Challenge	Percentage of Participants
Workload/time expectations	6 (25%)
Fiscal problems/amount of money provided	3 (13%)
Sustainability	2 (8%)
Lack of clarity of project goals	2 (8%)
Presence of prejudice	2 (8%)
Turnover among project staff	1 (4%)
Schedules	1 (4%)
Mismatched communities	1 (4%)

IX. LESSONS LEARNED

Throughout its duration, the PNPC project continued to evolve, change, and improve. There are a number of important lessons that can be learned from this process, which might help to improve any future replications of a PNPC-like program. The major areas in which the data suggest clear recommendations for improvement include:

- Geography
- Clarity of Goals and Expectations
- Telecommunications
- Cultural Competency
- Time Requirements
- Project Management
- Program-level resources

A. Geography

Overwhelming, the issue of geography and physical distance between the coalitions was seen as a barrier to successful mentoring. Although telecommunications can provide some links between coalitions, this mode of communication simply is not sufficient for developing the close, trusting relationships between coalition members that seems needed for quality mentoring. Participants needed frequent, face-to-face contact to promote successful mentoring. Future replications should consider pairing communities based on close physical proximity, and/or allowing significant resources for more extensive travel between sites.

B. Clarity of Goals & Expectations

Another significant issue for the PNPC project was a lack of clarity among coalition representatives and state staff about the specific goals of the project. Further, coalition members were not clear about either state or federal expectations in terms of how to spend time, allocate resources, or in terms of required project management activities. A project like the PNPC should include an adequate planning phase during which coalitions would work together to develop clear shared definitions of mentoring and concise plans for the mentoring process, including mentoring needs, activities, and objectives. If mentoring around specific topics is desired or expected (such as using the Risk and Protective Factors Model, telecommunications, or cultural competency) this should be specified in advanced or operationalized during a funded

planning period in which all the coalitions are involved. In sum, clear goals and strategies should be developed to ensure that all participants understand the purpose of the project, as well as the correspondent expectations in terms of time, travel, and funding.

C. Telecommunications

The high level of diversity in technological infrastructure, experience, and interest among coalitions was clearly an issue for the PNPC project. Future projects should ensure early and adequate training for all persons involved, and should provide sufficient resources to provide on-site technical assistance and infrastructure development. This is the key to ensuring that telecommunications can be used as an effective mechanism for communication.

D. Cultural Competency

The cultural competency component of the PNPC project was in some ways the most unstructured but was seen by many as extremely successful. Ideas that were shared by respondents for improving this component should be considered as recommendations for future projects. These included building in more opportunities earlier in the project for sharing about the cultural backgrounds of community members, developing more clear goals for the cultural competency component, and working to improve the research base around how to design and evaluate culturally appropriate prevention programs. Data-sharing focused on cultural groups was seen quite positively, and additional data collection methods to supplement the student survey should be considered in future projects.

E. Project Management

One of the key issues for the PNPC project was the project management and fiscal structure, which involved two state agencies and multiple subcontractors. As previously noted, the state of Washington's reimbursement system created some problems for coalitions. The granting system used by Oregon was clearly preferable, as it facilitated easy access to resources by the coalitions. There was a relatively lengthy startup phase to this project, due in to both time lost to communities that dropped out and required replacements, and to the complex nature of the program. Turnover at both the state and local levels contributed to delayed startup and to challenges in terms of communication of project goals, objectives, and expectations. Another issue was the change of the original model, which included two project coordinators (one in

each state). The project funding was not sufficient to support two full-time staff, and a decision was made to hire only a single person. The coordination of this complex project proved challenging for a single person, even with significant support from state office staff. Finally, there was also some project confusion about levels of responsibility between the program coordinators and state office staff. This was another issue related to clarity that should be addressed in future projects.

F. Program-level Resources

The PNPC project provided very limited amounts of resources to fund programmatic efforts by the coalitions. Many of the coalition representatives were dissatisfied with this arrangement, most because of a lack of clear understanding about the purpose of the grant. PNPC staff spent considerable time and energy reinforcing the notion that the PNPC was not intended to be a service grant. However, it does seem apparent that if significant individual-level outcomes are expected that a greater amount of resources needed to be provided to communities for program-level intervention. Further, there was relatively little support or guidance provided to communities in terms of developing and implementing research-based programs. This kind of technical assistance would help to improve future projects.

G. Recommendations

Although in many ways the PNPC was quite successful, the project also faced significant challenges. The startup period required for this complex project was quite lengthy, in part due to the time lost when communities that dropped out and required replacement, and because of the logistics involved in facilitating 2 state agencies and 18 coalitions. Some confusion and lack of clarity about how key aspects of the program would be operationalized, including the mentoring and cultural competency components, may also have contributed to slow startup. Staff turnover at both the state and coalition levels proved problematic, especially for a project centered on developing trusting, supportive relationships across coalitions. Finally, although one of the objectives of the project was to test the viability of using technology for spanning geographic boundaries, geographical distance proved to be a significant barrier to quality mentoring. The effectiveness of technology as a mechanism for mentoring was hampered by the large variability in terms of both infrastructure (hardware/software) and the skill level of the coalitions.

The PNPC project represented an innovative approach to supporting coalition development, cultural competency, and the use of the Risk and Protective Factors Model. The model, although not entirely successful, is one that warrants further consideration by prevention providers and funders. Coalition partners valued the mentoring process, and considered the project to be extremely useful on a variety of levels. Future research focused on understanding how mentoring could be structured to be maximally effective is needed. However, based on the results of this evaluation, we make the following recommendations for future replication efforts:

1. **Include a funded planning period** during which coalitions could work together to develop clear shared definitions of mentoring and concise plans for the mentoring process, including mentoring needs, activities, expectations, and objectives.
2. **Address a smaller number of clear project goals.** The PNPC was a very complex, multi-component project, and participants noted that working on any one of the three primary project goals (organizational effectiveness, Risk and Protective Factors model, or cultural competency) might have simplified the process and made the project more feasible.
3. **Reduce the geographic distance between mentoring coalitions.** Future projects should consider grouping coalitions that are in closer proximity to each other.
4. **Enhance support for technology** to ensure adequate infrastructure (hardware and software) as well as training for coalition members.
5. **Plan systems to deal with coalition and state staff turnover,** such as project orientation materials and an orientation process, or develop better systems to enhance staff continuity across the project period.
6. **Ensure adequate time and resources for face-to-face meetings,** especially in the early phases of the project.
7. **Be clear about resource allocation for mentoring and programming.** If individual level ATOD outcomes are expected, additional resources are needed to support service delivery.

8. **Maintain or increase the number of trainings** to support project goals and to increase the skills and knowledge of coalition members.

9. **Collect data that is specific to local communities and cultures**, to better support community-level ATOD planning.

10. **Strengthen systems for building regional coalition networks** in addition to the Triad groups, to better support information sharing and cultural competency across a larger and more diverse group of coalitions.

Appendix A

Mentoring Interview

Mentoring Interview
For Established (Mentoring) Communities
7/12/00

Introduction: As part of the final phase of the evaluation, we are focusing on understanding the experience of the programs and communities that have been involved in PNPC, what successes you have had, what barriers or challenges you've encountered, and what you've learned throughout this project. Because the PNPC project is the first one of its kind that has ever been funded by CSAP, we want the evaluation report to provide the funder with information about how this kind of project could be improved if they were to fund another similar project. We know that different communities and individuals had very different kinds of experiences, and will be talking with representatives from all the different local communities and triads, in order to get a complete understanding of what each person saw as the successes & challenges of this project. Today we'd like to talk with you about the mentoring process and what it was like for your project.

Warm-up question:

First, can you just tell me a little about the history of your involvement with PNPC (your site/project)? How long have you been involved, How did you become involved, what did you expect the project to be like?

Mentoring Questions:

1. What did you expect to the mentoring process to be like? Did you have a clear idea of what "mentoring" would involve?
2. Has the mentoring process been what you expected? Has it been easier/more difficult?
3. Describe the kinds of mentoring that you have done with your partners?
4. What mentoring activities did you think your partner found most/least helpful? Why?
5. How did you and your partners make decisions about what mentoring activities you would be involved in?
6. Did the kinds of mentoring activities you provided change over time?
7. What difficulties did you and your partners have in engaging in mentoring activities? Geographic barriers? Cultural barriers? Logistical Barriers? Other issues?
8. What have been the most useful strategies for engaging in mentoring activities (e.g., telephone, face-to-face, email, video conferencing, etc)? [Probe: how helpful were the

technology-related activities—email, First Class, etc?]

9. What might have made the mentoring process better?
10. Did you provide mentoring around specific issues (like funding, evaluation, specific types of programs?)
11. Do you know why you were partnered with the other communities in your triad? Would it have been better if you could have chosen your own partners for mentoring, rather than having your mentor “assigned”?
12. In what ways did the Triad structure (3 communities working together) facilitate and/or hinder the mentoring process? Would “pairs” or other configurations worked better?
13. Was your program partner open to being mentored? Do you think there was a match in terms of what you could provide and what they needed?
14. What, if anything, did you get out of mentoring other projects?
15. Would you agree to mentor other new coalitions? Why or why not?

Mentoring Interview
For New (Mentored) Communities
06/24/98

Introduction: As part of the final phase of the evaluation, we are trying to focus on understanding the experience of the programs and communities that have been involved in PNPC, what successes you have had, what barriers or challenges you've encountered, and what you've learned throughout this project. Because the PNPC project is the first one of its kind that has ever been funded by CSAP, we want the evaluation report to provide the funder with information about how this kind of project could be improved if they were to fund another similar project. We know that different communities and individuals had very different kinds of experiences, and will be talking with representatives from all the different local communities and triads, in order to get a more complete understanding of what each person saw as the successes & challenges of this project. Today we'd like to focus on mentoring and what the mentoring process was like for your project.

Warm-up question:

First, can you just tell me a little about the history of your involvement with PNPC (personally, your site)? How long have you been involved, How did you become involved, what did you expect the project to be like?

Mentoring

1. What did you expect to get out of the mentoring process? Did you have a clear idea of what "mentoring" would involve?
2. Has the mentoring process met your expectations? Why or why not?
3. Describe the kinds of mentoring that you have received from your partners?
4. What mentoring activities were most/least helpful? Why?
5. How did you and your partners make decisions about what mentoring activities you would be involved in?
6. Did the kinds of mentoring activities you needed change over time?
7. What difficulties did you and your partners have in engaging in mentoring activities? Geographic barriers? Cultural barriers? Logistical Barriers? Other issues?
8. What have been the most useful strategies for engaging in mentoring activities (e.g., telephone, face-to-face, email, video conferencing, etc)? [Probe: how helpful/useful were the technology-related activities—email, first class, etc

9. What might have made the mentoring process more useful/helpful?
10. Did you need mentoring around specific issues (like funding, evaluation, specific types of programs?) Did you receive what you needed?
11. Do you know why you were partnered with the other communities in your triad? Would it have been better if you could have chosen your own partners for mentoring, rather than having your mentor “assigned”?
12. In what ways did the Triad structure (3 communities working together) facilitate and/or hinder the mentoring process? Would “pairs” or other configurations worked better?
13. Would you recommend that new coalitions get involved with another program for mentoring? Why or why not?
14. Would you be willing to get involved with another project like the PNPC? Why or why not?

Appendix B

Cultural Competency
Qualitative Interviews

Cultural Competency Qualitative Interviews Questions

Person Being Interviewed: _____

Coalition Name or Location: _____

Triad: _____

Date of Interview: ___/___/___

Introduction: As part of the evaluation of the PNPC project, I'd like to ask you some questions about how your coalition has dealt with issues of culture, cultural diversity and cultural competency. You may have been interviewed before about mentoring and the history of the PNPC, but the interview today will be on a very different topic.

Please be assured that your answers will be kept completely confidential, and will not be shared with other members of the PNPC project outside of the evaluation team. The information that you provide for us will be used in our final report to CSAP. Your answers will be used to inform the report, but you will not be individually identified, so that we can keep all of your information confidential.

The final report will focus on highlighting some of the "lessons learned" from the PNPC project—that is, what worked, what didn't work, and what might be changed if another project like the PNPC was funded in the future. Please try to be as open and as honest as possible in the answers that you provide.

1. What would you say are the most important accomplishments that your coalition has achieved in terms of culture, cultural competence, and cultural diversity?

2. Since the PNPC started, would you say that your coalition has improved in terms of its:
 - a. Ability to *involve* different cultural groups in prevention activities? If yes, can you give me some examples? [probe: this would include outreach to diverse target populations as well as recruiting volunteers and others to be involved in the coalition]

- b. Ability to *design and implement* culturally competent and culturally relevant prevention strategies? If yes, can you give me some examples?
3. In what ways, if any, has your involvement with the PNPC project led to any of these improvements? That is, how, if at all, has being a part of PNPC helped your coalition improve in how it addresses cultural diversity and cultural competence.
4. What would you say are the most difficult issues facing your community coalition right now in terms of culture, cultural competence, and cultural diversity?
5. In what ways, if any, has your involvement with the PNPC helped you to deal with any of these cultural issues? Have you learned about cultural issues through your contacts with other triad members?
6. How do you think this learning occurred (was it brought up directly, or was it more informal?)

7. I am going to read you a list of issues that sometimes arise in community coalitions. Please tell me first, whether each issues has been a challenge for your Triad. If it has, I'd like you to tell me a little bit about this, and describe what, if anything, has been done to address the issue.

7a. trust between cultural groups.

Challenge: yes/no

Describe (examples):

Solutions:

7b. communicating across cultural groups

Challenge: yes/no

Describe (examples):

Solutions:

7c. differing attitudes about and/or experiences with ATOD use/abuse

Challenge: yes/no

Describe (examples):

Solutions:

8. What expectations did you have about what you would learn about cultural competence and diversity through the PNPC project?

8a. Were these expectations met?

9. How might the PNPC project have done a better job in addressing cultural issues?

10. Did you attend the Cross-Roads training or other cultural trainings sponsored by PNPC?
Did you think it was a useful training?

If yes: What changes or differences do you see in your partnership or the triad in the time since the training? Did your partnership and/or triad use the Action plan developed there?

11. Do you have any other comments or suggestions for the PNPC about dealing with cultural competency/cultural diversity?

That completes the interview—thank you for your time, etc. If you think of anything else that you'd like to tell us about cultural issues, please feel free to call me (leave contact information).

Appendix C

Community
Partnership/Coalition
Survey

Community Partnership/Coalition Survey
PNPC Process Evaluation
Round Two

Instructions: The following questions ask about your experiences with and perceptions of your **local community partnership or coalition**. When we refer to this **partnership/coalition**, we mean the agencies, people, or person that is working to develop ATOD prevention activities in your local community. This questionnaire is **not** about TRIAD activities (we will be asking you about these in later surveys).

Please be assured that all of your responses will be kept confidential, and only aggregated (grouped) responses will be presented as part of the evaluation. However, we ask that you indicate your name so that we can keep track of these surveys as they are returned.

1. Name: _____

2. Which Partnership/Coalition do you represent (name and location)?

3. What is your role in the partnership? (e.g., board member, staffperson, director, community agency representative, community volunteer, etc.): _____

4. About when did you become involved with the partnership/coalition? ____ (month), 19____

5. Which of the following best describes your local partnership/coalition?

A. ____ an organized group (with regular meetings, consistent membership, shared goals, etc.) representing at least three different service sectors in your community (for example, schools, police, substance abuse treatment, business, etc)

B. ____ an organized group (with regular meetings, consistent membership, shared goals, etc.) primarily represented by one or two service sectors (for example, schools, police, substance abuse treatment, business, etc)

C. ____ primarily one or two people working with an agency to develop and implement ATOD prevention activities in your community

D. ____ Other: please describe: _____

6. Does your partnership/coalition have a Board of Directors or other leadership group that is actively involved in the coalitions' work?

____ Yes---If yes, Is this Board specific to your partnership/coalition, or is it the Board of another agency or program? ____ Specific to coalition

____ Shared with agency

____ No Formal Board of Directors

7. Are the people who are involved in your coalition and who are active in planning and implementing activities primarily paid coalition staff (e.g., planning and implementing ATOD is a primarily work responsibility) or primarily volunteers?

____ entirely paid staff, no active volunteers

____ mostly paid coalition staff, with help from volunteers

____ about equal numbers of paid staff and volunteers

____ mostly volunteers, with help from paid staff

____ all volunteer, no paid staff

19. In what areas could better community networks be established?

20. In the past year, how effective has the partnership/coalition been in creating an action plan?

very effective							not at all effective
7	6	5	4	3	2		1

21. In the past year, how effective has the partnership/coalition been in implementing the action plan?

very effective							not at all effective
7	6	5	4	3	2		1

22. How effective, overall, is the partnership/coalition as a team?

very effective							not at all effective
7	6	5	4	3	2		1

23. In the last year, how would you rate the improvement of the partnership/coalition as a team?

very improved							not improved
7	6	5	4	3	2		1

24. Please answer the following questions in terms of how you see your local community partnership/coalition now. Circle the number that best reflects your response to each statement.

	Strongly Agree 7	6	5	Neutral 4	3	2	Strongly Disagree 1
a. This partnership is very good at developing plans and specific goals.	7	6	5	4	3	2	1
b. This partnership is very good at following through and implementing plans.	7	6	5	4	3	2	1
c. Turnover among participants is a problem for this partnership.	7	6	5	4	3	2	1
d. Low participation/involvement is a problem for this partnership.	7	6	5	4	3	2	1
e. This partnership is very good at recruiting new members.	7	6	5	4	3	2	1
f. It is likely that this partnership will keep going after the PNPC funding is gone.	7	6	5	4	3	2	1
g. Partnership meetings are organized and efficiently run.	7	6	5	4	3	2	1
h. The partnership leaders do a good job of soliciting input from other partnership members.	7	6	5	4	3	2	1
i. Differences of opinion about the partnership's mission and goals are a problem for this partnership.	7	6	5	4	3	2	1
j. Differences of opinions about what strategies might best meet these goals is a problem for this partnership.	7	6	5	4	3	2	1
k. The partnership has developed ways to evaluate the effectiveness of its ATOD prevention and other activities.	7	6	5	4	3	2	1
l. The partnership needs more active members to meet our goals.	7	6	5	4	3	2	1
m. Obtaining funding and financial stability is a problem for this partnership.	7	6	5	4	3	2	1
n. We are successful in obtaining needed funding	7	6	5	4	3	2	1
o. The partnership makes good decisions about how to use our money and resources.	7	6	5	4	3	2	1
p. Lack of sufficient funds has been a problem for this partnership.	7	6	5	4	3	2	1
q. Coalition meetings are held regularly and consistently.							

25. What were the most important activities that promoted team-building within your partnership? Check all that apply.

___1=Retreats

___2=Frequent partnership/coalition meetings

___3=Informal opportunities for members to interact (dinners, social activities)

___4=Trainings

___5=Strategizing and implementing ATOD activities in your community

___6=Email communications

___7=Other informal communications (telephone calls, etc.)

___8=Other: please describe: _____

26. Please circle the activity from the list above that you think was most important in promoting team-building for your partnership.

27. What do you consider to be the partnership's most important accomplishments in terms of how the partnership functions, communicates, and works together?

28. What areas related to the internal partnership/coalition functioning do you think still need improvement in order to maximize partnership/coalition effectiveness?

29. What do you consider to be the partnership's most important accomplishments in developing and implementing ATOD prevention activities?

30. What were the most significant barriers faced by the partnership/coalition in developing and implementing ATOD prevention activities?

Part B. The next set of questions ask you questions about the community issues that your partnership/coalition is dealing with. By community issue, we mean any of the community needs or problems that your partnership/coalition is trying to address, such as reducing ATOD availability, increasing awareness of ATOD issues, etc. Note that we assume that all communities are interested in ATOD activities in general, but would like to know about the specific issues within ATOD prevention that your community is working on.

B1. What are the major community issues that your group has focused on during the past year?

B2. Do you think that in your local partnership/coalition there is agreement about which community issues the partnership/coalition should focus on?

high agreement							low agreement
7	6	5	4	3	2		1

B3. Do you think there is there agreement about the activities or strategies that might be most effective in addressing these key community issues?

high agreement							low agreement
7	6	5	4	3	2		1

B4. How “correct” is the current issue focus? That is, to what extent to you agree that this is an important issue to focus on?

correct focus							incorrect focus
7	6	5	4	3	2		1

B5. In last year, what community issues have been important for you that the group did not address?

Part C: The following questions ask you about how your community perceives issues related to ATOD use. For each issue below, please circle the response that best reflects your perception of your community.

A. Teen Use of Tobacco

A1. My community is:

very aware moderately aware slightly aware not aware

A2. My community is:

very concerned moderately concerned slightly concerned not concerned

B. Adult Use of Tobacco

B1. My community is:

very aware moderately aware slightly aware not aware

B2. My community is:

very concerned moderately concerned slightly concerned not concerned

C. Teen Use of Alcohol

C1. My community is:

very aware moderately aware slightly aware not aware

C2. My community is:

very concerned moderately concerned slightly concerned not concerned

D. Adult Use of Alcohol

D1. My community is:

very aware moderately aware slightly aware not aware

D2. My community is:

very concerned moderately concerned slightly concerned not concerned

E. Teen Use of Illegal Drugs (including misuse of legal drugs such as diet pills, inhalants, etc)

E1. My community is:

very aware moderately aware slightly aware not aware

E2. My community is:

very concerned moderately concerned slightly concerned not concerned

F. Adult Use of Illegal Drugs

F1. My community is:

very aware moderately aware slightly aware not aware

F2. My community is:

very concerned moderately concerned slightly concerned not concerned

G. Teen Use of Tobacco

G1. My community is:

very aware moderately aware slightly aware not aware

G2. My community is:

very concerned moderately concerned slightly concerned not concerned

H. Teen Pregnancy

H1. My community is:

very aware moderately aware slightly aware not aware

H2. My community is:

very concerned moderately concerned slightly concerned not concerned

I. Teen Delinquency

I1. My community is:

very aware moderately aware slightly aware not aware

I2. My community is:

very concerned moderately concerned slightly concerned not concerned

J. Drunk Driving

J1. My community is:

very aware moderately aware slightly aware not aware

J2. My community is:

very concerned moderately concerned slightly concerned not concerned

Appendix D

Risk and Protective Factor Questions

Risk and Protective Factor Questions

In 1994 the statewide survey included a large number of questions addressing issues around school, community, family, and peers. These were developed by the Social Development Research Group of the University of Washington as part of a process of developing useful scales in each of the major domains of the risk and protective factor model of Hawkins and Catalano.⁶

Risk Factor Scales

Community rewards for conventional involvement

- my neighbors notice when I am doing a good job and let me know
- people in my neighborhood are proud of me when I do something well
- people in my neighborhood encourage me to do my best

Community laws and norms favorable to alcohol, tobacco, and other drug use

- kids smoking marijuana in my neighborhood would be caught by police
- kids drinking alcohol in my neighborhood would be caught by police
- kids carrying a handgun in my neighborhood would be caught by police
- how wrong do adults in your neighborhood think it is for a kid your age to use marijuana
- how wrong do adults in your neighborhood think it is for a kid your age to use alcohol
- how wrong do adults in your neighborhood think it is for a kid your age to use cigarettes

Low neighborhood attachment

- if I had to move, I would miss the neighborhood I now live in
- I like my neighborhood
- I'd like to get out of my neighborhood

Community perceived availability of alcohol, tobacco and other drugs

- how easy would it be to get beer, wine or hard liquor
- how easy would it be to get cigarettes
- how easy would it be to get cocaine, LSD, or amphetamines
- how easy would it be to get marijuana
- how easy would it be to get a handgun

High community disorganization

- my neighborhood is described by crime/drug sales
- my neighborhood is described by fights
- my neighborhood is described by lots of empty or abandoned buildings
- my neighborhood is described by lots of graffiti

⁶ Hawkins, J. David, Catalano, R. & Miller, J. «Risk and Protective Factors for Alcohol and Other Drug Problems in Adolescence and Early Adulthood: Implications for Substance Abuse Prevention.» *Psychological Bulletin* 112 (1992): 64-105.

Community transitions and mobility

- have you changed homes in the past year
- have you changed schools in the past year
- how many times have you changed homes since kindergarten
- how many times have you changed schools since kindergarten

Family attachment

- do you feel close to your mother
- do you share your thoughts and feelings with your mother
- do you feel close to your father
- do you share your thoughts and feelings with your father

Family opportunities for involvement

- my parents ask me what I think before most family decisions affecting me are made
- if I had a personal problem, I could ask my mom or dad for help
- my parents give me lots of chances to do fun things with them

Family rewards for conventional involvement

- my parents notice when I am doing a good job and let me know about it
- how often do your parents tell you they are proud of you for something you have done
- do you enjoy spending time with your mother
- do you enjoy spending time with your father

Parental attitudes favorable to alcohol, tobacco and other drugs

- how wrong do your parents feel it would be for you to regularly drink beer, wine or hard liquor
- how wrong do your parents feel it would be for you to regularly smoke cigarettes
- how wrong do your parents feel it would be for you to regularly smoke marijuana
- how wrong do your parents feel it would be for you to steal anything worth more than \$5.00
- how wrong do your parents feel it would be for you to draw graffiti, or write things, or draw pictures on buildings or other property without owner's permission
- how wrong do your parents feel it would be for you to pick a fight with someone

Family history of antisocial behavior

(This scale has been split into two parts to reflect first, the family history of anti-social behavior, and second, to show contact with anti-social members of the community that may include more than family members)

Family anti-social behavior

- has anyone in your family ever had a severe alcohol problem
- have any of your siblings ever drunk beer, wine, or hard liquor
- have any of your siblings ever smoked marijuana
- have any of your siblings ever smoked cigarettes
- have any of your siblings ever taken a handgun to school
- have any of your siblings ever been suspended or expelled from school

Community antisocial behavior

- how many adults have you known personally who in the past year have used marijuana, crack, cocaine, or other drugs

- how many adults have you known personally who in the past year have sold or dealt drugs
- how many adults have you know personally who in the past year have done things that could get them in trouble with the police like stealing, selling stolen goods, mugging, or assaulting others
- how many adults have you known personally who in the past year have gotten drunk or high

High family conflict

- people in my family lose their temper
- people in my family sometimes hit each other when they are mad
- we fight a lot in our family

Poor family discipline

- if you skipped school would you be caught by your parents
- if you carried a handgun without your parents' permission, would you be caught by your parents
- if you drank beer, wine, or liquor without your parents' permission, would you be caught by your parents

Poor family management

- the rules in my family are clear
- my parents ask if I have gotten my homework done
- when I am not at home, one of my parents knows where I am and whom I am with
- would your parents know if you did not come home on time
- my parents want me to call if I'm going to be late getting home
- my family has clear rules about alcohol and drug use

Peer-individual belief in moral order

- it is all right to beat up people if they start the fight
- I think sometimes it is okay to cheat at school
- I think it is okay to take something without asking, if I can get away with it

Peer-individual social skills

- Story problem about visiting another part of town where you don't know anyone. What would you say or do if a teenager about your size is walking toward you and as he is about to pass you, he deliberately bumps into you and you almost lose your balance.
- Story problem about discussion with mother at 8:00 on a week night about going to a friend's home to "hang out." Mother says "you'll just get into trouble if you go out. Stay home tonight." What would you do?
- Story problem about being in a music store with a friend who slips a CD under her coat then wants to know "which one do you want? Go ahead, take it while nobody's around." What do you do now?
- Story problem about being at a party when one of your friends offers you a drink containing alcohol. What do you say or do?

Peer-individual attitudes favorable to anti-social behavior

- how wrong do you think it is for someone your age to steal anything worth more than \$5.00
- how wrong do you think it is for someone your age to pick a fight with someone
- how wrong do you think it is for someone your age to take a handgun to school

-how wrong do you think it is for someone your age to attack someone with the idea of seriously hurting them

Peer-individual attitudes favorable to alcohol, tobacco, and other drug use

- how wrong do you think it is for someone your age to smoke cigarettes
- how wrong do you think it is for someone your age to use LSD, cocaine, amphetamines, or another illegal drug
- how wrong do you think it is for someone your age to smoke marijuana
- how wrong do you think it is for someone your age to regularly drink beer, wine, or hard liquor

Peer-individual: anti-social behavior

- how many times in the past year have you been suspended from school
- how many times in the past year have you carried a handgun
- how many times in the past year have you sold illegal drugs
- how many times in the past year have you been arrested
- how many times in the past year have you attacked someone with the idea of seriously hurting them
- how many times in the past year have you been drunk or high at school
- how many times in the past year have you taken a handgun to school

Peer-individual: peer anti-social behavior

- how many of your four best friends have been suspended from school in the past year
- how many of your four best friends have carried a handgun in the past year
- how many of your four best friends have sold illegal drugs in the past year
- how many of your four best friends have dropped out of school in the past year
- how many of your four best friends have been arrested in the past year

Peer-individual: peer alcohol, tobacco, and other drug use

- how many of your four best friends smoked cigarettes in the past year
- how many of your four best friends used LSD, cocaine, amphetamines, or other

Illegal drugs in the past year

- how many of your four best friends used marijuana in the past year
- how many of your four best friends in the past year tried beer, wine, or liquor when their parents didn't know about it

Peer-individual: rebelliousness

- in the past year have you ignored rules that get in your way
- in the past year have you seen how much you can get away with
- in the past year have you done the opposite of what people tell you to, just to get them mad

Peer-individual: rewards for anti-social involvement

- would you be seen as "cool" if you smoked cigarettes
- would you be seen as "cool" if you began drinking alcoholic beverages regularly
- would you be seen as "cool" if you smoked marijuana
- would you be seen as "cool" if you carried a handgun

Peer-individual: sensation seeking

- how many times have you done what feels good, no matter what
- how many times have you done something dangerous because someone dared you to do it
- how many times have you done crazy things, even if they are a little dangerous

School opportunities for involvement

- in my school, students have lots of chances to help decide things like class activities and rules
- there are lots of chances for students in my school to talk with a teacher one-on-one

School rewards for conventional involvement

- the school lets my parents know when I have done something well
- my teacher(s) notices when I am doing a good job and lets me know about it

Low school commitment

- I want very much to go to college after high school
- I try hard to do good work in school
- it is important to me to get good grades

School academic failure

- putting them all together, what were your grades like last year