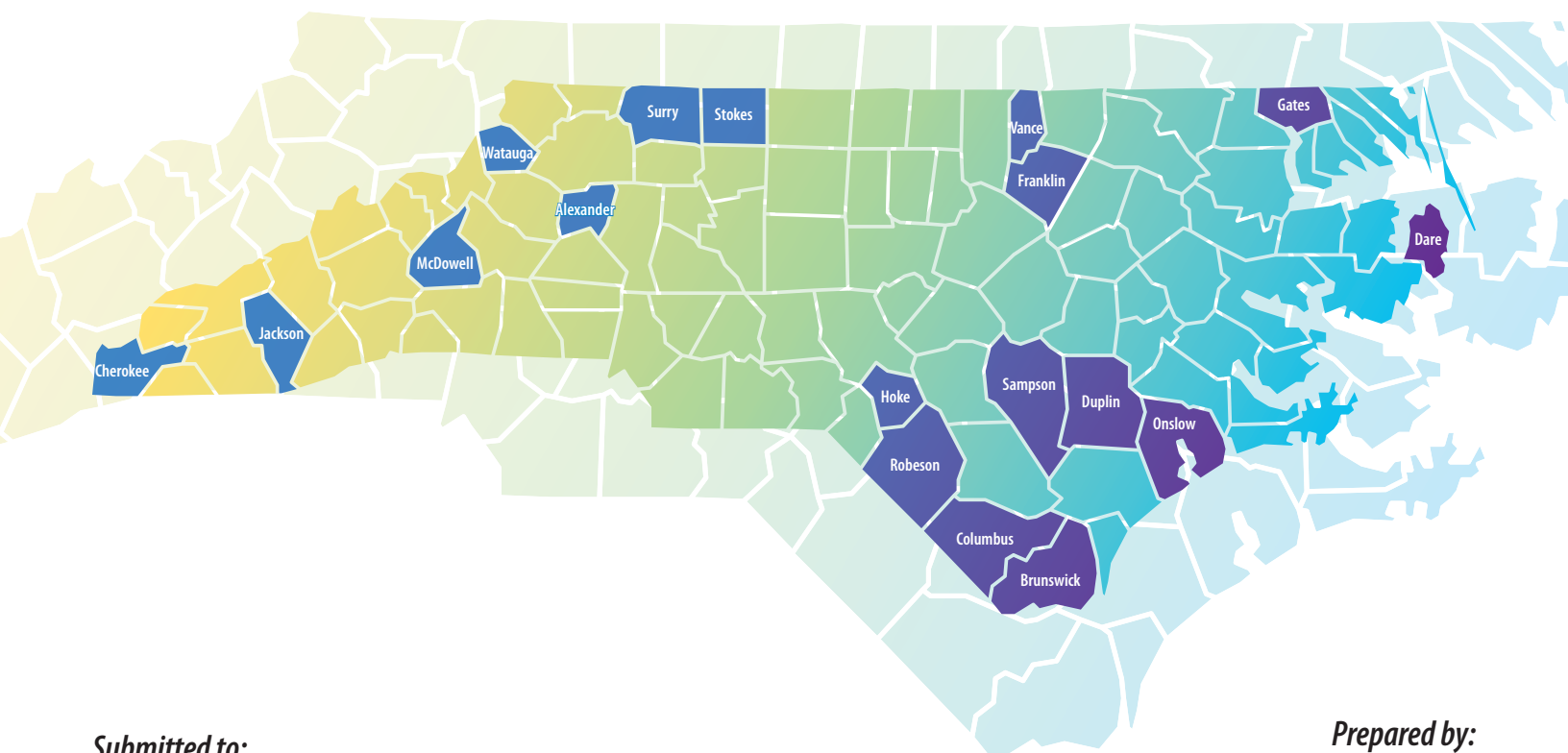


North Carolina Strategic Prevention Framework (NC SPF)

State Priority: Reduce Alcohol-Related Crashes

Community Needs Assessment Workbook · August 2007

[county name]



Submitted to:

Flo Stein, Chief, Community Policy Management
Dr. Janice Petersen, NC SPF-SIG Project Administrator

North Carolina Department of Health and Human Services

Division of Mental Health, Developmental
Disabilities and Substance Abuse Services
Raleigh, NC

Prepared by:

Dr. Phillip W. Graham
Carol L. Council
Michael Bradshaw
Claudia Squire

RTI International

Behavioral Health and Criminal Justice
Research Division
3040 Cornwallis Road
Research Triangle Park, NC 27709-2194

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Welcome!

Congratulations on being selected as a NC State Prevention Framework Grantee. We in the State office are looking forward to working with you on this exciting initiative to reduce alcohol-related crashes and fatalities in your community and throughout the state.

Over the next few months you will be conducting an important assessment of needs and resources in your community. This workbook has been prepared to assist you in assessing the factors in your community that contribute to the alcohol-related crash problem. Because each community is different, this assessment is intended to assist you in identifying the unique factors in your community that contribute to your alcohol-related (AR) crash problem and to identify the evidence-based strategies that you think will be most likely to reduce this problem. In completing this workbook you will be learning new approaches to prevention that will form the framework of all State sponsored prevention activities.

This Workbook will help guide you through the process by:

- helping you understand who, why and what you are assessing,
- guiding the collection and review of data on the elements impacting alcohol-related crashes,
- showing you how to analyze and make the information you have gathered meaningful in a community profile, and finally,
- showing you how to select the evidence-based strategies that seem best for your community to implement.

To help you succeed, the State has designated four Centers for Prevention Resources (CPRs) to assist you with all your SPF needs. In addition, researchers from PIRE and RTI will help you.

We also have a website-NCSPP.com which contains tools and information to assist you. To help keep you organized, a checklist of major activities and a sample timeline are provided for you in **Appendixes A and Appendix B**, respectively. **Appendix C** contains a list of useful sources of data. **Appendix D** contains a glossary of acronyms used in this workbook. **Appendix E** contains a list of people and their phone and e-mail addresses.

Because many of the assessment activities involve the collection of data and other important information, we have provided each grantee with a set of data about the alcohol-related driving situation in their county and other relevant information as a starting point. We expect that you will have completed your community needs assessment by December 31, 2007. At that time you will submit a copy of it to the State office.

The booklet is organized in five sections.

Chapter 1 provides some background information about the Center for Substance Abuse Prevention (CSAP)'s state prevention framework (SPF) and North Carolina's approach to implementing the framework it will be using to support prevention activities in the State. It includes a brief description of how alcohol-related driving was selected as the targeted area for SPF prevention activities.

Chapter 2 Conducting a Needs Assessment and Getting Started is designed to provide a good understanding of the nature of the problem in your area-so it presents consequence information. We have provided some tables that are specific for your community and also would like your needs assessment team to complete some of the other tables.

Chapter 3. Data Specific to Your County

Chapter 4. Intervening Variables and Contributing Factors provides information on intervening variables that influence the problem. They may include sources for obtaining alcohol, number of outlets, local regulations that influence alcohol consumption for underage drinkers, sources of alcohol, etc.

Chapter 5. Prioritization helps your advisory group narrow its list of factors and set its priorities. It is to be completed by the Grantee team working with its regional CPR and other grantee members. It is the summary section that synthesizes all the

other information and identifies the areas in your community that you think should be targeted.

Chapter 6. Next Steps. Provides Grantees with information about how they will select strategies appropriate to their needs.

We are all excited to be working with you and are ready to assist. If you have any questions at any time throughout the process, do not hesitate to call your CPR or Phillip Graham or Carol Council at RTI. Their numbers are in the resource section of this workbook.

1

Introduction to the Strategic Prevention Framework and NC's State Prevention Framework and Needs Assessment

1.1 OVERVIEW OF CSAP'S STRATEGIC PREVENTION FRAMEWORK

The field of substance abuse prevention has made important progress in both understanding the causes and consequences of substance abuse, as well as the ways that abuse can be prevented. Effective prevention strategies have been identified and _____ (CSAP) and its parent agency, the Substance Abuse and Mental Health Services Administration (SAMHSA), are working to promote the adoption of best prevention practices in states.

Beginning in the mid-1990s, CSAP sponsored its first set of State Needs Assessments, which were designed to collect important information on substance use and abuse and community prevention activities, as well as important information on the state's prevention capacity.

In the late 1990s, CSAP adopted State Incentive Grants (SIGs), which were focused at organizing State prevention activities at all levels to identify funding streams and facilitate better planning of state and local prevention efforts.

In 2004, CSAP promoted state prevention system improvements by offering states Strategic Prevention Framework State Incentive Grants (SPF SIG) and funded SPF SIGs in 21 states and territories; in 2005, CSAP funded 5 more (including North Carolina). State grants are generally around \$2.3 million per year for 5 years; each state must disseminate 85% of this money to substate communities (also known as subrecipients or grantees).

The SPF SIG requires that states engage in a five-step SPF process. States must first conduct a thorough needs assessment (**Step 1**) to gauge the nature and extent of substance abuse problems in their state. In particular, states are encouraged to compile data on the consumption of substances (alcohol, tobacco, and illicit drugs) by youths and adults and on the consequences of substance abuse. As part of their needs assessments, states are required to develop an epidemiologic profile of substance abuse, identify and prioritize the greatest areas of need, and select a small set of issues that can be addressed through SPF SIG funding.

States must then work on building capacity across the state to address their priority needs (**Step 2**). Although capacity building is listed as Step 2, it is widely accepted at CSAP and across the states that capacity building occurs throughout the SPF process, and does not necessarily begin immediately after Step 1.

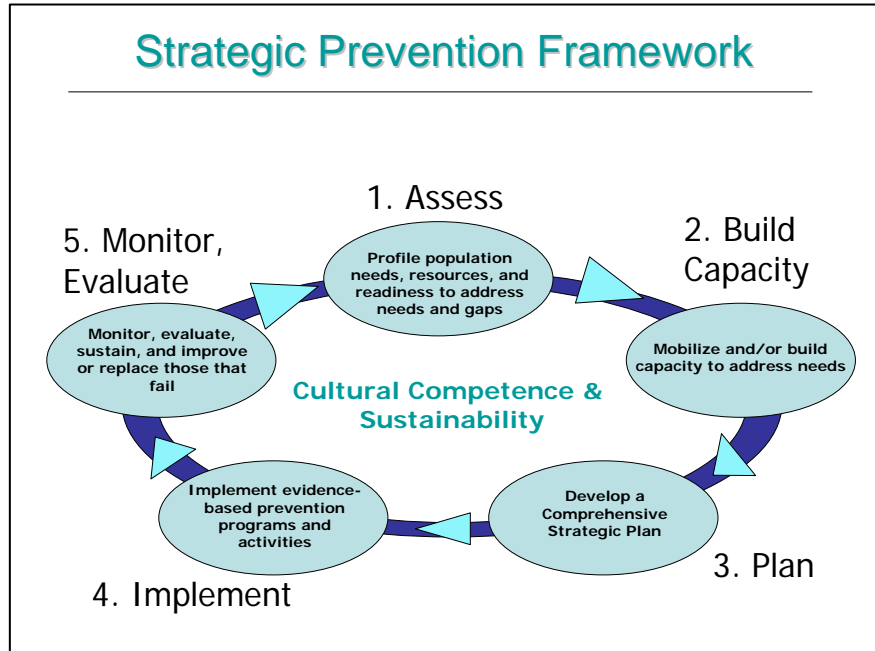
States also are required to develop a strategic plan for prevention (**Step 3**) that provides details about how they will address the identified priority(ies) throughout the state and carry out the remaining SPF steps.

After CSAP approves the strategic plan, each state then must implement its plan, including funding and support for communities to implement evidence-based prevention programs, policies, and practices that address the identified priority issues (**Step 4**). In general, states are identifying communities that display high rates (i.e., relative numbers) or high magnitudes (i.e., absolute numbers) of the problem issue and then disseminating funds to those communities.

Finally, each state must develop and implement a mechanism to monitor and evaluate the SPF SIG, including systems change at the state level and substance- abuse-related outcomes at the

community level (**Step 5**). This five-step process is shown in Figure 1-1. Infused in the center of the five steps are two concepts that are critical to long-term prevention efforts—cultural competence and sustainability.

Figure 1-1. State Strategic Framework



1.2 NORTH CAROLINA'S PREVENTION SYSTEM DEVELOPMENT

Over the past 2 decades, North Carolina has used its 20% prevention set aside from the Substance Abuse Prevention and Treatment Block Grant (SAPTBG) to sponsor numerous community and county prevention initiatives. However, in the early 1990s, prevention efforts were limited because of a lack of reliable data highlighting community and state substance abuse problems. Things began to change in 1997, when North Carolina received its CSAP-funded State Needs Assessment Grant to gather important information about substance use and abuse and the state's prevention capacity.

In 1998, CSAP awarded North Carolina its first SIG, known as Next Steps for Youth. (The SIGs were the primary competitive grant mechanism from CSAP to the states before the SPF SIG.) The SIG's accomplishments helped change North Carolina's prevention system. First, state and local prevention stakeholders developed a statewide strategic prevention plan that set the platform for its current infrastructure. Second, the

state began the process of ensuring that its prevention providers were well-trained professionals. Third, the state promoted the adoption of evidence-based prevention strategies by providers. Finally, the state collaborated with its SIG providers to collect process and outcome data on SIG program participants. These have served as a strong underpinning to the state's current SPF SIG planning effort.

North Carolina received its SPF SIG in the fall of 2005. Since that time, the state agency has mobilized to follow the five SPF steps. Commensurate with the national SPF goals, the North Carolina SPF SIG is using the five-step process to accomplish three primary goals:

- Build prevention capacity and infrastructure at the state and community levels.
- Prevent the onset and reduce the progression of substance abuse, including childhood and underage drinking. (CK with Janice about changing the wording of this).
- Reduce alcohol-related crashes and fatalities in communities.

At the present, North Carolina has completed its state-level needs assessment, strategic plan, and funding allocation plan. (See Appendix F for a description of the grantee selection process used by the _____ (CAAB) to identify your county.) We anticipate that mobilization and capacity building will take place throughout the project and that all new state prevention planning and targeting of resources will be based on this approach.

North Carolina's needs assessment identified the targeted problem as alcohol-related crashes and fatalities, and has identified 18 counties as NC SPF SIG community grantees. As a grantee, your first step is to complete a comprehensive needs assessment for your community.

1.3 OUTCOMES-BASED PREVENTION MODEL

Part of following the SPF involves implementing an outcomes-based prevention model (see Figure 1-2). This model is broken into six sections:

1. Substance-Related Consequences: What is the problem caused by substance use? In this case, we have already

determined the substance-related consequence to be alcohol-related crashes.

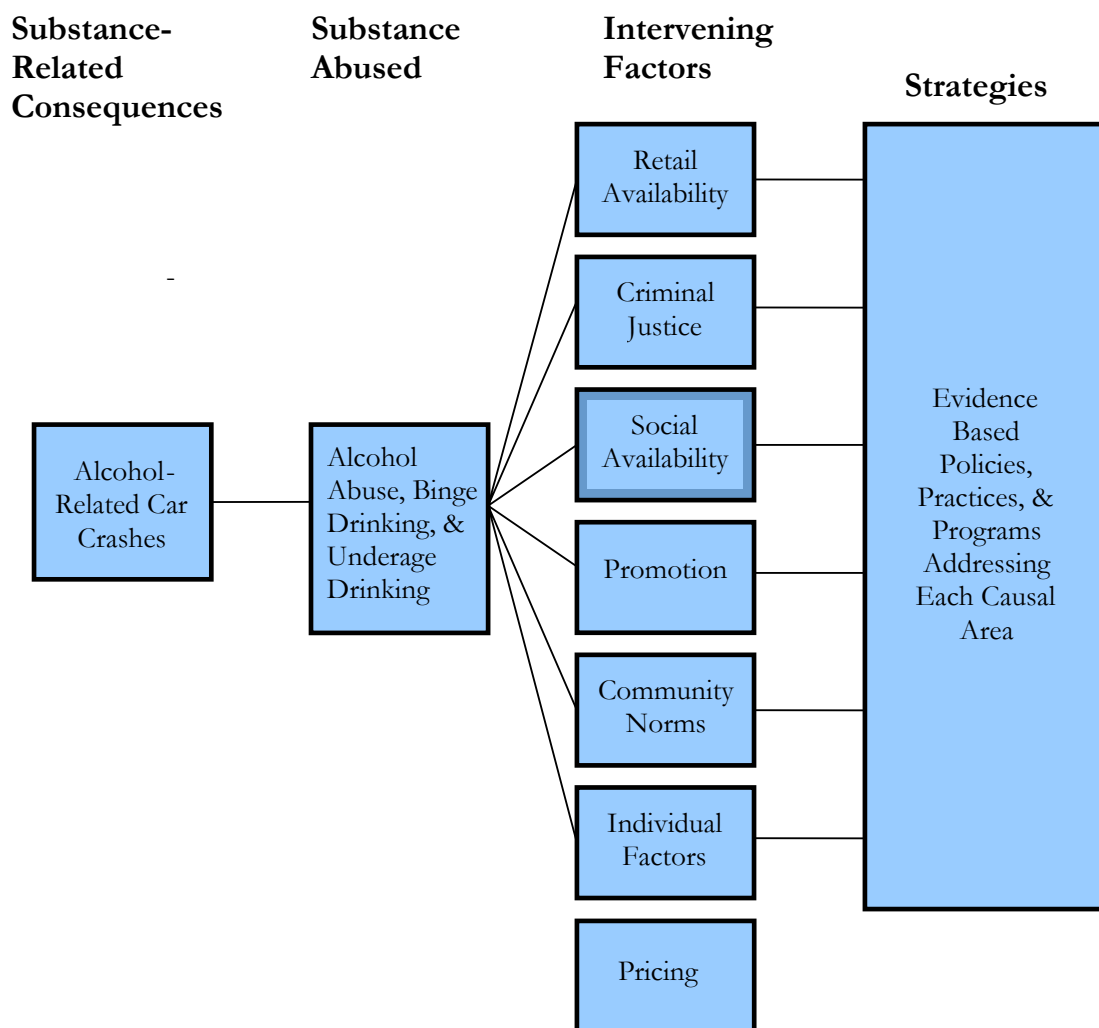
2. **Substance Abused:** Binge drinking and other types of alcohol abuse, including underage drinking.
3. **Intervening Factors:** Why is it happening in the community? In this part of the model we will look at factors that have been identified as being strongly related to and influence the occurrence and magnitude of alcohol-related crashes. These factors are retail availability, social availability, enforcement and adjudication, social norms, pricing, promotion, and low perceived risk.
4. **Prioritization:** Ranking the intervening factors from the greatest contributor to your community's problem to the smallest contributor.
5. **Resource Allocation:** What resources is your community currently contributing to each of the intervening variables?
6. **Strategies:** What is the best way to address the problem of alcohol-related crashes in your community?

The tasks that you will undertake in the remaining chapters follow the outcomes-based prevention model and recent research detailing the intervening variables affecting alcohol-related driving.

Grantees should complete the tasks that follow to detail the problems and factors contributing to alcohol-related crashes in their community. This will lead to focused mobilization and capacity building, as well as aid in the prioritization of evidence-based strategies within the community's strategic plan.

The work that follows involves gathering data to illuminate both the problem(s) and the factors that contribute to alcohol-related crashes in your community. Some of the most relevant data for your county have been provided in this book, but grantee communities will need to complete this workbook as thoroughly as possible and gather additional data where needed.

Figure 1-2. Outcome-Based Prevention Model



The tasks that follow are broken into six main sections.

1. **Community Assessment:** Exploring **what** (What does the problem of alcohol-related crashes look like in your community?), **who** (What are the demographic characteristics of those involved in alcohol-related crashes?), **where** (Where are the “hot spots” for alcohol-related crashes in your community?), and **when** (When do alcohol-related crashes occur?).
2. **Intervening variables:** Exploring **why** alcohol-related crashes are occurring in your community (What are the factors causing alcohol-related crashes in your community?)

3. **Prioritization:** What intervening variable(s) identified during the Community Assessment have the greatest effect on alcohol-related crashes in your community?
4. **Resource Allocation:*** What is already being done in your community to address the factors contributing to the alcohol-related crash problem?
5. **Final Question:** Based on the Prioritization and Resource Allocation sections, what casual factor(s) will your community's intervention focus on?
6. **Identifying and Selecting Evidence-Based Strategies*:** What prevention strategies can your community implement to address the targeted intervening variables and contributing factors chosen during the prioritization process?

* These activities will occur later in the needs assessment process.

2

Conducting a Needs Assessment in Your Community

2.1 GETTING STARTED: SETTING UP A COMMUNITY ASSESSMENT COMMITTEE (CAC)

The first step in conducting a Community Assessment is to establish a team of allies called the Community Assessment Committee (CAC) that will help you collect the data and make decisions based on what is collected.

2.1.1 Who Will be on the Data Collection Team?

Find individuals who have the background, motivation, and experience to conduct a Community Assessment. There is no particular number of members a team should have; however, more members can lighten the data collection load. If there is a military base in your county you should try to include someone from the base on your CAC. Use a table like the Table 2-1 below to help put the CAC together.

After completing the table you will need to contact the people that you identified to see if they are willing to serve on the CAC. Some committee members may serve in an advisory role while others will be actively involved with data collection.

Allies Matrix

List the names of allies in your community, the organizations they represent, and the contributions they can make to complete this workbook.

2.2 TYPES OF DATA

There are generally two types of data— Quantitative and Qualitative.

2.2.1 QUANTITATIVE DATA

Quantitative data is defined as variables that you can count and that can be verified independently. This data is critical in identifying substance-related consequences and substance use issues. Usually, these facts are collected from **archival data or surveys**.

Examples of quantitative data:

- The number of alcohol related fatal crashes occurring in your community during the past year.
- The number of youth in your community who have been arrested for under age drinking, or for a drug related charge during the past year.

2.2.2 QUALITATIVE DATA

Qualitative data are generally defined as people's attitudes, opinions or beliefs. Generally, this is type of data cannot be verified independently, but can have a great value in identifying and learning about intervening variables/ contributing factors. Usually, these opinions are collected from **interviews, town hall meetings, focus groups, or open-ended survey questions**.

Example of qualitative data:

- An interview with a law enforcement official to discuss law enforcement strategies used to combat drinking and driving.
- A focus group with community members to learn about their beliefs about the seriousness of drinking and driving in your community.

2.3 DATA COLLECTION METHODS

2.3.1 Collection of Existing Survey Results

Much of the data that will be used in this workbook will already have been publicly reported. When possible, you will be referred to a website or other public data source to find your community's information. In other areas, where local level data is less available, members of your group will supplement

information through interviews and through their own web-based searches. The instructions in each section will direct you and provide guidance on how to interpret the results from existing data sources.

In addition to the existing data sources that are specifically outlined in this workbook, we encourage you to use local surveys or other local as sources of auxiliary information to aid in the decision making process. For instance, the CORE Drug and Alcohol survey is used by many universities and colleges to determine the extent of substance use and abuse on their campuses. Survey results for specific campuses can sometimes be found online. You can also contact a specific university or college directly to find out about their participation and also about other surveys they may conduct that include information on substance use and/or consequences. Also, many community colleges may have results from the National College Health Assessment (NCHA). In addition, your community may have already gathered survey results from businesses, schools or from local law enforcement that may help in the needs assessment.

2.3.2 Interviews with Key Partners and Stakeholders

You will also interview key partners and stakeholders in your community to help provide a better picture of their concerns within your community regarding alcohol-related crashes. One particular set of stakeholders that you will be asked to interview are the law enforcement officials in your community. More information about interviewing key partners and stakeholders is included in Chapter 4: Intervening Variables.

2.3.3 Town Hall Meeting

As part of the data collection, you will conduct a town hall meeting(s) to gather community views regarding what factors influence alcohol-related crashes in your community. In particular, you will need to find out how the community thinks social availability, community norms, and individual factors impact the alcohol-related crashes in your community. You should aim to include a cross section of community members that are representative of the demographics of your community. For example, participants from different racial and ethnic categories should be included. Participants should also range in age. In addition, members of already existing community groups working on the issue of alcohol related crashes should

be included. More information about how to conduct town hall meetings is included in Chapter 4: Intervening Variables.

2.3.4 Collection of Original Data

In several areas of this workbook you will be asked to gather information using specified designs. This data collection will include such things as counting the number of events where alcohol companies or distributors are sponsors, or reviewing newspapers for alcohol advertisements. The point of this data collection is to gather information directly from your community by observation or library research. In all cases, the original data collected will include measures that are easily gathered. A step by step process on what you need to do is included in Chapter 4: Intervening Variables.

2.4 DATA COLLECTION PROCESS AND TIMELINE DEVELOPMENT

It is critical to approach the data collection phase of the Community Needs Assessment in a methodical manner. Using a table like the one below (Table 2-2) will help you to keep track of the data you are collecting and what each team member is doing. It will also help you to pace your work to ensure that everything is completed on time.

A final copy of the Community Needs Assessment report should be submitted electronically to:

Paula Jones at pjones@rti.org

Table 2-2. Suggested Timeline for Completing Workbook Tasks

Tasks	Suggested Completion Date	Responsible Team Member
Complete allies matrix and assemble CAC	September 14, 2007	
Decide on target area (county or community within the county)	September 28, 2007	
Review data in chapter 3 and complete “who” and “where” work	September 28, 2007	
Complete intervening variable data collection and analysis	November 15, 2007	
Complete prioritization chapter	November 15, 2007	
Begin writing Needs Assessment report	November 15, 2007	
Send draft report to CPR	December 14, 2007	
Final report due to Paula Jones at RTI	December 30, 2007	

2.5 NEXT STEPS

A simple way of thinking about a needs assessment is that its purpose is to answer the five “W” questions:

- **What**
- **Who**
- **Where**
- **When**
- **Why**

Because we have already established the “what” (**alcohol-related crashes**), your needs assessment will focus on learning **who** is involved most often in alcohol-related crashes, **where** they occur, **when** they occur and **why** they occur. The next chapter (Chapter 3: Who, Where, and When) will focus on finding out who is involved most often with alcohol related crashes, where they occur and when they occur. Chapter 4: Intervening Variables will walk you through gathering data to find out why they occur.

3

Data Specific to Your County—Identifying the “Who, Where and When”

3.1 OVERVIEW OF COUNTY SELECTION PROCESS

As part of the SPF SIG needs assessment process, a number of data sources were reviewed and analyzed. North Carolina’s needs assessment identified the targeted focus area of alcohol-related crashes and fatalities. Based on the prioritization of key data items, eighteen counties were selected based on a combined single index of high need. A detailed description of the prioritization process for the counties is listed in **Appendix X**. The results of this process identified the following counties (note that region was not used in selecting counties and is presented for informative purposes only):

- North Central Region
 - Surry
 - Stokes
 - Vance
 - Franklin
- South Central Region
 - Hoke
 - Columbus
 - Robeson

- Eastern Region
 - Brunswick
 - Duplin
 - Sampson
 - Onslow
 - Dare
 - Gates
- Western Region
 - Cherokee
 - Jackson
 - Watauga
 - Alexander

This chapter presents data on each of the counties listed above to help Grantees better understand the issues of alcohol-related crashes and fatalities in their counties. Specifically, the data will help establish who is involved in these types of incidents, where these incidents occur, and when they occur in your county.

3.2 IDENTIFYING AND UNDERSTANDING THE “WHO”

The data presented in this chapter is intended to guide your discussion regarding the populations in your community most impacted by alcohol-related crashes and fatalities. The tables and graphics presented will assist you in determining who your selected strategies should target (e.g., white males age 18 to 25, Hispanic males age 35 to 44, etc). It will help you to decide how to weight or value these results. For example, is it more important to focus on the groups with the highest number of alcohol-related crashes and fatalities or is it more important to focus on groups with higher rates of alcohol-related crashes and fatalities as a function of population size. To assist you we’ve included a set of questions to help you focus. Please answer the following questions as you review this information.

1. What male subgroups are impacted most by alcohol-related crashes?

- a. Based on graphic X, which age group(s) contributed to elevated reports of alcohol-related crashes and fatalities?

- b. Within the evaluated age category, determine which group or groups accounts for the highest percentage of crashes.

2. What female subgroups are impacted most by alcohol-related crashes?

- a. Based on graphic X, which age group(s) contributed to elevated reports of alcohol-related crashes and fatalities?
- b. Within the evaluated age category, determine which group or groups accounts for the highest percentage of crashes.

Please place an “x” in the boxes that correspond to the populations you have selected as highest risk. You may select more than one.

Race/Ethnicity	12 to 15	16 to 20	21 to 25	26 to 34	35 to 44	45 to 54	55+
White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hispanic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Special Population Identified				<input type="checkbox"/>			

Please place an “x” in the boxes that correspond to the populations you have selected as highest risk. You may select more than one.

Race/Ethnicity	12 to 15	16 to 20	21 to 25	26 to 34	35 to 44	45 to 54	55+
White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hispanic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Special Population Identified				<input type="checkbox"/>			

3.3 DETERMINING WHERE AND WHEN

In collaboration with the North Carolina Department of Transportation (NCDOT), we have provided a series of “geo-coded” spatial maps that show the location of most alcohol-related crashes and fatalities that occurred in your county from 2002 – 2006. You may refer to **Appendix X** to help you use these maps. Figure 1 shows the location of all alcohol-related crashes between January 1, 2002 and December 31, 2006 and Figure 2 shows the location of alcohol-related crashes during the most recent year of available data (January 1, 2006 – December 31, 2006). In addition, Table X shows the number of crashes and fatalities that occurred within each month.

Table 3-X. Total Number of Alcohol-Related Crashes by Month, 2006

AR Crash	J	F	M	A	M	J	J	A	S	O	N	D
Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Table 3-X. Total Number of Alcohol-Related Crashes by Month, 2002-2006

AR Crash	J	F	M	A	M	J	J	A	S	O	N	D
Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In 2006, we experienced more crashes in the following months _____, _____. This trend was similar to that for the previous 6 years or different.

3.4 INTEGRATING THE WHO, WHAT, AND WHEN DATA

The purpose of these data is to determine if your county has a concentrated problem of alcohol-related crashes that would allow your subsequent data collection efforts to focus on gathering information about intervening variables and contributing factors. To the degree and extent no patterns emerge, subsequent data collection efforts may become broad to capture county-wide information.

Question X.

Based on Figures X – X and tables X-X, please identify any patterns that suggest the need to focus data collection among a specific demographic population and/or a specific geographic location (i.e., town or city).

3.5 DATA SPECIFIC TO YOUR COUNTY

Alexander County Data – pg. 6

Brunswick County Data – pg. 9

Cherokee County Data – pg. 12

Columbus County Data – pg. 15

Dare County Data – pg. 18

Duplin County Data – pg. 21

Franklin County Data – pg. 24

Gates County Data – pg. 27

Hoke County Data – pg. 30

Jackson County Data – pg. 33

Onslow County Data – pg. 36

Robeson County Data – pg. 39

Sampson County Data – pg. 42

Stokes County Data – pg. 45

Surry County Data – pg. 48

Vance County Data – pg. 51

Watauga County Data – pg. 54

Prevention Needs Assessment Profile *Alexander County*

Table 1: All Alcohol Related Crashes (2002-2006)

Measure	Year				
	2002	2003	2004	2005	2006
Number of Alcohol-Related Crashes ¹	53	38	46	43	38
Number of DWI Cases ²	218	264	218	228	N/A

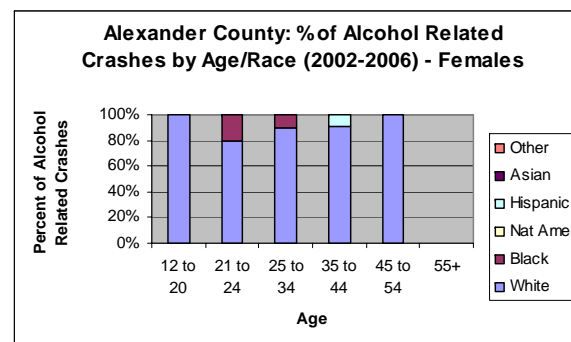
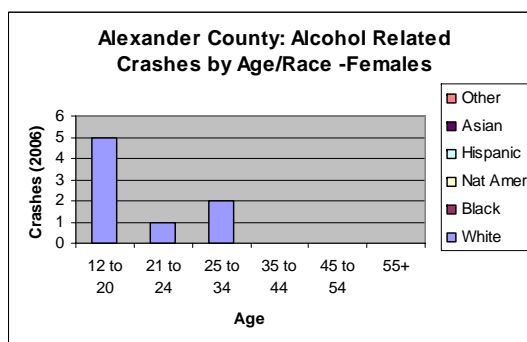
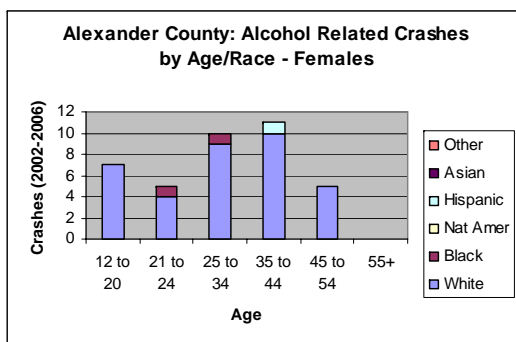
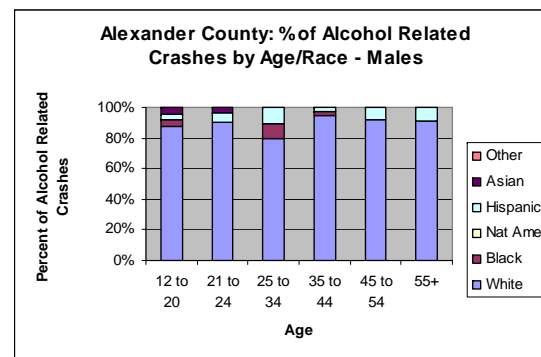
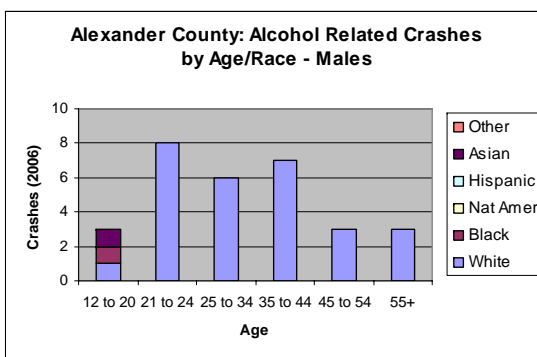
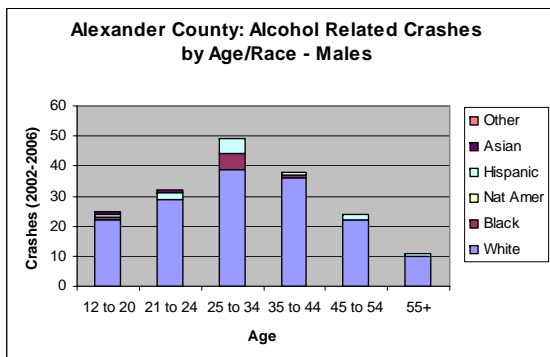
¹ Alcohol Related Crashes represent a subset of DWI arrests.

² DWI Cases under-represent the total number of people drinking and driving.

Table 2: All Alcohol Related Crashes by Selected Socio-Demographic Characteristics

Measure	Year			
	2002 - 2006 combined		2006 only	
	Male	Female	Male	Female
White	158	35	28	8
Black	7	2	1	0
Native American	0	0	0	0
Hispanic	12	1	0	0
Asian	2	0	1	0
Other	0	0	0	0

Prevention Needs Assessment Profile Alexander County



Prevention Needs Assessment Profile *Alexander County*

Table 3.1: Alcohol Related Crashes by Month

Frequency	January	February	March	April	May	June	July	August	September	October	November	December
Alexander County (2002-2006)	15	13	15	19	25	14	21	24	15	13	21	22
Alexander County (2006 only)	4	4	1	4	6	3	2	5	2	1	3	3

Table 3.2: All Crashes by Month

Frequency	January	February	March	April	May	June	July	August	September	October	November	December
Alexander County (2002-2006)	307	341	345	354	350	345	372	352	371	458	418	388
Alexander County (2006 only)	62	66	60	66	55	83	56	71	52	82	61	52

Prevention Needs Assessment Profile Brunswick County

Table 1: All Alcohol Related Crashes (2002-2006)

Measure	Year				
	2002	2003	2004	2005	2006
Number of Alcohol-Related Crashes ¹	155	116	80	150	146
Number of DWI Cases ²	889	926	1,101	1,052	N/A

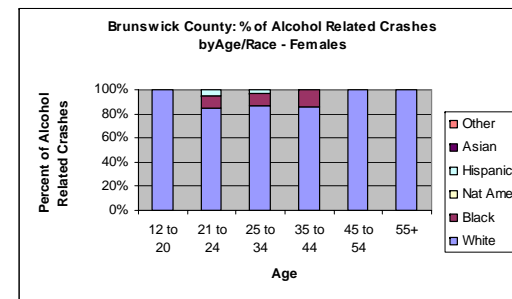
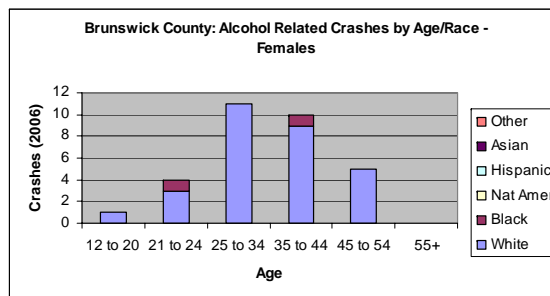
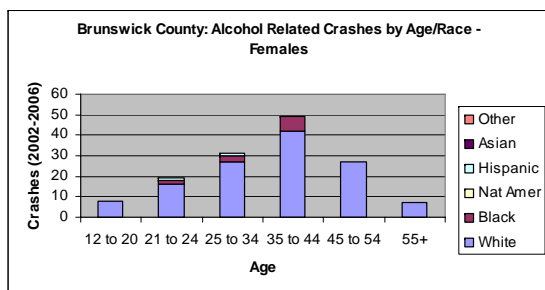
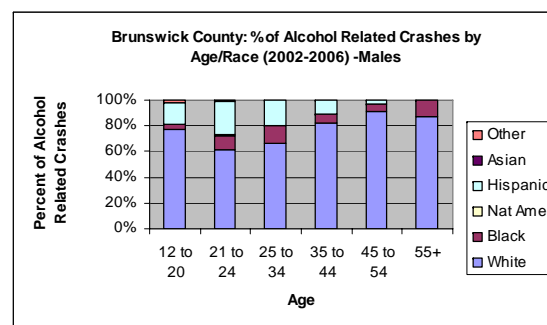
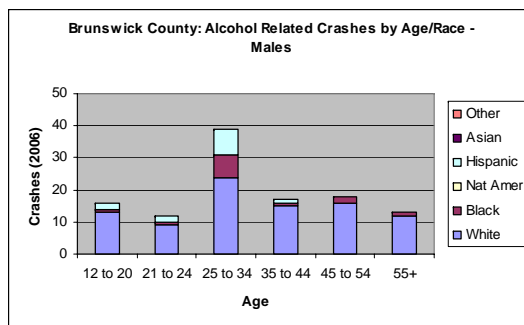
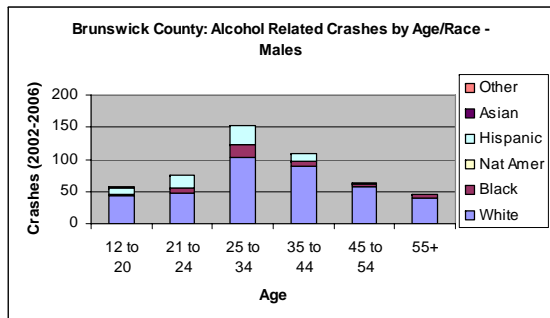
¹ Alcohol Related Crashes represent a subset of DWI arrests.

² DWI Cases under-represent the total number of people drinking and driving.

Table 2: All Alcohol Related Crashes by Selected Socio-Demographic Characteristics

Measure	Year			
	2002 - 2006 combined		2006 only	
	Male	Female	Male	Female
White	381	127	89	29
Black	48	12	13	2
Native American	1	0	0	0
Hispanic	73	2	13	0
Asian	0	0	0	0
Other	2	0	0	0

Prevention Needs Assessment Profile Brunswick County



Prevention Needs Assessment Profile

Brunswick County

Table 3.1: Alcohol Related Crashes by Month

Frequency	January	February	March	April	May	June	July	August	September	October	November	December
Brunswick County (2002-2006)	47	48	53	55	62	49	65	59	51	53	55	49
Brunswick County (2006 only)	7	11	8	11	12	10	15	22	11	16	13	10

Table 3.2: All Crashes by Month

Frequency	January	February	March	April	May	June	July	August	September	October	November	December
Brunswick County (2002-2006)	1005	988	1154	1170	1342	1399	1647	1317	1129	1479	1313	1084
Brunswick County (2006 only)	230	252	222	249	300	349	360	303	258	388	296	166

Prevention Needs Assessment Profile Cherokee County

Table 1: All Alcohol Related Crashes (2002-2006)

Measure	Year				
	2002	2003	2004	2005	2006
Number of Alcohol-Related Crashes ¹	43	29	31	30	27
Number of DWI Cases ²	231	208	211	220	N/A

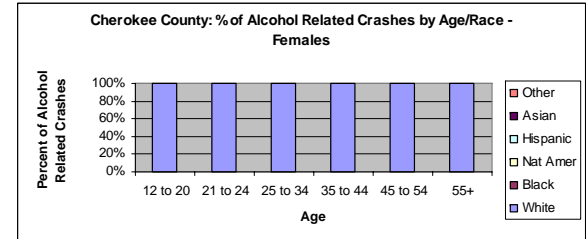
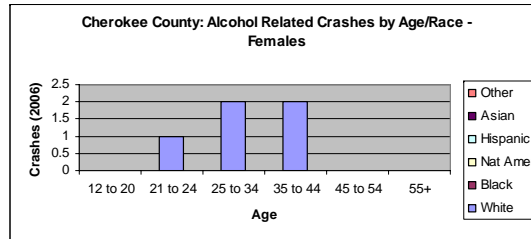
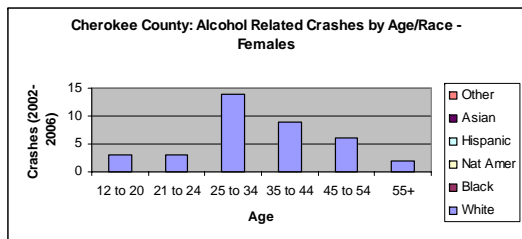
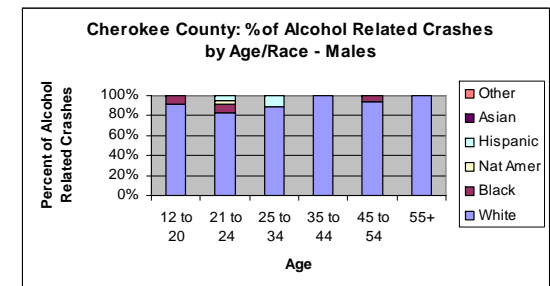
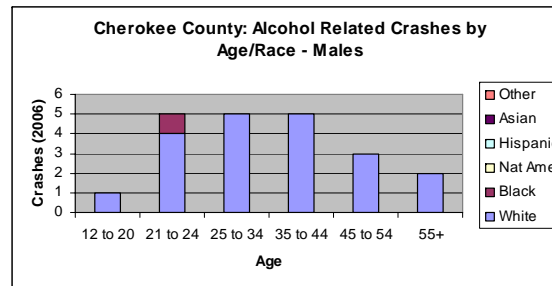
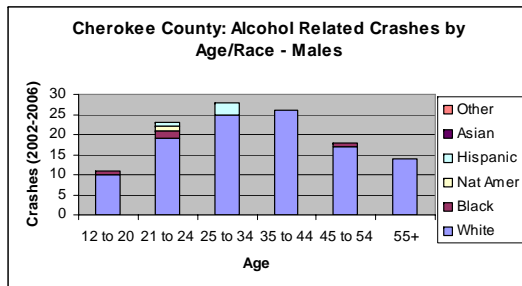
¹ Alcohol Related Crashes represent a subset of DWI arrests.

² DWI Cases under-represent the total number of people drinking and driving.

Table 2: All Alcohol Related Crashes by Selected Socio-Demographic Characteristics

Measure	Year			
	2002 - 2006 combined		2006 only	
	Male	Female	Male	Female
White	111	37	20	5
Black	4	0	1	0
Native American	1	0	0	0
Hispanic	4	0	1	0
Asian	0	0	0	0
Other	0	0	0	0

Prevention Needs Assessment Profile Cherokee County



Prevention Needs Assessment Profile *Cherokee County*

Table 3.1: Alcohol Related Crashes by Month

Frequency	January	February	March	April	May	June	July	August	September	October	November	December
Cherokee County (2002-2006)	10	10	15	12	14	11	9	20	13	20	11	12
Cherokee County (2006 only)	1	0	4	2	3	2	2	2	3	5	1	2

Table 3.2: All Crashes by Month

Frequency	January	February	March	April	May	June	July	August	September	October	November	December
Cherokee County (2002-2006)	272	227	235	238	305	298	339	329	252	305	311	301
Cherokee County (2006 only)	50	39	47	54	47	74	59	48	45	60	60	39

Prevention Needs Assessment Profile Columbus County

Table 1: All Alcohol Related Crashes (2002-2006)

Measure	Year				
	2002	2003	2004	2005	2006
Number of Alcohol-Related Crashes ¹	79	92	111	101	82
Number of DWI Cases ²	611	544	535	436	N/A

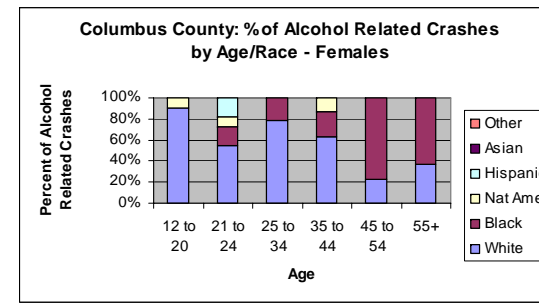
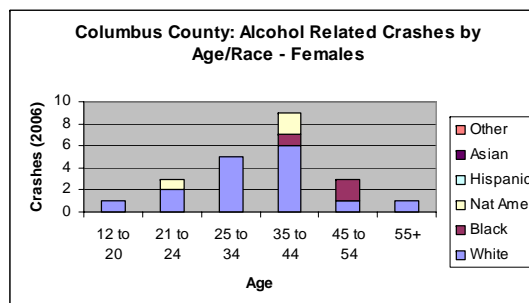
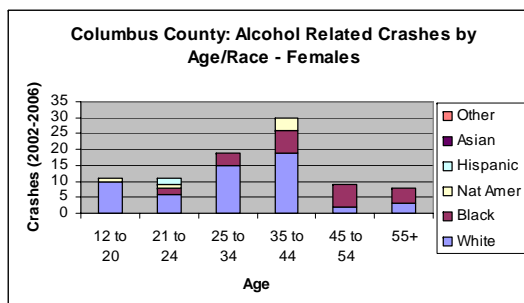
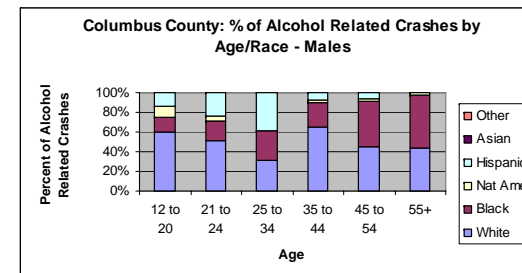
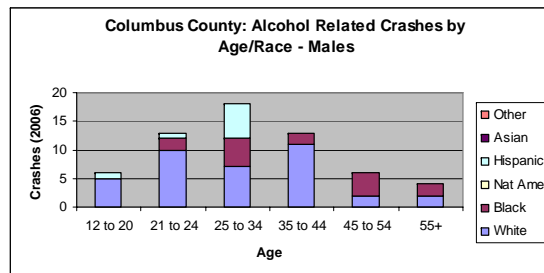
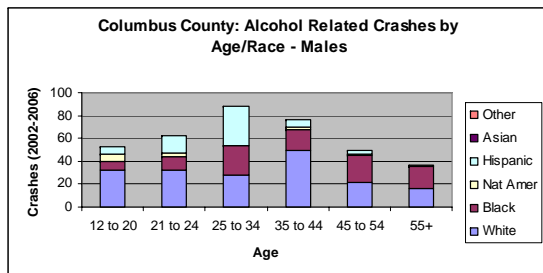
¹ Alcohol Related Crashes represent a subset of DWI arrests.

² DWI Cases under-represent the total number of people drinking and driving.

Table 2: All Alcohol Related Crashes by Selected Socio-Demographic Characteristics

Measure	Year			
	2002 - 2006 combined		2006 only	
	Male	Female	Male	Female
White	179	55	37	16
Black	108	25	15	3
Native American	13	6	0	3
Hispanic	65	2	8	0
Asian	0	0	0	0
Other	0	0	0	0

Prevention Needs Assessment Profile Columbus County



Prevention Needs Assessment Profile

Columbus County

Table 3.1: Alcohol Related Crashes by Month

Frequency	January	February	March	April	May	June	July	August	September	October	November	December
Columbus County (2002-2006)	38	26	44	28	50	45	41	37	37	38	32	38
Columbus County (2006 only)	9	5	6	5	8	10	10	1	9	7	6	6

Table 3.2: All Crashes by Month

Frequency	January	February	March	April	May	June	July	August	September	October	November	December
Columbus County (2002-2006)	752	718	824	781	871	840	812	905	712	960	1048	828
Columbus County (2006 only)	130	141	159	172	166	171	157	173	158	241	245	128

Prevention Needs Assessment Profile *Dare County*

Table 1: All Alcohol Related Crashes (2002-2006)

Measure	Year				
	2002	2003	2004	2005	2006
Number of Alcohol-Related Crashes ¹	63	61	86	62	55
Number of DWI Cases ²	1,100	1,176	1,087	997	N/A

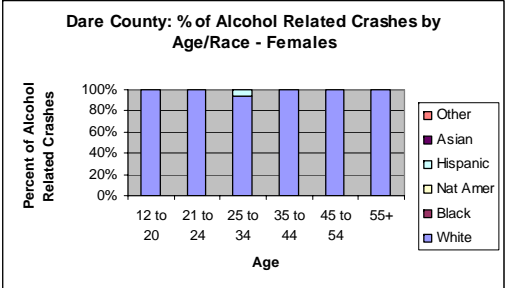
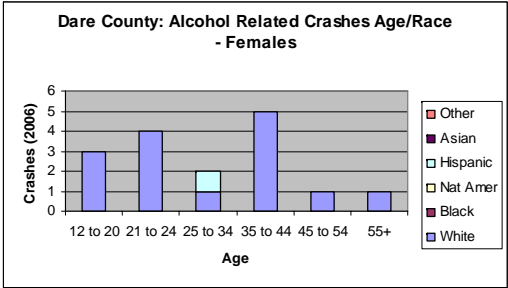
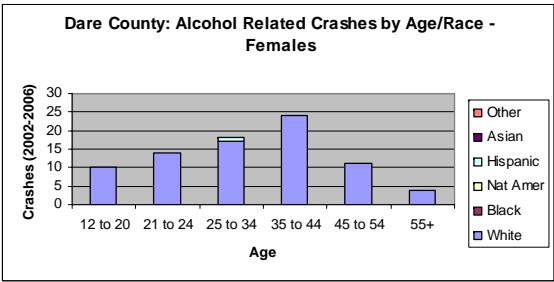
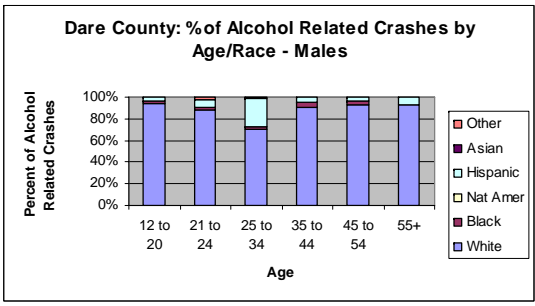
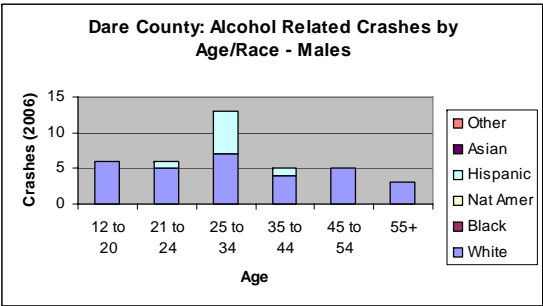
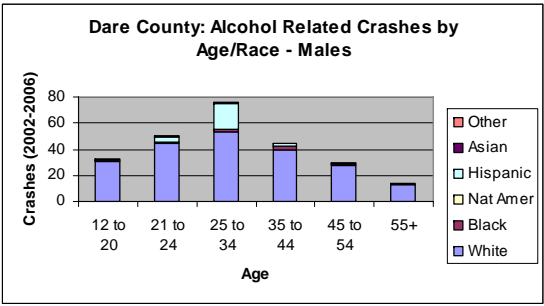
¹ Alcohol Related Crashes represent a subset of DWI arrests.

² DWI Cases under-represent the total number of people drinking and driving.

Table 2: All Alcohol Related Crashes by Selected Socio-Demographic Characteristics

Measure	Year			
	2002 - 2006 combined		2006 only	
	Male	Female	Male	Female
White	209	80	30	15
Black	7	0	0	0
Native American	0	0	0	0
Hispanic	29	1	8	1
Asian	0	0	0	0
Other	2	0	1	0

Prevention Needs Assessment Profile
Dare County



Prevention Needs Assessment Profile *Dare County*

Table 3.1: Alcohol Related Crashes by Month

Frequency	January	February	March	April	May	June	July	August	September	October	November	December
Dare County (2002-2006)	26	12	22	18	30	36	33	46	28	33	33	21
Dare County (2006 only)	9	1	1	6	1	9	8	2	8	4	4	2

Table 3.2: All Crashes by Month

Frequency	January	February	March	April	May	June	July	August	September	October	November	December
Dare County (2002-2006)	366	326	465	575	736	1119	1255	1275	611	556	557	466
Dare County (2006 only)	92	70	63	105	132	198	200	158	101	86	84	53

Prevention Needs Assessment Profile Duplin County

Table 1: All Alcohol Related Crashes (2002-2006)

Measure	Year				
	2002	2003	2004	2005	2006
Number of Alcohol-Related Crashes ¹	123	94	102	93	66
Number of DWI Cases ²	875	861	895	806	N/A

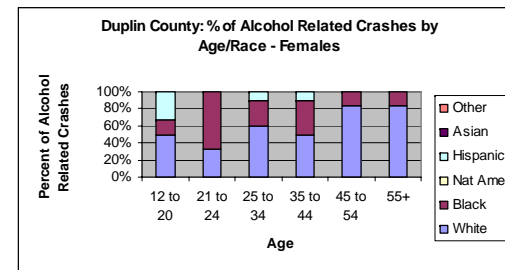
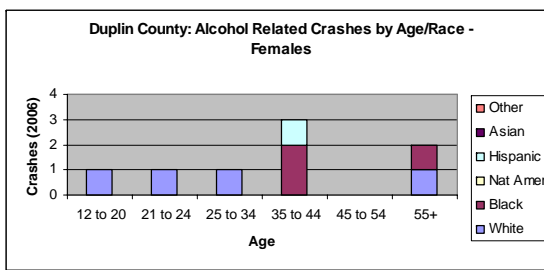
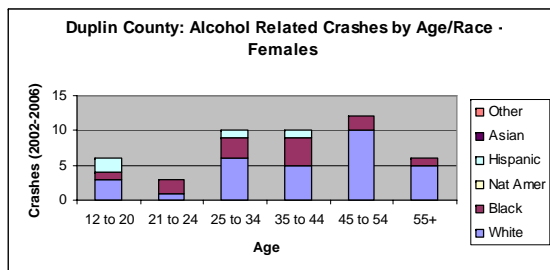
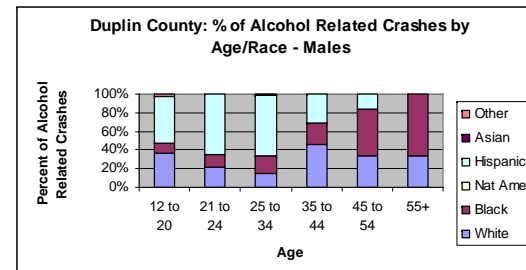
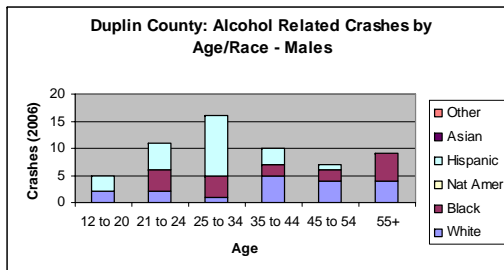
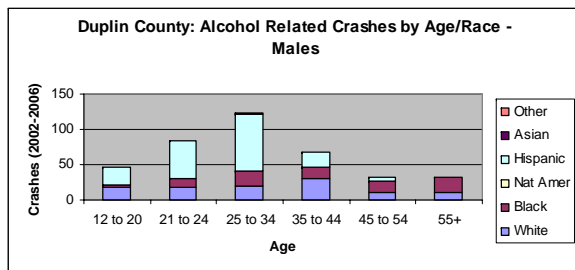
¹ Alcohol Related Crashes represent a subset of DWI arrests.

² DWI Cases under-represent the total number of people drinking and driving.

Table 2: All Alcohol Related Crashes by Selected Socio-Demographic Characteristics

Measure	Year			
	2002 - 2006 combined		2006 only	
	Male	Female	Male	Female
White	107	30	18	4
Black	92	13	17	3
Native American	0	0	0	0
Hispanic	185	4	23	1
Asian	0	0	0	0
Other	2	0	0	0

Prevention Needs Assessment Profile Duplin County



Prevention Needs Assessment Profile

Duplin County

Table 3.1: Alcohol Related Crashes by Month

Frequency	January	February	March	April	May	June	July	August	September	October	November	December
Duplin County (2002-2006)	30	39	36	35	37	41	47	32	42	32	32	32
Duplin County (2006 only)	6	5	7	6	4	7	6	5	8	6	4	2

Table 3.2: All Crashes by Month

Frequency	January	February	March	April	May	June	July	August	September	October	November	December
Duplin County (2002-2006)	849	763	746	733	751	830	764	802	772	1043	1118	916
Duplin County (2006 only)	158	146	134	144	129	153	150	162	159	219	218	214

Prevention Needs Assessment Profile *Franklin County*

Table 1: All Alcohol Related Crashes (2002-2006)

Measure	Year				
	2002	2003	2004	2005	2006
Number of Alcohol-Related Crashes ¹	80	79	71	73	74
Number of DWI Cases ²	432	486	526	397	N/A

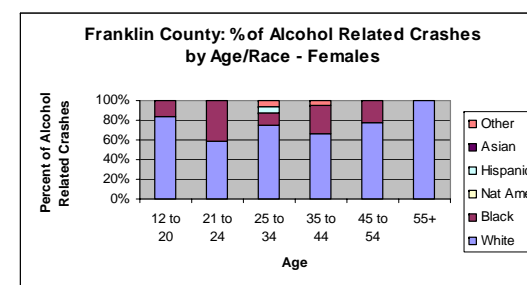
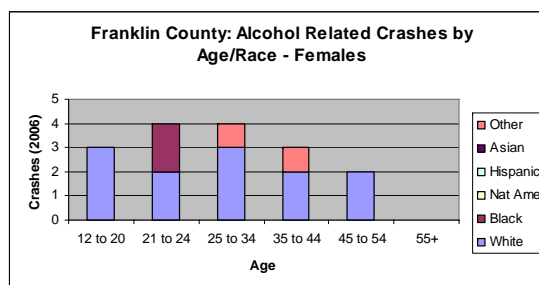
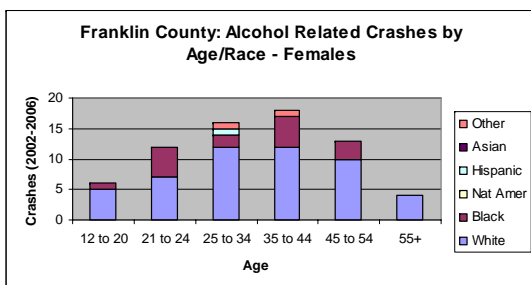
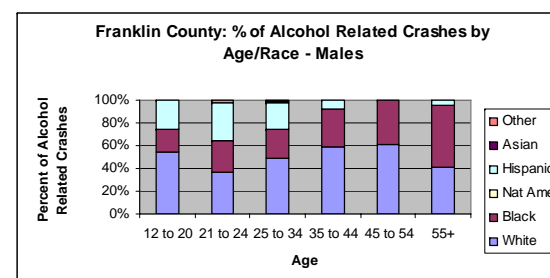
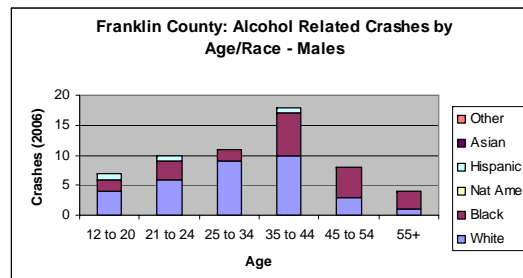
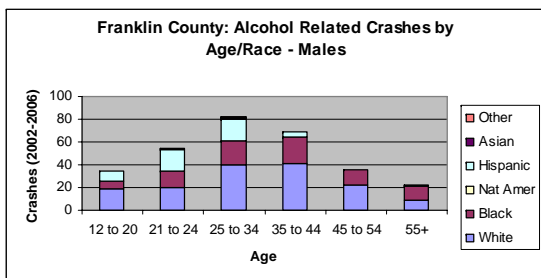
¹ Alcohol Related Crashes represent a subset of DWI arrests.

² DWI Cases under-represent the total number of people drinking and driving.

Table 2: All Alcohol Related Crashes by Selected Socio-Demographic Characteristics

Measure	Year			
	2002 - 2006 combined		2006 only	
	Male	Female	Male	Female
White	151	50	33	12
Black	92	16	22	2
Native American	0	0	0	0
Hispanic	52	1	3	0
Asian	1	0	0	0
Other	2	2	0	2

Prevention Needs Assessment Profile Franklin County



Prevention Needs Assessment Profile *Franklin County*

Table 3.1: Alcohol Related Crashes by Month

Frequency	January	February	March	April	May	June	July	August	September	October	November	December
Franklin County (2002-2006)	26	28	36	26	35	26	31	37	38	35	24	25
Franklin County (2006 only)	7	6	8	6	5	4	8	8	4	6	6	6

Table 3.2: All Crashes by Month

Frequency	January	February	March	April	May	June	July	August	September	October	November	December
Franklin County (2002-2006)	716	643	616	583	622	558	570	619	629	768	783	689
Franklin County (2006 only)	137	111	130	121	131	109	124	111	138	147	173	112

Prevention Needs Assessment Profile Gates County

Table 1: All Alcohol Related Crashes (2002-2006)

Measure	Year				
	2002	2003	2004	2005	2006
Number of Alcohol-Related Crashes ¹	29	18	10	21	12
Number of DWI Cases ²	131	93	92	94	N/A

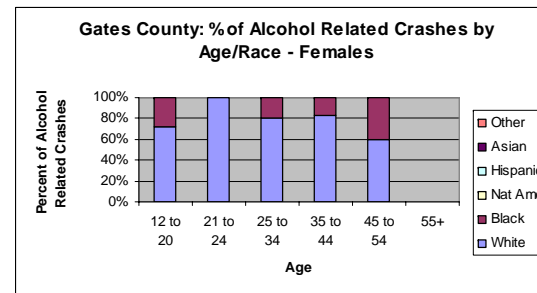
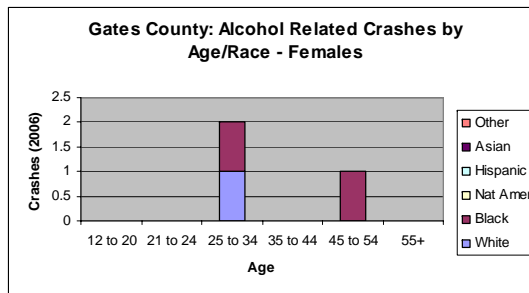
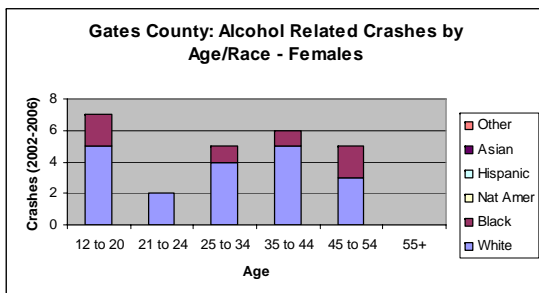
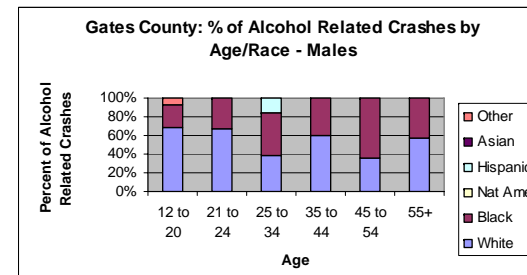
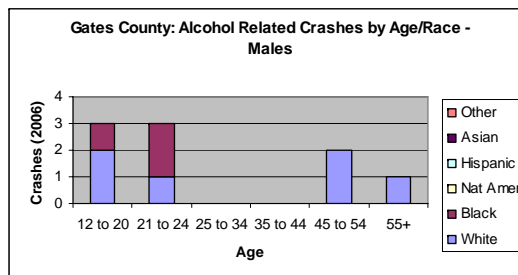
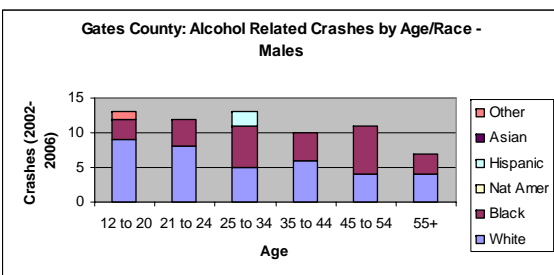
¹ Alcohol Related Crashes represent a subset of DWI arrests.

² DWI Cases under-represent the total number of people drinking and driving.

Table 2: All Alcohol Related Crashes by Selected Socio-Demographic Characteristics

Measure	Year			
	2002 - 2006 combined		2006 only	
	Male	Female	Male	Female
White	36	19	6	1
Black	27	6	3	2
Native American	0	0	0	0
Hispanic	2	0	0	0
Asian	0	0	0	0
Other	1	0	0	0

Prevention Needs Assessment Profile Gates County



Prevention Needs Assessment Profile

Gates County

Table 3.1: Alcohol Related Crashes by Month

Frequency	January	February	March	April	May	June	July	August	September	October	November	December
Gates County (2002-2006)	12	6	5	7	5	11	6	7	6	10	6	10
Gates County (2006 only)	1	2	1	2	2	1	0	1	0	1	1	0

Table 3.2: All Crashes by Month

Frequency	January	February	March	April	May	June	July	August	September	October	November	December
Gates County (2002-2006)	136	118	137	132	144	169	109	159	103	198	208	154
Gates County (2006 only)	28	22	22	24	31	31	12	31	14	49	45	18

Prevention Needs Assessment Profile Hoke County

Table 1: All Alcohol Related Crashes (2002-2006)

Measure	Year				
	2002	2003	2004	2005	2006
Number of Alcohol-Related Crashes ¹	47	43	69	59	59
Number of DWI Cases ²	437	460	392	327	N/A

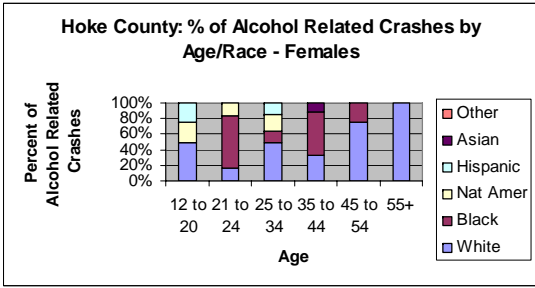
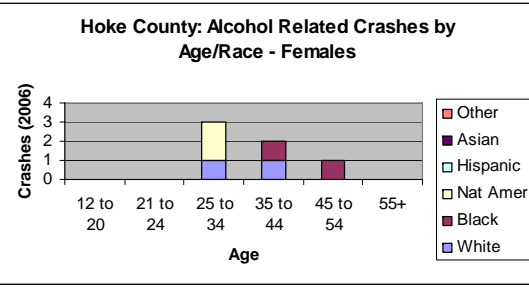
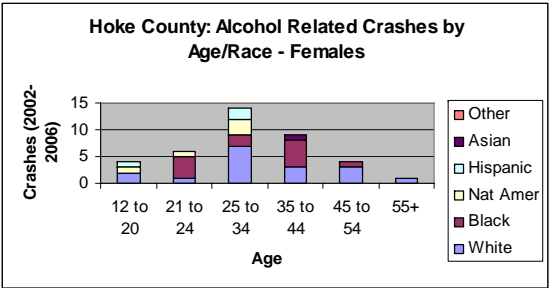
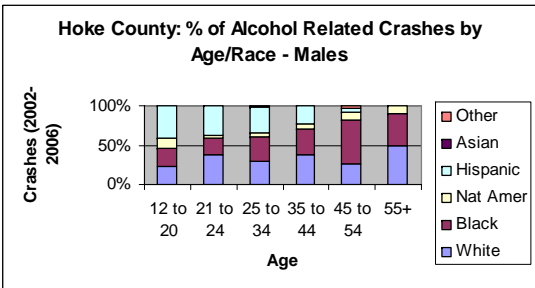
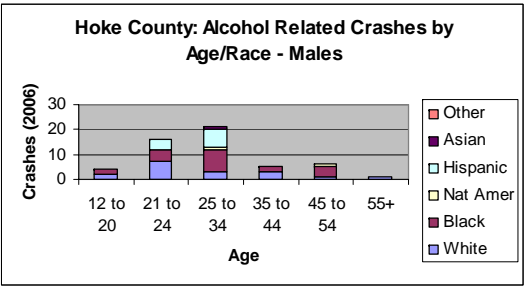
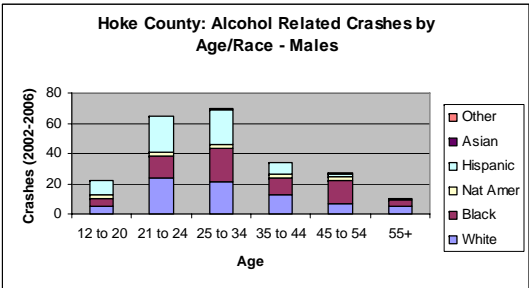
¹ Alcohol Related Crashes represent a subset of DWI arrests.

² DWI Cases under-represent the total number of people drinking and driving.

Table 2: All Alcohol Related Crashes by Selected Socio-Demographic Characteristics

Measure	Year			
	2002 - 2006 combined		2006 only	
	Male	Female	Male	Female
White	75	17	17	2
Black	71	12	22	2
Native American	15	5	2	2
Hispanic	65	3	11	0
Asian	1	1	1	0
Other	1	0	0	0

Prevention Needs Assessment Profile
Hoke County



Prevention Needs Assessment Profile
Hoke County

Table 3.1: Alcohol Related Crashes by Month

Frequency	January	February	March	April	May	June	July	August	September	October	November	December
Hoke County (2002-2006)	14	15	15	15	39	25	28	21	24	26	22	23
Hoke County (2006 only)	2	5	4	2	14	5	6	3	3	6	3	6

Table 3.2: All Crashes by Month

Frequency	January	February	March	April	May	June	July	August	September	October	November	December
Hoke County (2002-2006)	445	394	345	395	454	399	316	393	348	426	493	446
Hoke County (2006 only)	76	70	75	79	106	90	74	85	70	102	106	70

Prevention Needs Assessment Profile Jackson County

Table 1: All Alcohol Related Crashes (2002-2006)

Measure	Year				
	2002	2003	2004	2005	2006
Number of Alcohol-Related Crashes ¹	51	59	66	64	53
Number of DWI Cases ²	336	336	359	359	N/A

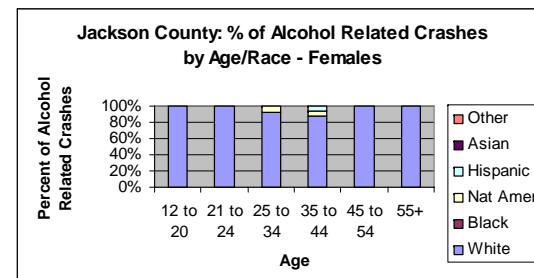
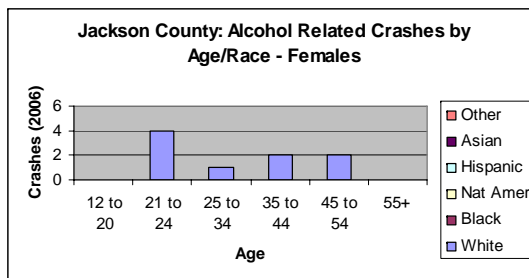
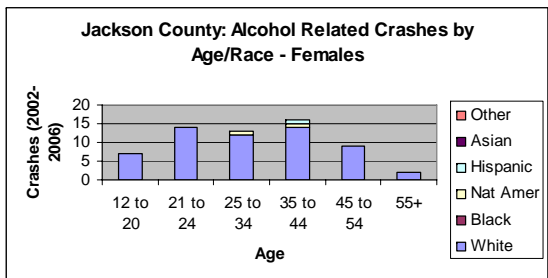
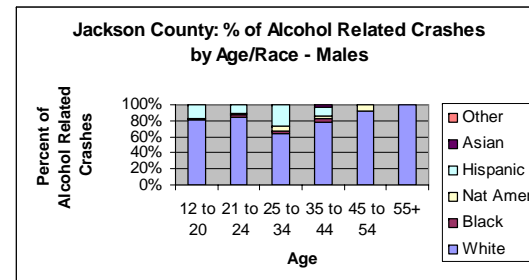
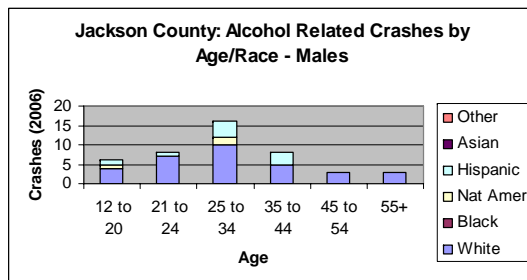
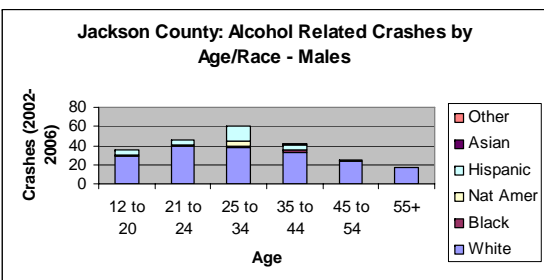
¹ Alcohol Related Crashes represent a subset of DWI arrests.

² DWI Cases under-represent the total number of people drinking and driving.

Table 2: All Alcohol Related Crashes by Selected Socio-Demographic Characteristics

Measure	Year			
	2002 - 2006 combined		2006 only	
	Male	Female	Male	Female
White	179	58	32	9
Black	5	0	0	0
Native American	9	2	3	0
Hispanic	32	1	9	0
Asian	1	0	0	0
Other	1	0	0	0

Prevention Needs Assessment Profile Jackson County



Prevention Needs Assessment Profile

Jackson County

Table 3.1: Alcohol Related Crashes by Month

Frequency	January	February	March	April	May	June	July	August	September	October	November	December
Jackson County (2002-2006)	21	17	22	20	29	19	24	23	25	39	28	21
Jackson County (2006 only)	6	3	4	3	8	3	5	2	6	8	3	2

Table 3.2: All Crashes by Month

Frequency	January	February	March	April	May	June	July	August	September	October	November	December
Jackson County (2002-2006)	411	411	397	511	559	612	602	662	662	622	544	496
Jackson County (2006 only)	81	95	68	105	128	116	120	114	147	142	101	77

Prevention Needs Assessment Profile Onslow County

Table 1: All Alcohol Related Crashes (2002-2006)

Measure	Year				
	2002	2003	2004	2005	2006
Number of Alcohol-Related Crashes ¹	227	228	231	262	234
Number of DWI Cases ²	1,674	1,635	1,371	1,216	N/A

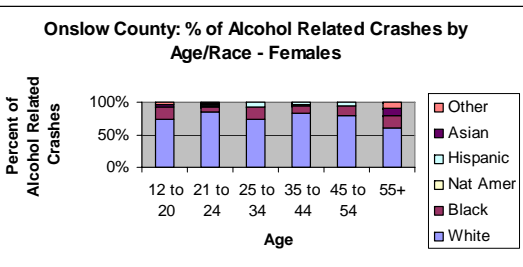
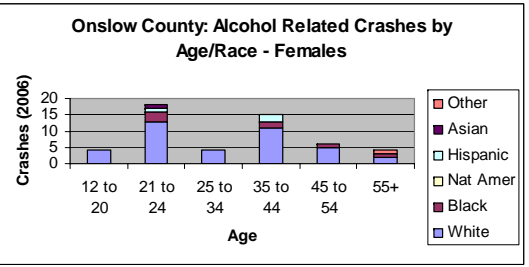
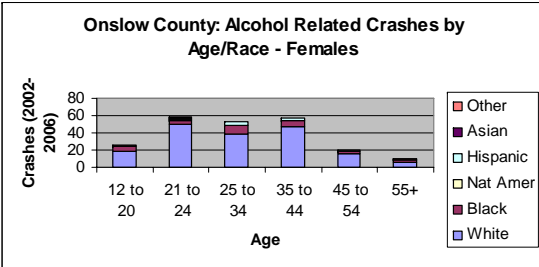
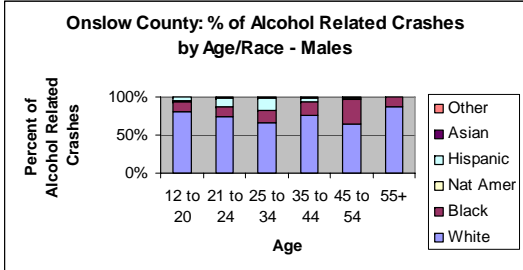
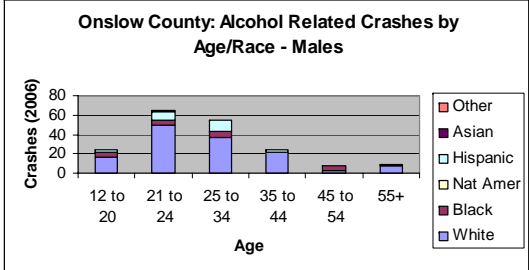
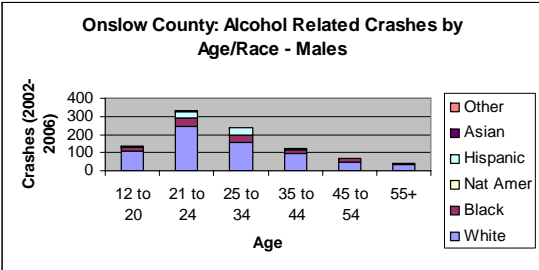
¹ Alcohol Related Crashes represent a subset of DWI arrests.

² DWI Cases under-represent the total number of people drinking and driving.

Table 2: All Alcohol Related Crashes by Selected Socio-Demographic Characteristics

Measure	Year			
	2002 - 2006 combined		2006 only	
	Male	Female	Male	Female
White	684	177	136	39
Black	152	32	21	7
Native American	2	2	1	0
Hispanic	88	8	24	3
Asian	2	3	1	1
Other	10	3	0	1

Prevention Needs Assessment Profile
Onslow County



Prevention Needs Assessment Profile *Onslow County*

Table 3.1: Alcohol Related Crashes by Month

Frequency	January	February	March	April	May	June	July	August	September	October	November	December
Onslow County (2002-2006)	94	96	93	94	114	79	106	128	95	103	103	64
Onslow County (2006 only)	12	15	24	27	29	15	22	21	23	15	23	10

Table 3.2: All Crashes by Month

Frequency	January	February	March	April	May	June	July	August	September	October	November	December
Onslow County (2002-2006)	2331	2203	2342	2415	2721	2468	2759	2818	2501	2795	2877	2559
Onslow County (2006 only)	437	477	513	478	601	564	495	561	488	532	628	425

Prevention Needs Assessment Profile Robeson County

Table 1: All Alcohol Related Crashes (2002-2006)

Measure	Year				
	2002	2003	2004	2005	2006
Number of Alcohol-Related Crashes ¹	235	186	213	223	201
Number of DWI Cases ²	1,588	1,552	1,610	1,392	N/A

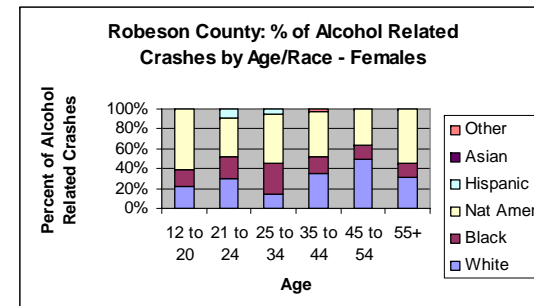
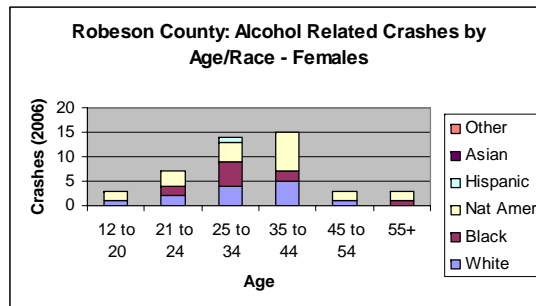
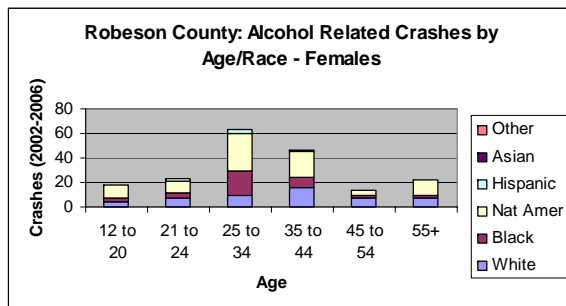
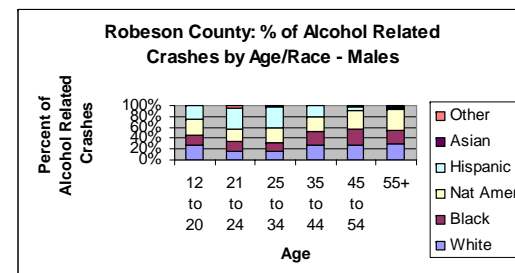
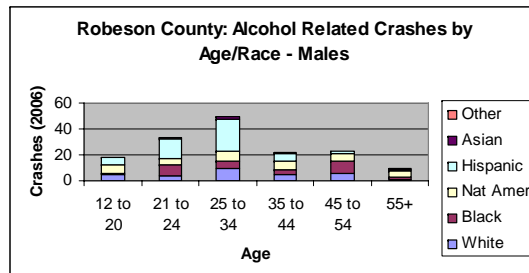
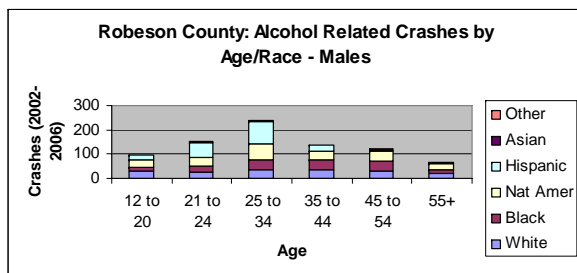
¹ Alcohol Related Crashes represent a subset of DWI arrests.

² DWI Cases under-represent the total number of people drinking and driving.

Table 2: All Alcohol Related Crashes by Selected Socio-Demographic Characteristics

Measure	Year			
	2002 - 2006 combined		2006 only	
	Male	Female	Male	Female
White	178	50	31	13
Black	172	41	29	10
Native American	233	89	36	21
Hispanic	212	5	55	1
Asian	5	0	3	0
Other	13	1	2	0

Prevention Needs Assessment Profile Robeson County



Prevention Needs Assessment Profile

Robeson County

Table 3.1: Alcohol Related Crashes by Month

Frequency	January	February	March	April	May	June	July	August	September	October	November	December
Robeson County (2002-2006)	68	84	78	84	90	78	95	94	81	79	81	92
Robeson County (2006 only)	18	14	16	14	23	18	21	20	13	19	15	10

Table 3.2: All Crashes by Month

Frequency	January	February	March	April	May	June	July	August	September	October	November	December
Robeson County (2002-2006)	2032	1912	2234	2161	2128	2052	2052	2194	2114	2151	2284	2043
Robeson County (2006 only)	369	369	486	472	463	477	389	447	455	465	520	328

Prevention Needs Assessment Profile *Sampson County*

Table 1: All Alcohol Related Crashes (2002-2006)

Measure	Year				
	2002	2003	2004	2005	2006
Number of Alcohol-Related Crashes ¹	121	122	104	116	94
Number of DWI Cases ²	1,008	844	867	768	N/A

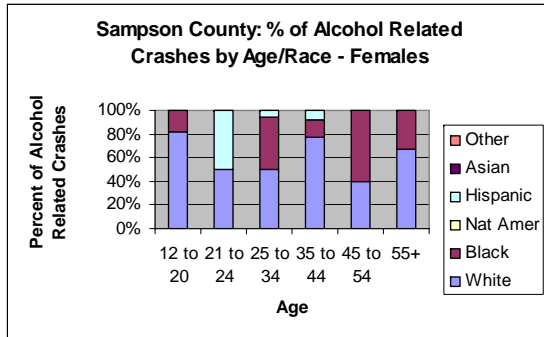
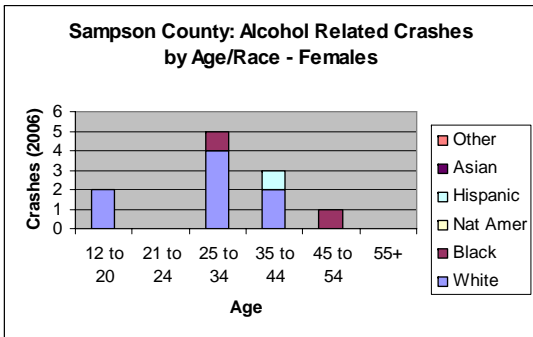
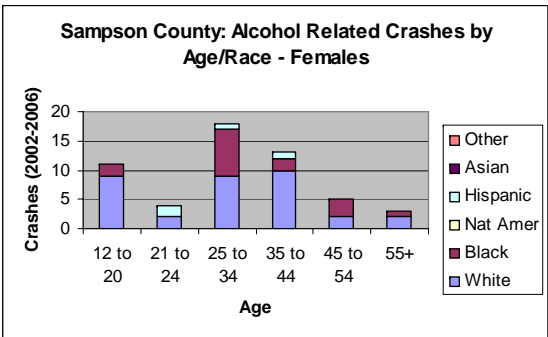
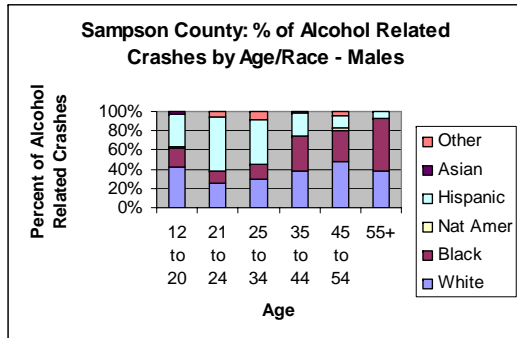
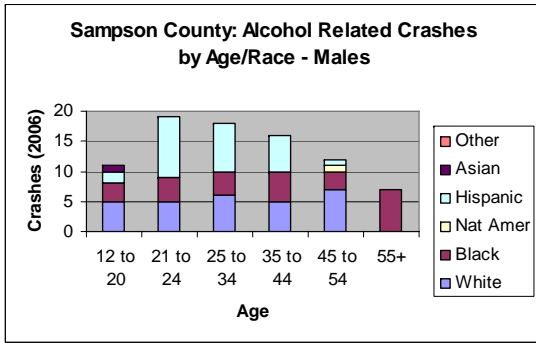
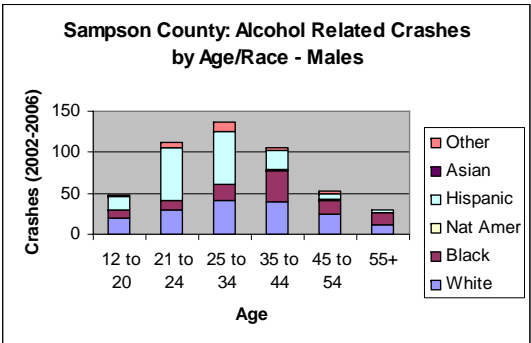
¹ Alcohol Related Crashes represent a subset of DWI arrests.

² DWI Cases under-represent the total number of people drinking and driving.

Table 2: All Alcohol Related Crashes by Selected Socio-Demographic Characteristics

Measure	Year			
	2002 - 2006 combined		2006 only	
	Male	Female	Male	Female
White	166	34	28	8
Black	113	16	26	2
Native American	3	0	1	0
Hispanic	177	4	27	1
Asian	1	0	1	0
Other	22	0	0	0

Prevention Needs Assessment Profile
Sampson County



Prevention Needs Assessment Profile *Sampson County*

Table 3.1: Alcohol Related Crashes by Month

Frequency	January	February	March	April	May	June	July	August	September	October	November	December
Sampson County (2002-2006)	37	42	44	47	50	50	40	49	42	46	47	46
Sampson County (2006 only)	4	6	7	8	7	8	6	10	9	12	9	8

Table 3.2: All Crashes by Month

Frequency	January	February	March	April	May	June	July	August	September	October	November	December
Sampson County (2002-2006)	882	828	861	970	888	795	868	950	852	994	1122	1000
Sampson County (2006 only)	163	148	179	165	156	181	157	147	182	205	217	157

Prevention Needs Assessment Profile Stokes County

Table 1: All Alcohol Related Crashes (2002-2006)

Measure	Year				
	2002	2003	2004	2005	2006
Number of Alcohol-Related Crashes ¹	60	65	69	66	66
Number of DWI Cases ²	402	365	373	366	N/A

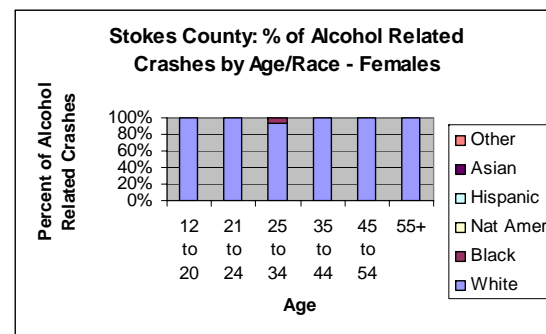
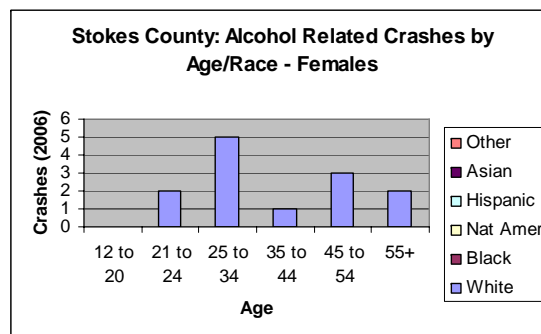
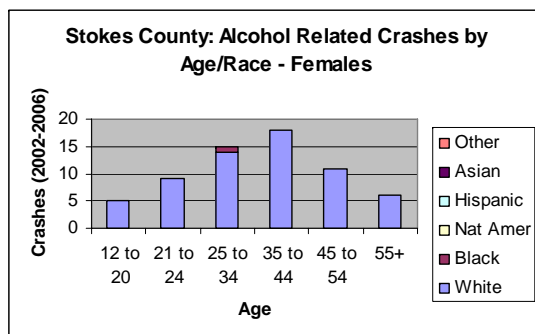
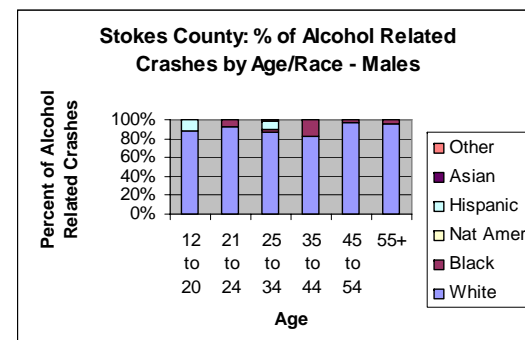
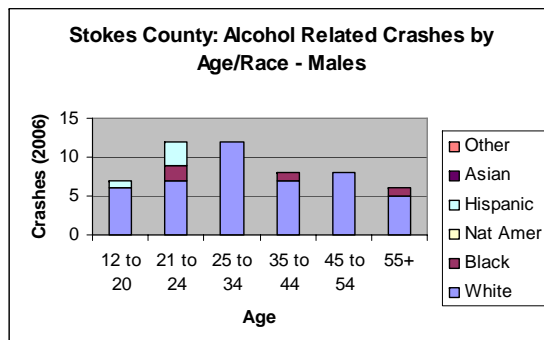
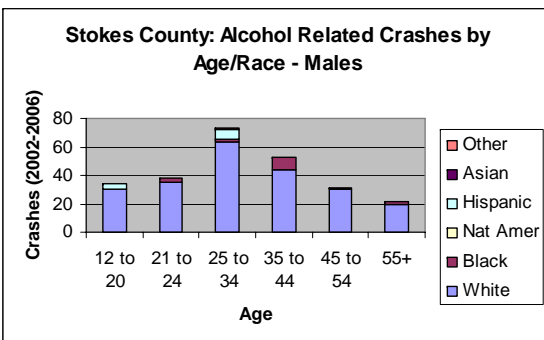
¹ Alcohol Related Crashes represent a subset of DWI arrests.

² DWI Cases under-represent the total number of people drinking and driving.

Table 2: All Alcohol Related Crashes by Selected Socio-Demographic Characteristics

Measure	Year			
	2002 - 2006 combined		2006 only	
	Male	Female	Male	Female
White	222	63	45	13
Black	16	1	4	0
Native American	0	0	0	0
Hispanic	11	0	4	0
Asian	0	0	0	0
Other	1	0	0	0

Prevention Needs Assessment Profile Stokes County



Prevention Needs Assessment Profile

Stokes County

Table 3.1: Alcohol Related Crashes by Month

Frequency	January	February	March	April	May	June	July	August	September	October	November	December
Stokes County (2002-2006)	29	22	22	21	28	33	30	33	25	30	25	17
Stokes County (2006 only)	11	4	5	4	5	4	9	4	4	8	5	3

Table 3.2: All Crashes by Month

Frequency	January	February	March	April	May	June	July	August	September	October	November	December
Stokes County (2002-2006)	587	496	486	494	510	448	458	503	474	654	614	570
Stokes County (2006 only)	99	92	93	99	99	82	89	100	78	151	120	74

Prevention Needs Assessment Profile Surry County

Table 1: All Alcohol Related Crashes (2002-2006)

Measure	Year				
	2002	2003	2004	2005	2006
Number of Alcohol-Related Crashes ¹	115	105	102	110	102
Number of DWI Cases ²	818	790	722	705	N/A

¹ Alcohol Related Crashes represent a subset of DWI arrests.

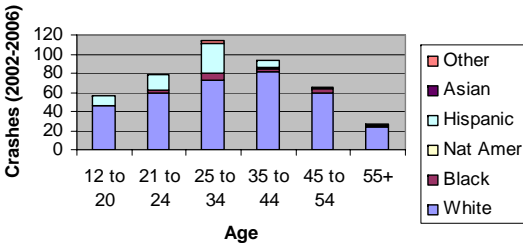
² DWI Cases under-represent the total number of people drinking and driving.

Table 2: All Alcohol Related Crashes by Selected Socio-Demographic Characteristics

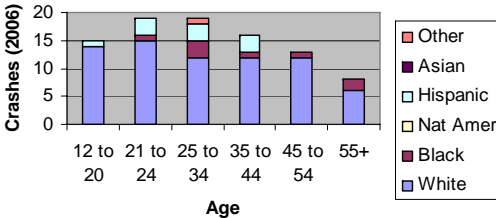
Measure	Year			
	2002 - 2006 combined		2006 only	
	Male	Female	Male	Female
White	342	77	72	10
Black	19	7	8	1
Native American	1	0	0	0
Hispanic	67	0	10	0
Asian	0	0	0	0
Other	4	0	1	0

Prevention Needs Assessment Profile
Surry County

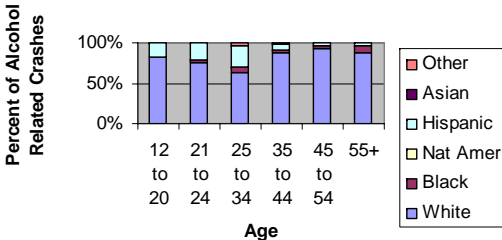
Surry County: Alcohol Related Crashes by Age/Race - Males



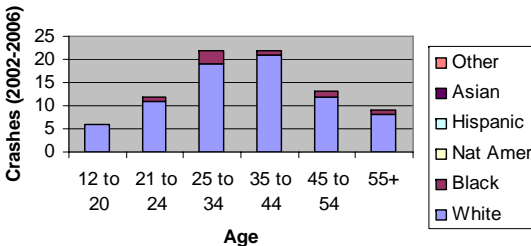
Surry County: Alcohol Related Crashes by Age/Race - Males



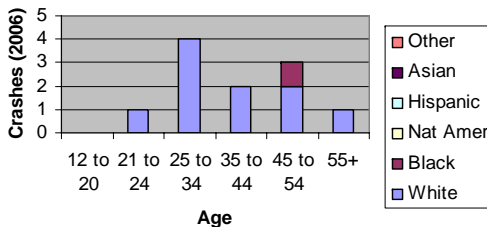
Surry County: % of Alcohol Related Crashes by Age/Race - Males



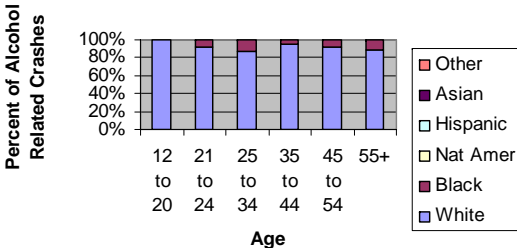
Surry County: Alcohol Related Crashes by Age/Race - Females



Surry County: Alcohol Related Crashes by Age/Race - Females



Surry County: % of Alcohol Related Crashes by Age/Race - Females



Prevention Needs Assessment Profile
Surry County

Table 3.1: Alcohol Related Crashes by Month

Frequency	January	February	March	April	May	June	July	August	September	October	November	December
Surry County (2002-2006)	31	38	51	40	39	43	48	51	48	45	48	37
Surry County (2006 only)	9	9	11	7	7	6	5	9	12	10	12	5

Table 3.2: All Crashes by Month

Frequency	January	February	March	April	May	June	July	August	September	October	November	December
Surry County (2002-2006)	1186	941	983	1067	1082	1068	1020	1119	1071	1301	1234	1099
Surry County (2006 only)	215	159	192	181	191	189	157	179	212	245	253	191

Prevention Needs Assessment Profile Vance County

Table 1: All Alcohol Related Crashes (2002-2006)

Measure	Year				
	2002	2003	2004	2005	2006
Number of Alcohol-Related Crashes ¹	75	76	68	62	46
Number of DWI Cases ²	710	635	538	602	N/A

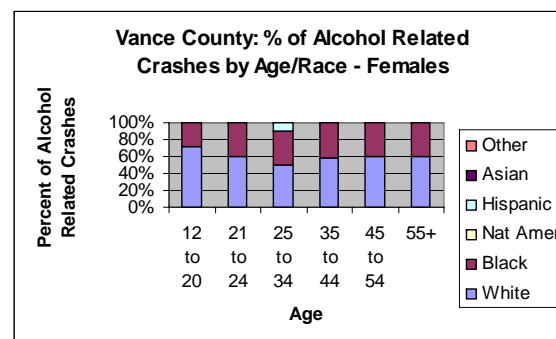
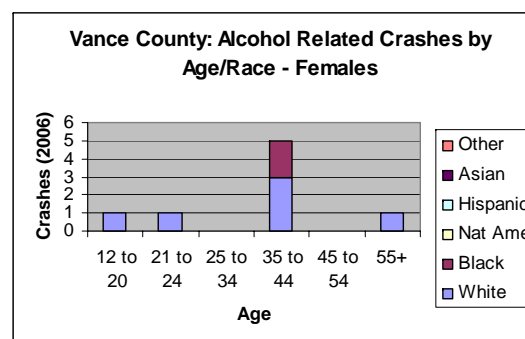
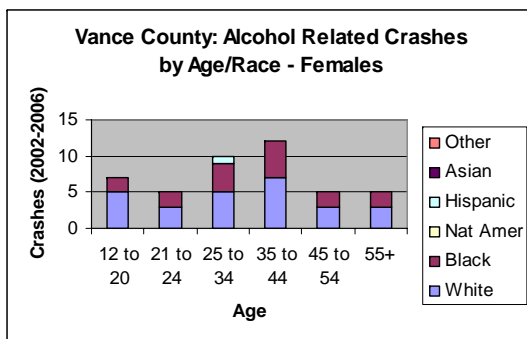
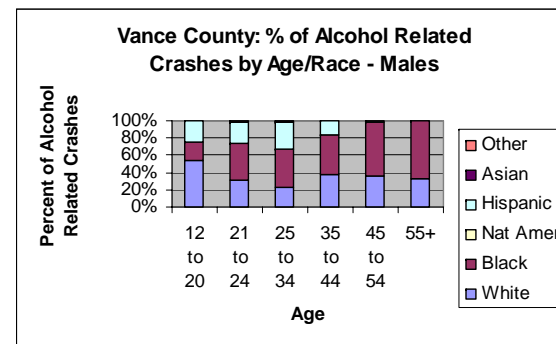
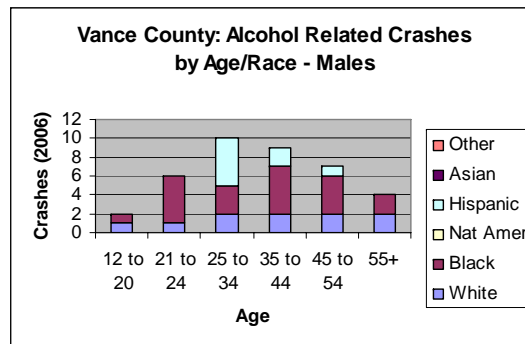
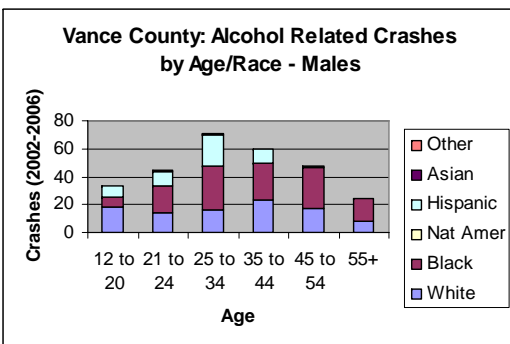
¹ Alcohol Related Crashes represent a subset of DWI arrests.

² DWI Cases under-represent the total number of people drinking and driving.

Table 2: All Alcohol Related Crashes by Selected Socio-Demographic Characteristics

Measure	Year			
	2002 - 2006 combined		2006 only	
	Male	Female	Male	Female
White	96	26	10	6
Black	131	17	20	2
Native American	0	0	0	0
Hispanic	52	1	8	0
Asian	1	0	0	0
Other	1	0	0	0

Prevention Needs Assessment Profile Vance County



Prevention Needs Assessment Profile

Vance County

Table 3.1: Alcohol Related Crashes by Month

Frequency	January	February	March	April	May	June	July	August	September	October	November	December
Vance County (2002-2006)	22	27	31	31	35	31	23	20	24	32	24	26
Vance County (2006 only)	5	4	3	4	6	5	3	2	6	1	2	5

Table 3.2: All Crashes by Month

Frequency	January	February	March	April	May	June	July	August	September	October	November	December
Vance County (2002-2006)	861	623	717	687	770	683	610	664	632	826	811	808
Vance County (2006 only)	137	105	110	88	112	151	118	135	156	133	202	99

Prevention Needs Assessment Profile Watauga County

Table 1: All Alcohol Related Crashes (2002-2006)

Measure	Year				
	2002	2003	2004	2005	2006
Number of Alcohol-Related Crashes ¹	85	90	84	72	73
Number of DWI Cases ²	476	488	417	526	N/A

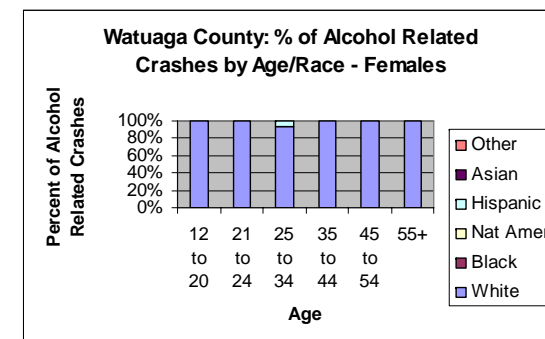
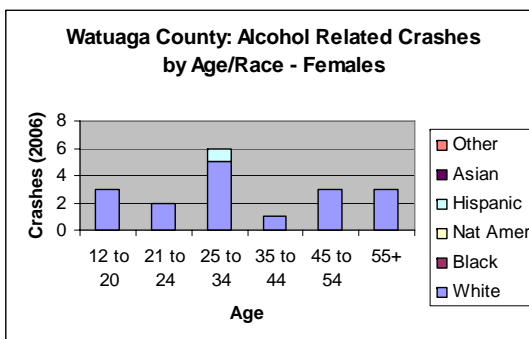
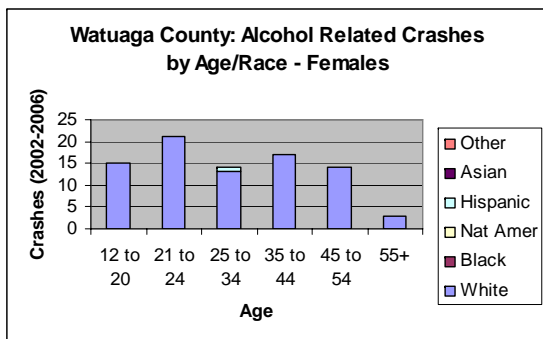
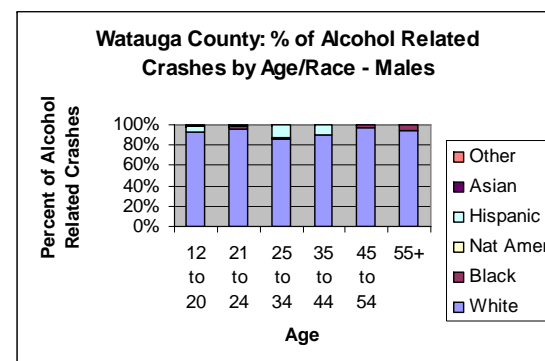
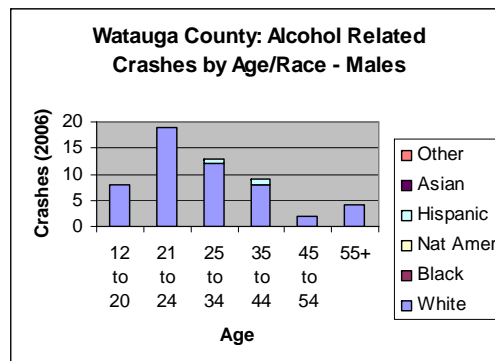
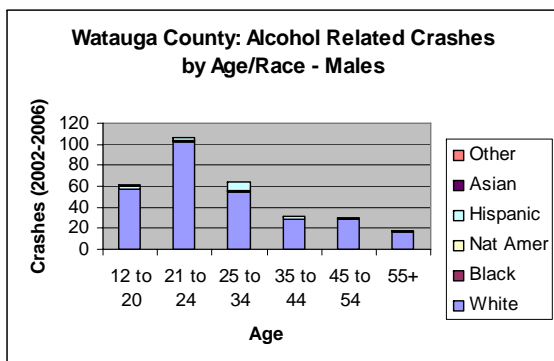
¹ Alcohol Related Crashes represent a subset of DWI arrests.

² DWI Cases under-represent the total number of people drinking and driving.

Table 2: All Alcohol Related Crashes by Selected Socio-Demographic Characteristics

Measure	Year			
	2002 - 2006 combined		2006 only	
	Male	Female	Male	Female
White	288	83	53	17
Black	5	0	0	0
Native American	0	0	0	0
Hispanic	16	1	2	1
Asian	0	0	0	0
Other	1	0	0	0

Prevention Needs Assessment Profile Watauga County



Prevention Needs Assessment Profile Watauga County

Table 3.1: Alcohol Related Crashes by Month

Frequency	January	February	March	April	May	June	July	August	September	October	November	December
Watauga County (2002-2006)	26	27	37	33	27	25	41	37	38	49	27	29
Watauga County (2006 only)	4	4	5	9	3	3	8	8	9	8	4	8

Table 3.2: All Crashes by Month

Frequency	January	February	March	April	May	June	July	August	September	October	November	December
Watauga County (2002-2006)	1083	879	699	853	848	922	1022	1100	1157	1287	1075	1098
Watauga County (2006 only)	181	141	122	149	165	150	141	203	224	271	208	171

3.6 ALCOHOL-RELATED CRASHES IN YOUR COUNTY: WHERE

With the help of the North Carolina Department of Transportation Engineering Department the project team was able to obtain detailed maps indicating the locations of both crashes in your county as well as alcohol-related crashes. These data maps visually show where problems are occurring in your county. The alcohol-related crash maps are presented for 2006 as well as for the time period from 2002-2006.

3.6.1 How to use these maps.

- First examine the locations of all crashes in your county. You are looking for areas which seem to have a lot of crashes – you might expect these in towns or cities more than in the country or in areas where the roadway design has issues.
- Make a list of the communities where there seem to be more crashes and list possible contributing factors that you know about, e.g. location of a large resort area, road construction etc.
- Next look at the location of A/R crashes for the past 5 years. You are looking for areas which seem to have a lot of A/R crashes.
- Make a list of the communities where there seem to be more A/R crashes and list possible contributing factors that you know about, e.g. location of a large resort area, road construction etc.
- Next look at the A/R crash map for 2006. Compare the areas that have a lots of A/R crashes with the 5 year map. Write down any difference you have noticed in locations.
- Compare your list of locations. Are there any communities that appear to have an unusually high number of A/R crashes compared with crashes in general.
- Make a list of these locations.

You now have important data and when you are ready to have your law enforcement interviews (sheriff, police chief(s) and highway patrol) take your maps along and discuss with them what you have observed and ask them if they can help you understand what might be happening.

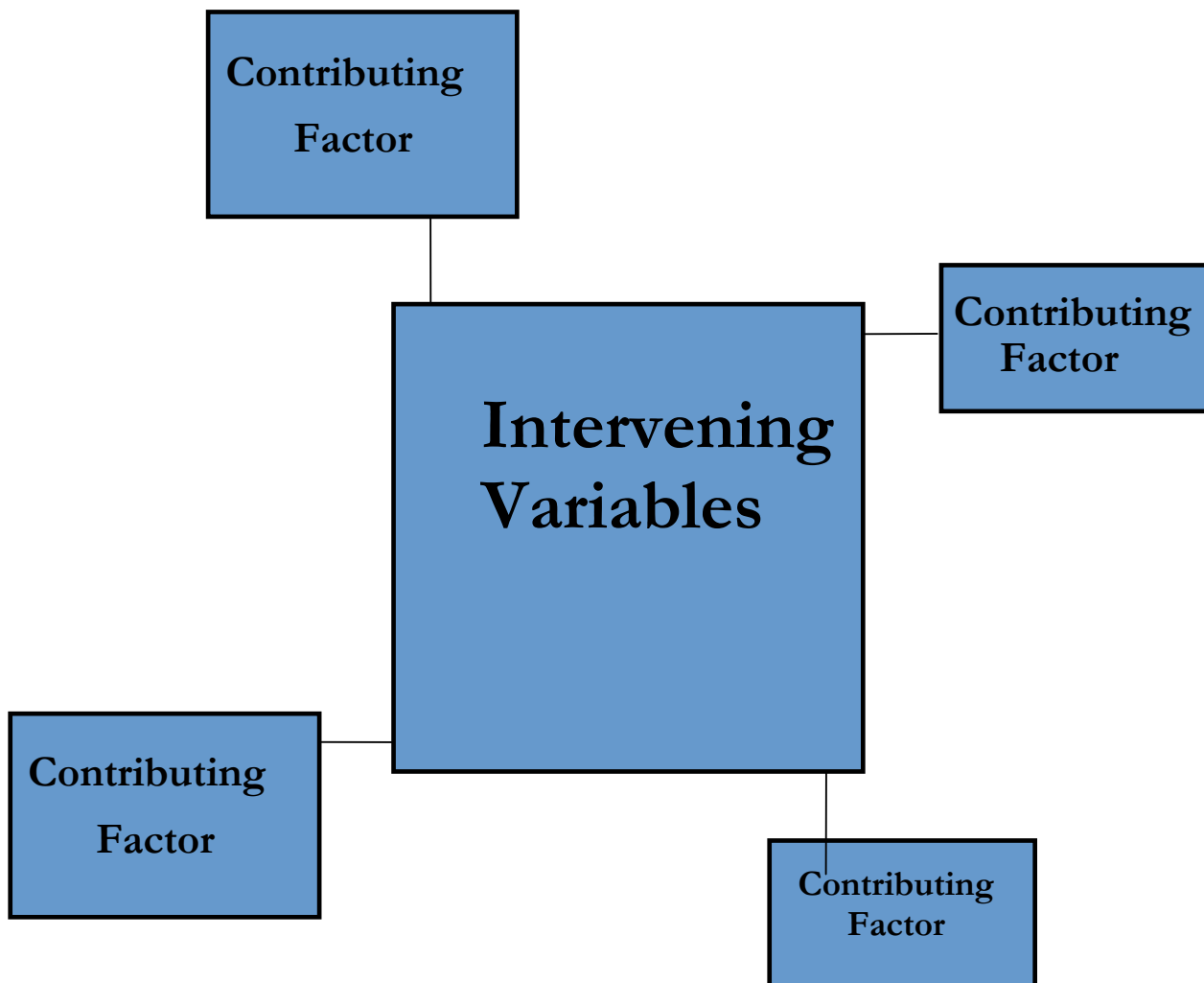
Map labels

Location of Alcohol-Related Crashes and Fatalities (2002–2006).

Location of Alcohol-Related Crashes and Fatalities (2006 Only)

4

Intervening Variables—“The Why”



Gather Data on Seven Intervening Variables

4.1 LEARN ABOUT INTERVENING VARIABLES

So far we've looked at data about alcohol-related crashes (what), who is involved, and where and when they are occurring in your community. Now we are going to look at why they are occurring. We will do this by collecting data on intervening variables and the associated contributing factors.

4.2 WHAT ARE INTERVENING VARIABLES AND CONTRIBUTING FACTORS?

Intervening variables are constructs that have been identified as being strongly related to, and influence the occurrence and magnitude of, substance use. By exploring these constructs, your community will be able to address the issues with appropriate and targeted strategies.

Based on what we know from the literature and data that has already been collected, we will look at seven intervening variables.

1. Retail Availability
2. Social Availability
3. Enforcement and Adjudication
4. Social Norms
5. Pricing
6. Promotion
7. Perceived Risks

For example, consider social availability as the intervening variable of interest, and the more specified case of social availability is **alcohol at in-home parties**. The intervening variable Social Availability is a *construct*, a *category*, for which there exist multiple specific instances or cases. In this example, the variable that we hope to see changed or moved is the in-home parties.

Doing it this way, an intervening variable *category* could, after a needs assessment, contain one or several specific variables. Each of the specific intervening variables would be explained by anywhere from one to many contributing factors.

To make this classification more relevant to your specific community, we have decided that the designation "*contributing factor*" be reserved for the actual condition that a prevention

strategy will **directly** try to affect. **Note:** Identifying contributing factors will guide the selection of your evidence-based strategies. The contributing factor describes “why” something is a problem---not the problem itself.

Example: kids serve alcohol at parties in their home with their parents' permission. That is the problem (i.e., a specific case of social availability). To design a strategy, we have to know why parents think that is OK—what factors contribute to that problem. Possible contributing factors for this example would be: parents don't know that it is illegal; the law is not enforced (which provokes another why question); parents believe it is safer for kids to drink at home; parents aren't aware of how much their kids are drinking.

After you identify the contributing factors, you search for strategies. For some of those contributing factors, we will be able to suggest strategies. For others, there will be either no strategy, or the community will have concluded that it is something that cannot be changed, or they will have to do something experimental. Note: you will NOT have to select specific prevention strategies for this phase of your needs assessment.

4.3 INTERVENING VARIABLE 1: RETAIL AVAILABILITY

4.3.1 Retail Availability

Retail availability refers to how available alcohol is in your community and how easy it is to obtain alcohol. To explore the status of retail availability in your community we are going to look at five areas that affect the availability of alcohol:

- Liquor licenses per capita
- Community access (alcohol sales regulations)
- Bars
- Compliance check failure rates

4.3.2 Contributing Factors

The following table provides examples of possible contributing factors to retail availability. Please review these factors as your CAC determines the degree to which retail availability is or is not a problem in your community.

Table 4-X. Contributing Factors for Retail Availability

Examples of Contributing Factors	
ID Issues	use of fake IDs; failure of retailers to properly check IDs
Compliance with Laws/Regulations	sales to minors; bootlegging; sales to intoxicated persons
Density	high density package sales locations; high density open container sales locations
Product Characteristics	Forty ounce containers; keg registration tags are easy to remove; lack of lock caps on hard liquor bottles
Employees	Clerks have underage friends and sell to them
Product Placement	ease of shoplifting; alcohol placement in store; segregated sales

4.3.3 Liquor Licenses Per Capita

The most fundamental way to understand retail availability is the number of opportunities people have to buy alcohol. North Carolina is somewhat unique because legal alcohol sales (to include mixed beverage sales, ABC Stores, and beer and wine sales) are determined at the county and town level by local elections. **Table 4-X** presents unique sales regulations to grantee counties and communities in them. Counties are ordered based on their rates of liquor licenses per 100,000 population over the age of 14. The population of those 14 years and older is used to be consistent with research done by the

National Institute on Alcohol Abuse and Alcoholism (NIAAA) regarding sales per gallon of ethanol. To compare individual counties to North Carolina as a whole, North Carolina has been included in the table and is shaded. Anything above this shaded line has rates that are higher than the state average and anything below this shaded line have rates that are lower than the state average. This table includes all liquor license types except special event and malt beverage licenses. The included license types are:

- Retail liquor licenses
- Restaurant liquor licenses
- Limited liquor licenses
- Resort licenses
- Microbrewery permits
- Winery permits

Table 4-X. Liquor Licenses per 100,000 Population (NC ABC and US Census Bureau)^a

County	Number of Licenses							Total	Rate
	Pop	Retail Liquor	Restaurant	Limited Liquor	Resort	Micro-brewery	Winery		
Alexander									
Brunswick									
Cherokee									
Columbus									
Dare									
Duplin									
Franklin									
Gates									
Hoke									
Jackson									
McDowell									
Onslow									
Robeson									
Sampson									
Stokes									

County	Number of Licenses							Total	Rate
	Pop	Retail Liquor	Restaurant	Limited Liquor	Resort	Micro-brewery	Winery		
Surry									
Vance									
Watauga									
North Carolina									

^aThe 9 ALE districts in NC and contact numbers can be found at

http://www.ncabc.com/legal/ale_locations.aspx?district=10.

Question 4

Based on Table X, how does the number of liquor licenses per person in your community compare to the number of liquor licenses per person across the state? Is your rate bigger, smaller, or about the same? Discuss the differences.

4.3.4 Community Access (Is Your County/Community “Dry” or “Wet”)

Some counties in North Carolina are “dry” meaning they don’t allow any type of alcohol to be sold within county lines. Other counties allow some kinds of alcohol to be sold but not others (see exhibit X for a description of types of beverages approved). For example, Alexander County allows malt

beverages, but not mixed beverages or fortified or unfortified wine. **Table X** below lists the availability of different types of alcohol in each county.

Exhibit X: Guidance on the Alcohol Beverage Commission Information on Types of Alcohol Beverages Approved for Sale in Your County

As you probably know, North Carolina is somewhat unique in that it permits decisions regarding the sale of alcohol beverages to be made by local jurisdictions. In some counties the county as a whole may not permit the sale of any alcoholic beverages, but local communities within those counties may be wet, i.e., may have held a referendum and voted to permit the sale of alcoholic beverages within their communities.

There are approximately 50,000 outstanding retail commercial permits in North Carolina that authorizes the retail sale of alcoholic beverages. The ABC Commission issues these permits to qualified persons and establishments in jurisdictions that have held ABC elections and approved the sales of alcoholic beverages. A listing of [Alcoholic Beverage Legal Sales areas](#) can be found [here](#). The holder of an ABC permit are to ensure that the Commission's rules governing the sale, possession, transportation, storage and consumption of alcoholic beverages on the licensed premises are adhered to by employees and patrons. Failure to comply with the statutes or the rules of the Commission by permittees, employees and patrons may result in the suspension or revocation of all ABC permits held by a permittee.

We have provided you with a list of useful ABC websites in the Appendix with sources of data information. You may actually go there and find a list of outlets in your county.

The list we have provided you with lists information for your county and any communities within it that have held special referenda to permit the sale of alcoholic beverages. The following are the types of retailer permits :

- **Malt beverage**: beer, lager, malt liquor, ale, porter, and any other brewed or fermented beverage containing at least one-half of one percent (.05%), and not more than fifteen percent (15.0%), alcohol by volume. Any malt beverage containing more than six percent (6.0%) alcohol by volume shall bear a label clearly indicating the alcohol content of the malt beverage.
- **Fortified wine**: any wine, of more than sixteen percent (16%) and no more than twenty-four percent (24%)

alcohol by volume, made by fermentation from grapes, fruits, berries, rice, or honey; or by the addition of pure cane, beet, or dextrose sugar; or by the addition of pure brandy from the same type of grape, fruit, berry, rice, or honey that is contained in the base wine and produced in accordance with the regulations of the United States.

- **Unfortified wine:** any wine of sixteen percent (16%) or less alcohol by volume, made by fermentation from grapes, fruits, berries, rice, or honey; or by the addition of pure cane, beet, or dextrose sugar; or by the addition of pure brandy from the same type of grape, fruit, berry, rice, or honey that is contained in the base wine and produced in accordance with the regulations of the United States.
- **Spirituuous Liquor:** distilled spirits or ethyl alcohol, including spirits of wine, whiskey, rum, brandy, gin and all other distilled spirits and mixtures of cordials, liqueur, and premixed cocktails, in closed containers for beverage use regardless of their dilution.

Please note that military bases often sell alcoholic beverages.

If your county is dry you will need to find out how people in your community obtain alcohol. You can do this by focus groups or individual interviews. You may also want to survey residents. There are pros and cons to each method. For example, if you conduct a survey you will be able to gather information from a larger number of people. On the other hand, you will not be able to get as in-depth information as you would by talking with people directly. Whatever method you choose you should focus on how residents are getting alcohol.

Potential methods to explore include:

- Buying from a neighboring county
- Making or buying illegal alcohol (e.g., moonshine)
- Getting it from family or friends

Table 4-X. Type of Alcohol Available by County

County	City/Township	Malt Beverage	Unfortified Wine	Fortified Wine	ABC Stores	Mixed Beverages
Alexander		Y	N	N	N	N
	Taylorsville	Y	Y	Y	Y	N
Brunswick		Y	Y	Y	Y	Y
	Bald Head Island	Y	Y	Y	N	Y
	Belville	Y	Y	Y	Y	Y
	Boiling Springs Lake	Y	Y	Y	Y	Y
	Bolivia	Y	Y	Y	Y	Y
	Calabash	Y	Y	Y	Y	Y
	Caswell Beach	Y	Y	Y	Y	Y
	Long Beach	Y	Y	Y	Y	Y
	Navassa	Y	Y	Y	Y	Y
	Oak Island	Y	Y	Y	Y	Y
	Ocean Isle	Y	Y	Y	Y	Y
	Shallotte	Y	Y	Y	Y	Y
	Southport	Y	Y	Y	Y	Y
	Sunset Beach	Y	Y	Y	Y	Y
	Yaupon Beach	Y	Y	Y	Y	Y
	Bald Head Island	Y	Y	Y	N	Y
Cherokee		N	N	N	N	N
	Andrews	Y	Y	Y	Y	N
	Murphy	N	Y	Y	Y	N
Columbus		N	N	N	N	N
	Bolton	Y	Y	Y	Y	N
	Brunswick	Y	Y	Y	Y	N
	Chadbourn	Y	Y	Y	Y	N
	Fair Bluff	Y	Y	Y	Y	N
	Lake Waccamaw	Y	Y	Y	Y	N
	Tabor City	Y	Y	Y	Y	N
	Whiteville	Y	Y	Y	Y	Y
Dare		Y	Y	Y	Y	N
	Duck	Y	Y	Y	Y	Y
	Kill Devil Hills	Y	Y	Y	Y	Y
	Kitty Hawk	Y	Y	Y	Y	Y
	Nags Head	Y	Y	Y	Y	Y
	Southern Shores	Y	Y	Y	Y	Y

County	City/Township	Malt Beverage	Unfortified Wine	Fortified Wine	ABC Stores	Mixed Beverages
Duplin		N	N	N	N	N
	Beulaville	Y	Y	N	N	N
	Faison	Y	Y	Y	Y	Y
	Greenevers	Y	Y	N	N	N
	Kenansville	Y	Y	Y	Y	Y
	Magnolia	Y	N	N	N	N
	Rose Hill	Y	Y	N	N	N
	Smith Township	Y	Y	N	N	N
	Wallace	Y	Y	Y	Y	Y
	Warsaw	Y	Y	Y	Y	Y
Franklin		Y	Y	N	N	N
	Bunn	Y	Y	Y	Y	N
	Franklinton	Y	Y	Y	Y	Y
	Louisburg	Y	Y	Y	Y	Y
	Youngsville	Y	Y	Y	Y	N
Gates		Y	Y	Y	Y	N
Hoke		Y	Y	Y	Y	Y
Jackson		N	N	N	N	N
	Dillsboro	Y	Y	N	N	N
	Sylva	Y	Y	Y	Y	Y
McDowell		N	N	N	N	N
	Marion	Y	Y	Y	Y	N
Onslow		Y	Y	Y	Y	Y
Robeson		N	N	N	N	N
	Fairmont	Y	Y	Y	Y	Y
	Lumberton	Y	Y	Y	Y	Y
	Maxton	Y	Y	Y	Y	Y
	Pembroke	Y	Y	Y	Y	N
	Red Springs	Y	Y	Y	Y	N
	Rowland	Y	Y	Y	Y	N
	Saint Pauls	Y	Y	Y	Y	N
Sampson		N	N	N	N	N
	Clinton	Y	Y	Y	Y	Y
	Garland	Y	Y	Y	Y	N
	Newton Grove	Y	Y	Y	Y	Y
	Roseboro	Y	Y	Y	Y	N
Stokes		Y	Y	N	N	N
	Walnut Cove	Y	Y	Y	Y	N

County	City/Township	Malt Beverage	Unfortified Wine	Fortified Wine	ABC Stores	Mixed Beverages
Surry		Y	Y	N	N	N
	Dobson	Y	Y	Y	Y	N
	Elkin	Y	Y	Y	Y	N
	Mount Airy	Y	Y	Y	Y	Y
Vance		Y	Y	Y	Y	N
	Henderson	Y	Y	Y	Y	Y
Watauga		N	N	N	N	N
	Beech Mountain	Y	Y	Y	N	Y
	Blowing Rock	Y	Y	Y	Y	Y
	Boone	Y	Y	Y	Y	N
	Seven Devils	Y	Y	Y	Y	Y

Question X

Please review your crash location data and determine if there is a possible relationship between alcohol-related crashes and fatalities, and whether your county or city/township is a “dry” county.

4.3.5 Community Access

The previous section allowed you to better understand how the sale of alcohol is regulated within your county and its potential impact on availability and access. However, you will need to know how these regulations impact sales and access at the local level. The Community Access Assessment tool (see Appendix X) is designed to provide this level of information. The Community Access Assessment tool should be completed by members of your Community Assessment Committee (CAC). You will need to go to the bars, restaurants, ABC outlets, convenience stores, and grocery stores in your community in order to complete this assessment. By completing the **Community Assessment tool** you will learn about how alcohol is bought and sold in your community

Question 5

What did you learn about the retail availability of alcohol in your community by completing the Community Access Assessment tool?

4.3.6 Bar Availability

The number of bars in a community will also affect how available alcohol is in your community. By completing the **Bar Assessment tool** you will learn about:

- How alcohol is bought and sold at bars in your community

- How alcohol is priced at the bars in your community-e.g., is it priced to encourage heavy drinking (happy hour specials, all you can drink, etc.)
- How alcohol is promoted at the bars in your community

Question 6

What did you learn about how alcohol is bought and sold at bars in your community by completing the Bar Access Assessment tool?

4.3.7 Compliance Check Failure Rate

The selling of alcohol to minors can contribute to the alcohol-related crashes in your community. One measure of this is the failure of compliance checks by retail outlets. Consider the following table that has been ordered based on compliance check failure rate. North Carolina's rate has been included in **Table X** and is shaded as a point of comparison. Anything above this shaded line is higher than the state average and anything below this shaded line is lower than the state average.

Table 4-X. Percentage of Liquor License Holders That Failed a Compliance Check

County	Number visited	Percentage
Alexander		
Brunswick		
Cherokee		
Columbus		
Dare		
Duplin		
Franklin		
Gates		
Hoke		
Jackson		
McDowell		
Onslow		
Robeson		
Sampson		
Stokes		
Surry		
Vance		
Watauga		

Question 7.

Based on Table X, how does your community's alcohol compliance failure rate compare to the alcohol compliance failure rate across the state? Is your rate bigger, smaller, or about the same? Discuss the differences.

4.3.8 Other Local Data

Feel free to consider and analyze other local data that will help you better understand how, and to what extent retail availability may influence alcohol-related problems in your community. For example, you may have data on the density of retail outlets, or anecdotal data on specific outlets that are known for selling to minors, or intoxicated persons. You may also want to consider local laws surrounding retail availability.

If you have other local data describe the results here.

Summary Question: Retail Availability

Based on information gathered in this section, what are the concerns around retail availability that might contribute to the alcohol-related crashes fatalities in your community? Justify your decision.

Ranking Question: Retail Availability

Based on the above considerations, to what degree does your CAC believe retail availability is impacting the alcohol-related crashes and fatalities in your community? Justify your decision. (place an "x" next to a number from 0 to 10)

No impact						Major impact				
0	1	2	3	4	5	6	7	8	9	10

4.3.9 Identifying Contributing Factors

If you have selected *retail availability* as having a major impact (i.e., 6 or higher) on alcohol-related crashes and fatalities, please indicate up to 3 factors (based on your data) that contribute most to this problem

1. _____
2. _____
3. _____

Next, please complete the following worksheet for each selected contributing factor. Extra copies of the worksheet are included in the back of your training manual.

**Strategic Prevention Framework (SPF) Assessment
Contributing Factor Worksheet**

Consequence: Alcohol Related Crashes and Fatalities

Intervening Variable:

Contributing Factor:

Whom does this impact/occur with?	
Who allows this?	
When does this occur?	
Where does it occur?	
How does it occur?	
Under what other conditions is this allowed to happen?	

What capacity exists to help work on these issues?

Where does capacity need to be built?

4.4 INTERVENING VARIABLE 2: SOCIAL AVAILABILITY

4.4.1 Social Availability

Social availability includes the obtaining of alcohol from friends, associates, and family members, but it also refers to the availability of alcohol gatherings such as parties and other social events where the alcohol is provided as part of the event. To explore the status of social availability in your community, we are going to look at X areas that affect social availability of alcohol.:

- Of-age Persons Provide Alcohol to Underage Persons
- Adults Unaware of Penalties for Providing Alcohol to Minors
- Community Celebrations
- Availability of Unsupervised and Other Drinking Locations
- Lack of Parental Monitoring of Alcohol Supply in the Home
- Belief that Lack of Chem-free activities leads to alcohol use
- Workplace promotion
- Parents Providing a Location/Allowing Underage Consumption

NOTE: You should only focus on social availability if your “who” data suggest a serious or elevated number of alcohol-related crashes/fatalities among underage youth or college age young adults.

The following table provides examples of possible contributing factors to social availability. Please review these factors as your CAC determines the degree to which social availability is or is not a problem in your community.

Table 4-X. Contributing Factors to Social Availability

	Youth	Young Adults (18–20)	Young Adults (21–29)
Of-age Persons Provide Alcohol to Underage Persons	Parents provide alcohol for underage persons	Parents provide alcohol for underage persons	
	Older siblings or other relatives provide alcohol to underage persons	Older siblings or other relatives provide alcohol to underage persons	
	Of-age young adults provide alcohol to underage persons	Of-age young adults provide alcohol to underage persons	
	Strangers provided alcohol when asked by underage persons when asked	Strangers provided alcohol when asked by underage persons when asked	
	Older friends supply alcohol	Older friends supply alcohol	
	Parents do not monitor the alcohol in the home and kids take it	Parents do not monitor the alcohol in the home and kids take it	
Adults Unaware of Penalties for Providing Alcohol to Minors	Adults do not know that they can be arrested for providing alcohol to a minor	Adults do not know that they can be arrested for providing alcohol to a minor	
	Adults do not know that they can go to jail for a felony for providing alcohol to a minor	Adults do not know that they can go to jail for a felony for providing alcohol to a minor	
Community Celebrations	Alcohol is obtained by underage persons at community celebrations where there is little supervision	Alcohol is obtained by underage persons at community celebrations where there is little supervision	
			Acceptance of binge drinking in many social settings
Availability of Unsupervised and Other Drinking Locations	Numerous party settings (e.g., sandpits, vacant summer/winter camps)	Numerous party settings (e.g., sandpits, vacant summer/winter camps)	

	Youth	Young Adults (18–20)	Young Adults (21–29)
	Cell phones make it easy to create parties at the last minute		
		Off campus college parties	
		Friends with their own apartments	
Lack of Parental Monitoring of Alcohol Supply in the Home	Take/steal alcohol from parents' home	Take/steal alcohol from parents' home	
Belief that Lack of Chem-free activities leads to alcohol use	Belief that alcohol use is a substitute activity	Belief that alcohol use is a substitute activity	Belief that alcohol use is a substitute activity
Workplace promotion		Workplaces promote drinking as part of the culture	Workplaces promote drinking as part of the culture
Parents Providing a Location/Allowing Underage Persons	Parents think it is safer for youth to drink in their homes (so they are not driving around)	Parents think it is safer for young adults to drink in their homes (so they are not driving around)	

In order to learn about the social availability of alcohol in your community you are asked to hold a town hall meeting with adults in your community and a series of focus groups with youth or young adults in your community. You may also want to conduct a few individual interviews if things come up in either the town hall meeting or focus group that you'd like to get more in-depth information on. Below you will find detailed descriptions of how to conduct town hall meetings, focus groups, and or interviews.

4.4.2 Town Hall Meeting

A town hall meeting is where members of the community get together to discuss their opinions on a given topic or problem. It can provide a first step toward understanding the community's needs and resources. Town hall meetings are good to use with large groups.

As part of the town meeting that you will hold for this needs assessment you will be discussing the social availability of alcohol in your community. In particular you will be discussing

how youth and adults in North Carolina obtain and consume alcohol. You will also be discussing to what degree the community members feel that social availability contributes to the alcohol-related crashes in your community.

Following are some suggestions for organizing a public meeting. A sample protocol for the town hall meeting and ideas on how to gather and analyze qualitative data from this meeting can be found in **Appendix ____**.

- If possible, hold meetings at more than one site and time to be sure that different people from the community can be involved.
- Schedule the meeting at an easy-to-find, public location that is accessible and comfortable—for example, a library, school, religious center, or place of worship.
- If possible, hold the meeting in the evening to avoid time conflicts with work and school.
- Publicize the meeting as widely as possible. Fliers, advertisements, public service announcements, and press releases can all be used. Make sure the date, time, location, and purpose of the meeting are included.
- Personally recruit community leaders and diverse community members to attend the meetings. Ask them to recruit others as well.
- Serve light refreshments, if possible. They encourage mingling and set a friendly tone.

To conduct a public meeting, consider the following:

- Assign a discussion leader whom the community knows and respects. This person should also know something about the topic, be a good listener, and be able to keep things moving on track.
- Agree upon an ending time, and stick to it.
- Provide information about your own organization, if appropriate.
- During the meeting, tape paper to the wall and record the discussion on each of the topics so participants can keep track of what has been discussed. To do this, you will need to identify a note-taker to record the meeting.
- Conclude with a summary of what was achieved and a plan of action. Announce the next meeting, if possible.

4.4.3 Focus Groups

Focus groups are similar to public meetings but are smaller (about six to eight people). They are usually easier to plan and less expensive to conduct. They are a good way for your organization to get a sense of what members of the community know and feel about an issue.

For this assessment you will hold a series of focus groups with youth in your community to discuss how the social availability affects their drinking behavior. These groups will also give you an opportunity to explore other intervening variables such as retail availability, social norms, , and perceived risks. A sample protocol for the youth focus groups and ideas on how to gather and analyze qualitative data from this meeting can be found in Appendix ____.

4.4.4 Individual Interviews

Another method to determine how members of the community understand different health issues is to interview them. Interviews take place one-on-one and not in a group setting.

Interviews should be conducted in the following situations:

- **When the topic is more complicated and you want specific information.** For example, when researching people’s understanding of a particular illness.
- **When it is a sensitive topic.** For example, people may not be comfortable talking about drug use or other illegal behavior in front of a group.
- **When people are located in different geographical areas.** For example, if the people you want to talk to are living and working in different areas, it may not be convenient to get them together in a group.

Following are some tips to assist you in conducting interviews:

- Try to interview a range of community members about social availability. If you have a list of people in your community, randomly pick people from the list to interview.
- Make sure you select interviewers who are trusted among the community.
- Arrange a time and place to meet with the individual you are interviewing. Again, try to do it in a setting where the person will feel comfortable.
- Prepare your questions in advance. When you are interviewing, feel free to ask other questions and think

up new questions as needed. A good interview should be like a conversation, not a question-and-answer session.

- Start with a few questions about the person, to get familiar with them and the experience they bring to the community, then move on to more specific questions on your topic.
- Record notes as best you can during the interview. Once you are done, review your notes as soon as you can and complete them as needed.

You also need to make sure that the interviewees feel safe answering the questions. You should find ways to ensure confidentiality of their answers—that no one will be able to connect what they say with their names:

- Provide them with a letter of **informed consent** explaining the steps you will take to keep their information confidential. This letter should also let them know that they do not have to answer any question that makes them uncomfortable and that they can stop the interview at any time and for any reason.
- Conduct the interview in a private place so that no one can overhear what they are saying.

Another type of interview that is useful in understanding community beliefs is the **key informant interview**. Key informants are people in the community who have “special knowledge, status, or access to observations” unavailable to others and are “willing to share their knowledge and skills.” For example, if a member of the refugee community has medical training, they may have insights on health issues and can provide important information on the beliefs and needs of refugees. The process of interviewing key informants is the same as interviewing other members of the community, just with some additional questions concerning their special knowledge.

4.4.5 Other Local Data

Feel free to consider and analyze other local data that will help you better understand how and to what extent social availability may influence alcohol-related problems in your community. For example, you may have data from your college campus or local police department on parties where alcohol is freely available. If you have other local data describe the results here.

Summary Question: Social Availability

Based on information gathered about social availability, what are the concerns around social availability that might contribute to the alcohol-related crashes and its consequences in your community? Justify your decision.

Rating Question: Social Availability

Based on these considerations, to what degree does your CAC believe social availability is impacting the alcohol-related crashes and its consequences for your community? Justify your decision.

(place an "x" next to a number from 0 to 10)

No impact						Major impact				
0	1	2	3	4	5	6	7	8	9	10

4.4.6 Identifying Contributing Factors

If you have selected *social availability* as having a major impact on alcohol-related crashes and fatalities, please indicate up to 3 factors (based on your data) that contribute most to this problem

1. _____
2. _____
3. _____

Next, please complete the following worksheet for each selected contributing factor. Extra copies of the worksheet are included in the back of your training manual.

**Strategic Prevention Framework (SPF) Assessment
Contributing Factor Worksheet**

Consequence: Alcohol Related Crashes and Fatalities

Intervening Variable:

Contributing Factor:

Whom does this impact/occur with?	
Who allows this?	
When does this occur?	
Where does it occur?	
How does it occur?	
Under what other conditions is this allowed to happen?	

What capacity exists to help work on these issues?

Where does capacity need to be built?

4.5 INTERVENING VARIABLE 3: ENFORCEMENT AND ADJUDICATION

4.5.1 Enforcement and Adjudication

The next intervening variable researched in this needs assessment has to do with enforcement and adjudication. To understand how enforcement and adjudication impact alcohol related crashes in North Carolina your CAC will need to gather or review data on the following topics:

- Forensic Tests for Alcohol Results by Agency Type
- Number of Impaired Driving Cases 2001-2005
- Conviction rates for alcohol-related offenses
- Views on alcohol-related crashes and the criminal justice system from a law enforcement perspective

Please review **appendix X** and locate your county’s impaired driving data. The alcohol-related crash data shows the number of individuals that drink, drive, and subsequent are involved in a crash. We have included data from the Administrative Office of the Courts (AOC) showing the number of Driving While Impaired (DWI) cases disposed within your county. We have also provided the BAC levels for drivers stopped by law enforcement

The following table provides examples of possible contributing factors to enforcement and adjudication. Please review these factors as your CAC determines the degree to which enforcement and adjudication is or is not a problem in your community.

Table X. Contributing Factors for Enforcement and Adjudication

	Youth	Young Adults (18–20)	Young Adults (21–29)
Resources	Shortage of law enforcement personnel	Shortage of law enforcement personnel	Shortage of law enforcement personnel
	Lack of training on alcohol issues	Lack of training on alcohol issues	Lack of training on alcohol issues
	Lack of community support for alcohol enforcement efforts	Lack of community support for alcohol enforcement efforts	
	Few or no retail compliance checks	Few or no retail compliance checks	
Law Enforcement Practice	Inconsistent application of underage drinking laws	Inconsistent application of underage drinking laws	Inconsistent application of laws around selling to intoxicated persons
	Low number of arrests/citations for alcohol use by minors	Low number of arrests/citations for alcohol use by minors	
	Don't hear about other kids getting caught		
	Inconsistent application of social host laws	Inconsistent application of social host laws	
	Enforcement of alcohol laws is not a priority	Enforcement of alcohol laws is not a priority	
		Campus security is inconsistent	Campus security is inconsistent
	Alcohol is not a big issue relative to other drugs and other issues	Alcohol is not a big issue relative to other drugs and other issues	
Judicial Practice	No prosecution by District Attorney of referred cases		
	Inconsistent application of legal consequences		
	Few first offender consequences	Few first offender consequences	Few first offender consequences

	Youth	Young Adults (18–20)	Young Adults (21–29)
	Short mandatory sentences (for drinking and driving)	Short mandatory sentences (for drinking and driving)	Short mandatory sentences (for drinking and driving)
Parental Enforcement	Parents have few rules, if any, around drinking	Parents have few rules, if any, around drinking	
	Parents don't enforce underage drinking laws	Parents don't enforce underage drinking laws	

Please locate your county's data in appendix X and complete the following tables for 2002 -2006. The following tables provides information on the results of chemical analysis (Breath/blood test) administered to drivers charged with an Implied Consent Offense (including aircraft and watercraft). The breath test results data is generated by an Intoxilyzer 5000 breath test instrument

Forensic Test Logs (Breathalyzer Results) represent data collected when an individual is arrested for Driving While Impaired in your county. Breath test results are organized by agency in your county.

Some individuals who are brought in for a breath test elect to have a blood sample drawn rather than providing a breath sample—this is usually requested because it will take a little time to find someone to draw the blood and the individual over the limit may hope that the time will result in his/her blood alcohol level dropping. Persons injured in crashes sometimes have their blood drawn for analysis because they are too injured to go to the enforcement agency to submit a breath sample.

Refusals: any individual who does not want to submit to a breath test may refuse the test. According to the law this should result in a one year license revocation. If you are in the military, you may also receive a military letter of reprimand. The enforcement officer can frequently prove the DWI charge without a test result by testifying about your driving and performance on field sobriety tests.

Aiding and Abetting: Owners who knowingly permit their vehicles to be driven by impaired drivers can be charged with

aiding and abetting a DWI. The charge is just as serious as a DWI, and the penalties may be just as severe.

BAC Level Greater than .08: Any one whose blood alcohol level is at or above .08 is guilty of driving while impaired in North Carolina. The State finds that those with a BAC level of .15 are so seriously impaired that they should be subject to a high level of sanctions. People under 21 have driver license consequences if they have any alcohol in their system.

Tables4-X. Forensic Tests for Alcohol Results by Agency Type 2006

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <.08	BAC Levels .08-.14	BAC Levels>.15	Aiding and Abetting
County Level						
State Level	56878	11066	6868	25531	13540	151

Tables 4-X. Forensic Tests for Alcohol Results by Agency Type 2005

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <.08	BAC Levels .08-.14	BAC Levels>.15	Aiding and Abetting
County Level						
State Level	59711	11237	7855	27446	13298	198

Tables 4-X. Forensic Tests for Alcohol Results by Agency Type 2004

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <.08	BAC Levels .08–.14	BAC Levels>.15	Aiding and Abetting
County Total						
State Total	60107	11348	8142	27446	13265	198

Tables 4-X. Forensic Tests for Alcohol Results by Agency Type 2003

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <.08	BAC Levels .08–.14	BAC Levels>.15	Aiding and Abetting
County Level						
State Level						

Tables 4-X. Forensic Tests for Alcohol Results by Agency Type 2002

Agency Type	Number of Tests/Refusals (Breath & Blood)	Number of Refusals	BAC Levels <.08	BAC Levels .08–.14	BAC Levels>.15	Aiding and Abetting
County Level						
State Level						

Please review your county’s data located in appendix X and completed the following table. Your combined review and assessment of the data contained in Table X and X will allow you to draw conclusions and recommendations regarding drinking and driving in your community.

Table 4-X. Impaired Driving Cases 2001-2005

Charge Convicted	2005	2004	2003	2002	2001
Total Disposed					
Not Guilty					
No Probable Cause					
Voluntary Dismissal					
Voluntary Dismissal / Leave to Reopen					
Guilty of Charge Other than Impaired Driving					
Habitual Impaired Driving					
Aid and Abet Impaired Driving					
Drive After Consuming					
DWI Level 1-5					
DWI Commercial Vehicle					

Question 8.

Based on Tables X through X, how do rates of driving while impaired and driving with alcohol in your county compare to rates across the state? Is your problem bigger, smaller or about the same? Discuss the differences. Do you think the arrest data accurately reflects the related problems in your community, why or why not?

4.5.2 Conviction Rates

To understand how the criminal justice system in your community addresses the alcohol-related crashes in your community, you will need to visit the clerk of court for the district and superior courts in your community. Each clerk should be able to provide you a listing of the 2006 convictions for the alcohol-related crimes listed below. You will need to fill in **Table 4-20** and return to a copy of the list provided by the clerk of circuit court. [] will in turn use that information to provide you with the conviction rates across North Carolina for each of the different types of crimes.

Table4- 20. Percentage of Convictions for Alcohol-Related Crime within the Circuit Court

Alcohol-related Crime	# of Filings	# Found Guilty	Dismissed by Prosecution	Dismissed	Deferred	Not Guilty	Pending
Minor in Possession							
Adult DUI (BAC>0.08)							
Juvenile DUI (BAC > 0.02)							
DUI to a degree							
DWUI 2nd							
Open Container							
Other							
Total							

- To obtain the percentage you will need to sum the number of filings, and also sum the number of guilty convictions. To obtain the percentage, simply divide the total number of guilty convictions in your county by the total number of filings, and then multiply by 100.

Community conviction percentage = _____

State conviction percentage = _____

Question 9.

Based on the data in Table X, how does your community's conviction rate for alcohol-related crimes compare to the alcohol-related conviction rate across the state? Is your rate bigger, smaller, or about the same? Discuss the differences.

4.5.3 Key Law Enforcement Interviews

As part of this needs assessment you will need to conduct interviews of key law enforcement officers. You are encouraged to do at least one interview with the Chief of Police and one with the County Sheriff, but consider what interviews would be the most appropriate and informative for your community. You may also want to consider interviews with emergency room staff, school officials, or treatment facility administrators about their interactions with the justice system. A **sample protocol** for the law enforcement interviews and ideas on how to gather and analyze qualitative data from these interviews can be found in **Appendix B**. We have also included an **Enforcement Assessment tool** that you can have send to respondents to complete prior to your interview.

During the interviews with key law enforcement personnel you need to find out how many officers are assigned directly to alcohol-related issues and crimes. Questions about this appear on the interview protocol in **Appendix B**. Submit the data to [] at [] no later than September 25, 2007. Once again, the data will be used to create state averages for comparison. Data for all 18 grantee communities will be returned to each grantee no later than November 5, 2007 in order for you to compare your results to the rest of the state. Use these numbers to answer the next question.

Law Enforcement Officers Assigned to Alcohol-Related Issues and Crime (County) = _____

Law Enforcement Officers Assigned to Alcohol-Related Issues
and Crime (State) = _____

Question 10.

Based on your interviews with law enforcement officers and the number of officers in your community assigned specifically to alcohol-related issues, what efforts are your law enforcement agencies pursuing or not pursuing when it comes to the alcohol-related crashes?

4.5.4 Other Local Data

Feel free to consider and analyze other local data that will help you better understand how, and to what extent criminal justice issues in your community may contribute to the alcohol-related crashes and its consequences in your community. For example, you may have information on unique policies or strong enforcement of underage drinking laws in your community, or specific laws relating to your community. You may be able to assess information from your local drug courts, if you have one.

If you have other local data describe the results here.

Summary Question: Enforcement and Adjudication

Based on information gathered in this section what are the concerns around law enforcement and adjudication that might contribute to the alcohol-related crashes and its consequences in your community? Justify your decision.

Rating Question: Enforcement and Adjudication

Based on the above considerations, to what degree does your CAC believe the concerns around law enforcement and adjudication are contributing to the alcohol-related crashes and its consequences in your community? Justify your decision.

(place an “x” next to a number from 0 to 10)

No impact						Major impact				
0	1	2	3	4	5	6	7	8	9	10

4.5.5 Identifying Contributing Factors

If you have selected *enforcement and adjudication* as having a major impact on alcohol-related crashes and fatalities, please indicate up to 3 factors (based on your data) that contribute most to this problem

1. _____
2. _____
3. _____

Next, please complete the following worksheet for each selected contributing factor. Extra copies of the worksheet are included in the back of your training manual.

**Strategic Prevention Framework (SPF) Assessment
Contributing Factor Worksheet**

Consequence: Alcohol Related Crashes and Fatalities

Intervening Variable:

Contributing Factor:

Whom does this impact/occur with?	
Who allows this?	
When does this occur?	
Where does it occur?	
How does it occur?	
Under what other conditions is this allowed to happen?	

What capacity exists to help work on these issues?

Where does capacity need to be built?

4.6 INTERVENING VARIABLE 4: SOCIAL/ COMMUNITY NORMS

4.6.1 Social Norms

Social norms refer to the acceptability or unacceptability of certain behaviors in a community. It is the one intervening variable that most often overlaps with other factors. In this section you will mostly gather data around community events. However, be aware that issues like social availability and law enforcement also reflect community norms.

The following table provides examples of possible contributing factors to community/social norms. Please review these factors as your CAC determines the degree to which community/social norms is or is not a problem in your community.

Table 4-X. Contributing Factors for Community/Social Norms

Social Norms	Youth	Young Adults (18–20)	Young Adults (21–29)
Acceptance	Parents permit underage drinking (or think its ok)	Parents permit underage drinking	
	Parents don't care if teenagers drink	Parents don't care if teenagers drink	
	Many adults think it's OK for youth to drink	He/she is 18 and can do what he/she wants	
	The more other drugs are an issue, the more alcohol is acceptable (lesser of the evils)	The more other drugs are an issue, the more alcohol is acceptable (lesser of the evils)	The more other drugs are an issue, the more alcohol is acceptable (lesser of the evils)
		Some workplaces promote drinking as part of the culture	
"Rite of Passage"	Alcohol use and binge drinking is what kids do	Alcohol use and binge drinking is what kids do	
Multigenerational Use	Drinking is normal pattern of parents and other relatives	Drinking is normal pattern of parents and other relatives	Drinking is normal pattern of parents and other relatives
Public Alcohol Use	Adults of all ages drink in public	Adults of all ages drink in public	
Youth Perceptions	Drinking is a bonding activity	Drinking is a bonding activity	Drinking is a bonding activity
	Binge drinking is normal and not harmful	Binge drinking is normal and not harmful	Binge drinking is normal and not harmful

Social Norms	Youth	Young Adults (18–20)	Young Adults (21–29)
	Drunkenness/ excessive consumption of alcohol is ok, even cool	Drunkenness/ excessive consumption of alcohol is ok, even cool	Drunkenness/ excessive consumption of alcohol is ok, even cool
	It's not a party without alcohol	It's not a party without alcohol	It's not a party without alcohol
Culturally acceptable	Drinking is part of the everyday life of the community	Drinking is part of the everyday life of the community	Drinking is part of the everyday life of the community
Available in Homes	Alcohol is available in the home	Alcohol is available in the home	

4.6.2 Town Hall Meeting

As part of this needs assessment you may need to conduct a town hall meeting, and in that meeting you will need to find out about the general attitudes in your community around alcohol and a description of the alcohol culture in your community. Two sample protocols for the town hall meeting and ideas on how to gather and analyze qualitative data from this meeting can be found in Appendix _____.

4.6.3 Community Perception Survey

Surveying members of your community is another way to learn about social norms related to drinking and alcohol-related crashes. Conducting a survey will allow you to gather data from a greater number of people than you can from holding a town hall meeting alone. You may want to conduct the survey and analyze the results before the town hall meeting so that you can use the results to guide the development of the discussion guide. It will also give the leader of the town hall meeting a feel for what your community's norms on alcohol use and alcohol-related crashes are. A sample survey is included in **Appendix _____**.

4.6.4 Other Local Data

Feel free to consider and analyze other local data that will help you better understand how, and to what extent community norms may influence alcohol-related problems in your community. For example, you may have completed earlier focus groups or surveys of youth, parents, school personnel, or

community members. If you have other local data describe the results here.

Summary Question: Social Norms

Based on the data you gathered on social norms, what are the concerns around social norms that might contribute to the alcohol-related crashes and its consequences in your community? Justify your decision.

Rating Question: Social Norms

Based on these considerations, to what degree does your CAC believe community norms are impacting the alcohol-related crashes and its consequences in your community? Justify your decision.

(place an “x” next to a number from 0 to 10)

No impact							Major impact			
0	1	2	3	4	5	6	7	8	9	10

4.6.5 Identifying Contributing Factors

If you have selected *social norms* as having a major impact on alcohol-related crashes and fatalities, please indicate up to 3 factors (based on your data) that contribute most to this problem

1. _____
2. _____
3. _____

Next, please complete the following worksheet for each selected contributing factor. Extra copies of the worksheet are included in the back of your training manual.

**Strategic Prevention Framework (SPF) Assessment
Contributing Factor Worksheet**

Consequence: Alcohol Related Crashes and Fatalities

Intervening Variable:

Contributing Factor:

Whom does this impact/occur with?	
Who allows this?	
When does this occur?	
Where does it occur?	
How does it occur?	
Under what other conditions is this allowed to happen?	

What capacity exists to help work on these issues?

Where does capacity need to be built?

4.7 INTERVENING VARIABLE 5: PRICING

4.7.1 Pricing

The following table provides examples of possible contributing factors to pricing. Please review these factors as your CAC determines the degree to which pricing is or is not a problem in your community.

Table 4-X. Contributing Factors to Pricing of Alcohol

	Youth	Young Adults (18-20)	Young Adults (21 – 29)
Drink Pricing		Bars near campuses compete for student purchasers with drink specials	Bars near campuses compete for student purchasers with drink specials
		Pricing specials that target young adults (e.g., 50 cent drafts)	Pricing specials that target young adults (e.g., 50 cent drafts)
			Happy hours
			Density of bars creates competition and can lead to low pricing
Container Pricing	Discount pricing is available in quantity alcohol purchases from warehouse retailers	Discount pricing is available in quantity alcohol purchases from warehouse retailers	Discount pricing is available in quantity alcohol purchases from warehouse retailers
	Convenience stores price beer cheaply to attract customers	Convenience stores price beer cheaply to attract customers	Convenience stores price beer cheaply to attract customers
	Holiday discounts on alcohol	Holiday discounts on alcohol	Holiday discounts on alcohol
	Density of alcohol retailers creates competition and can lead to low pricing	Density of alcohol retailers creates competition and can lead to low pricing	Density of alcohol retailers creates competition and can lead to low pricing

Summary Question: Pricing

Based on the data you gathered on pricing, what are the concerns around pricing that might contribute to the alcohol-related crashes in your community?. Justify your decision.

Rating Question: Pricing

Based on these considerations, to what degree does your CAC believe pricing is impacting the alcohol-related crashes in your community? Justify your decision.

(place an “x” next to a number from 0 to 10)

No impact							Major impact			
0	1	2	3	4	5	6	7	8	9	10

4.7.2 Identifying Contributing Factors

If you have selected *pricing* as having a major impact on alcohol-related crashes and fatalities, please indicate up to 3 factors (based on your data) that contribute most to this problem

1. _____
2. _____
3. _____

Next, please complete the following worksheet for each selected contributing factor. Extra copies of the worksheet are included in the back of your training manual.

**Strategic Prevention Framework (SPF) Assessment
Contributing Factor Worksheet**

Consequence: Alcohol Related Crashes and Fatalities

Intervening Variable:

Contributing Factor:

Whom does this impact/occur with?	
Who allows this?	
When does this occur?	
Where does it occur?	
How does it occur?	
Under what other conditions is this allowed to happen?	

What capacity exists to help work on these issues?

Where does capacity need to be built?

4.8 INTERVENING VARIABLE 6: PROMOTION

4.8.1 Promotion

Promotion refers to attempts by alcohol retailers and industry to increase demand through the marketing of their products. Once again, this will require some original data collection to acquire a sense of the depth of marketing surrounding alcohol in your community.

The following table provides examples of possible contributing factors to promotion. Please review these factors as your CAC determines the degree to which promotion is or is not a problem in your community.

Table 4-X. Contributing Factors for Promotion

Promotion	Youth	Young Adults (18–20)	Young Adults (21–29)
Local Promotion	Stores have excessive numbers of alcohol ads	Stores have excessive numbers of alcohol ads	Stores have excessive numbers of alcohol ads
		Large number of alcohol ads on college campuses	Large number of alcohol ads on college campuses
			Drinking is often promoted at community festivals and other activities
	Advertising and promotional practices encourage excessive alcohol consumption	Advertising and promotional practices encourage excessive alcohol consumption	Advertising and promotional practices encourage excessive alcohol consumption
	Inadequate media attention to promotional practices	Inadequate media attention to promotional practices	Inadequate media attention to promotional practices
National Promotion	Pro-alcohol messages from alcohol industry	Pro-alcohol messages from alcohol industry	Pro-alcohol messages from alcohol industry
	Large number of pro-alcohol messages	Large number of pro-alcohol messages	Large number of pro-alcohol messages
	Alcohol ads promote use as sexy and fun-filled	Alcohol ads promote use as sexy and fun-filled	Alcohol ads promote use as sexy and fun-filled
	Movies are “alcohol-centric” and promote binge drinking	Movies are “alcohol-centric” and promote binge drinking	Movies are “alcohol-centric” and promote binge drinking

Promotion	Youth	Young Adults (18–20)	Young Adults (21–29)
	National campaigns target minority youth		
	Myspace/You Tube create expectations for youth around drinking behavior		

4.8.2 Sponsorships

List all the major community events and festivals in your community between **January 2007 and December 2007**, under the heading Community Event or Festival in Table XX. Next find out how many of these events or festivals had alcohol-related sponsors and in the column headed alcohol-related sponsorship write the sponsors name(s) if there is an alcohol-related sponsorship and no if there is not. For example, Budweiser is the official sponsor of the Downtown Raleigh Summer Concert season. Calculate the percentage of festivals and events in your community that had alcohol-related sponsorships. [This data must be collected and submitted to \[\] at \[\] no later than November 1, 2007. Data for all 18 grantee communities will be compiled and returned to each grantee no later than December 1, 2007 in order for you to compare your results to the rest of the state.](#)

Table 4-XX. Community Events and Festivals and Their Alcohol-Related Sponsors

Community Event or Festival	Dates	Alcohol-Related Sponsorship

Community alcohol-related sponsorship percentage = _____

State alcohol-related sponsorship percentage = _____

4.8.3 Advertising

Advertising in America and North Carolina has become ubiquitous. To gain a better sense of the magnitude of alcohol advertising in your community you are going to follow a specific research protocol to gather data on alcohol marketing in a sample of local newspapers and on billboards across your community.

Please review the protocol included Appendix _____. This data must be collected following the protocol described below and submitted to [] at [] no later than November 1, 2007. Data for all 18 grantee communities will be compiled and returned to each grantee no later than December 1, 2007, in order for you to compare your results to the rest of the state.

Table 4-23. Local Alcohol Advertisements and Promotional Events, [Dates]

Name of Paper	Frequency of Paper	Time Period	Total Number of Alcohol Advertisements in Local Newspaper	Total Number of Promotional Event Advertisements in Local Newspaper

Community average = _____

State average = _____

4.8.4 Other Local Data

Feel free to consider and analyze other local data that will help you better understand how and to what extent the promotion of alcohol in your community may influence alcohol-related

problems in your community. For example, you may have information on alcohol advertising in or grocery stores, convenient stores etc, or flyers passed out around town or other ways that alcohol might be promoted on college campuses, or at schools.

If you have other local data describe the results here.

Summary Question: Promotion

Based on information gathered from alcohol sponsorship of events, billboards, newspaper advertisements, and other local data, what are the concerns around promotion that might contribute to the alcohol-related crashes and its consequences in your community? Is your alcohol advertising smaller, greater, or about the same as other alcohol advertising across the state? Justify your decision.

Rating Question: Promotion

Based on these considerations, to what degree does your CAC believe promotion is influencing the alcohol-related crashes and its consequences in your community? Justify your decision (place an “x” next to a number from 0 to 10).

No impact							Major impact			
0	1	2	3	4	5	6	7	8	9	10

4.8.5 Identifying Contributing Factors

If you have selected *promotion* as having a major impact on alcohol-related crashes and fatalities, please indicate up to 3 factors (based on your data) that contribute most to this problem

1. _____
2. _____
3. _____

Next, please complete the following worksheet for each selected contributing factor. Extra copies of the worksheet are included in the back of your training manual.

**Strategic Prevention Framework (SPF) Assessment
Contributing Factor Worksheet**

Consequence: Alcohol Related Crashes and Fatalities

Intervening Variable:

Contributing Factor:

Whom does this impact/occur with?	
Who allows this?	
When does this occur?	
Where does it occur?	
How does it occur?	
Under what other conditions is this allowed to happen?	

What capacity exists to help work on these issues?

Where does capacity need to be built?

4.8.6 Low Perceived Risk

The following table provides examples of possible contributing factors to low perceived risk. Please review these factors as your CAC determines the degree to which low perceived risk is or is not a problem in your community.

[Data collection protocol and analysis forthcoming]

Table 4-X. Contributing Factors to Low Perceived Risk

Low Perceived Risk	Youth	Young Adults (18–20)	Young Adults (21–29)
Low Perceived Risk of Arrest/Penalties	Belief that there is a low risk of getting caught drinking	Belief that there is a low risk of getting caught drinking	
	Police are not summoned by schools for alcohol law violations	Police are not summoned by schools for alcohol law violations	Police are not summoned by colleges for alcohol law violations
	Belief that penalties for underage drinking are not serious	Belief that penalties for underage drinking are not serious	
	Belief that there are too few law enforcement officers to catch underage drinkers	Belief that there are too few law enforcement officers to catch underage drinkers	
	Perception that there is a risk for drinking and driving but nothing else related to alcohol use		
			Lack of knowledge of penalties around providing alcohol to minors
Low Perceived Risk of Alcohol Use	Alcohol is not as dangerous as other drugs	Alcohol is not as dangerous as other drugs	Alcohol is not as dangerous as other drugs
	Belief that alcohol is safe as long as you are not driving	Belief that alcohol is safe as long as you are not driving	Belief that alcohol is safe as long as you are not driving
	Belief that hard liquor is dangerous but beer is not		

Summary Question: Low Perceived Risk

Based on the data you gathered on social norms, what are the concerns around low perceived risk that might contribute to the alcohol-related crashes in your community? Justify your decision.

Rating Question: Low Perceived Risk

Based on these considerations, to what degree does your CAC believe low perceived risk is impacting the alcohol-related crashes in your community? Justify your decision.

(place an "x" next to a number from 0 to 10)

No impact							Major impact			
0	1	2	3	4	5	6	7	8	9	10

4.8.7 Identifying Contributing Factors

If you have selected *low perceived risk* as having a major impact on alcohol-related crashes and fatalities, please indicate up to 3 factors (based on your data) that contribute most to this problem

1. _____
2. _____
3. _____

Next, please complete the following worksheet for each selected contributing factor. Extra copies of the worksheet are included in the back of your training manual.

**Strategic Prevention Framework (SPF) Assessment
Contributing Factor Worksheet**

Consequence: Alcohol Related Crashes and Fatalities

Intervening Variable:

Contributing Factor:

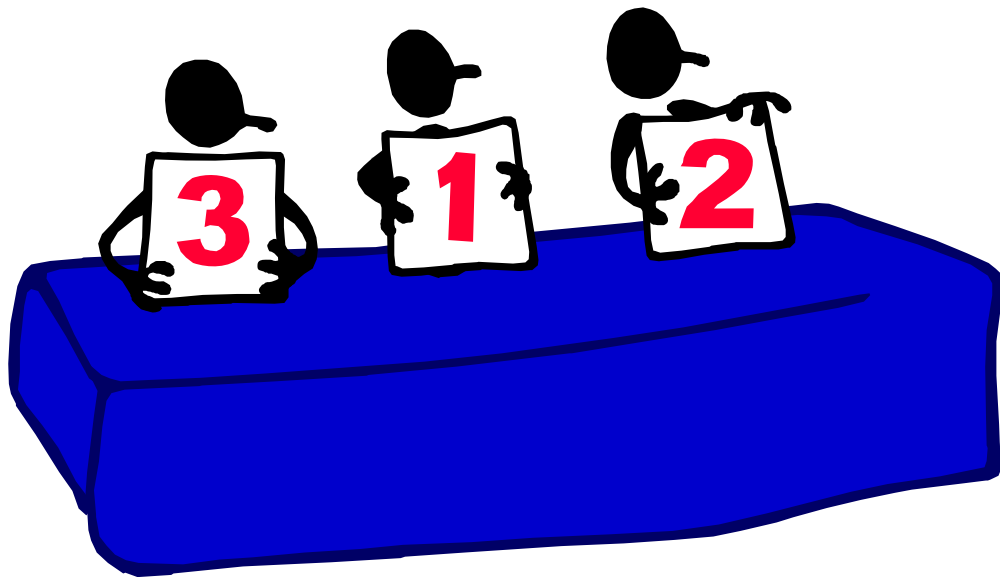
Whom does this impact/occur with?	
Who allows this?	
When does this occur?	
Where does it occur?	
How does it occur?	
Under what other conditions is this allowed to happen?	

What capacity exists to help work on these issues?

Where does capacity need to be built?

5

Prioritization



Rank the Six Causal Areas from the Greatest Contributor to Your Community's Problems to the Smallest Contributor

5.1 PRIORITIZING

The next stage involves prioritizing the Intervening Variables that you explored in the previous chapter. The first step is to record the appropriate scores from each of the seven Ranking Questions (Retail Availability, Social Availability, Enforcement and Adjudication, Social Norms, Pricing, Promotion, and Low Perceived Risk) from Chapter 4. Based on the scores, rank each intervening variable with 1 being the highest priority (the area with the highest score) and 6 the lowest. In the case of a tie, decide which area is of higher priority for your community in relation to alcohol-related crashes.

Score	Rank	Intervening Variables
<input type="text"/>	<input type="text"/>	Retail Availability
<input type="text"/>	<input type="text"/>	Social Availability
<input type="text"/>	<input type="text"/>	Law enforcement and Adjudication
<input type="text"/>	<input type="text"/>	Social Norms
<input type="text"/>	<input type="text"/>	Pricing
<input type="text"/>	<input type="text"/>	Promotion
<input type="text"/>	<input type="text"/>	Low Perceived Risk

5.2 CHANGEABILITY ASSESSMENT

In addition to prioritizing the intervening variables, you'll need to think about your community's readiness and capacity to address each factor. For this exercise you will consider the **top three intervening variables** (those ranked 1-3).

Some questions to consider are: (ADD TEXT FROM PHILIP)

- What community resources are available to address this intervening variable?
- What are the gaps in community resources?
- How ready is the community to address this intervening variable?

Based on the rankings of each intervening variable and your assessment of its changeability, record each factor in the grid below. Factors that fall into the shaded box are the community's priorities.

	More Important	Less Important
High likelihood to change	High Priority for Planning	Low Priority
Difficult to Change	Low Priority	No Priority

Adapted from the following: Green, L.W., & Kreuter, M.W. (1999). *Behavioral and environmental assessment in health promotion planning, an educational and ecological approach* (3rd ed., p. 138). New York, NY: The McGraw-Hill Company.

Example: Binge drinking by college students

For the purpose of this example we will assume that after completing the scoring and ranking of the intervening variables, the top three were Social Availability, Law Enforcement and Adjudication, and Social Norms.

Social Availability: after thinking about the questions above you might decide that the social availability of alcohol does contribute to binge drinking by college students, but it would be difficult to make an impact on it with the resources your group has available. Therefore, you decide to place Social

Availability in the More Important/Difficult to Change box which makes it a low priority.

Law Enforcement and Adjudication: after thinking about the data that you collected you might decide that Law Enforcement and Adjudication is less important than other factors in changing the drinking behavior of college students. It might also be difficult to make changes to how law enforcement deals with binge drinking by college students, so you decide to place Law Enforcement and Adjudication in the Less Important/Difficult to Change box making it not a priority.

Social Norms: After thinking about the data that you collected and the questions above, you might decide that social norms about drinking in the college community have a large impact on students' drinking behavior. You might have some ideas on how you can change social norms about binge drinking. For example, you could work with the university's health center to create educational materials about the affects of binge drinking. Since you view Social Norms as an important factor and you think you can impact it with the resources that your community has, you place it in the More Important/High likelihood to change box making it a high priority for planning.

Next Steps: now that Social Norms has been identified as a priority area for planning, you would evaluate the contributing factors that fall under Social Norms.

Your Final Conclusions

Now that you have considered the data surrounding your community's alcohol-related crash problems, as well as each intervening variable for these problems, you need to decide what to do. This decision will ultimately be part of your community's SPF Strategic Plan and lead to very specific evidence-based strategies for you to implement. For now, think about your data and especially your final rankings and the Priority Risk Factor table you completed in this chapter. Also, mull over the possible connections among the seven intervening variables. Would it be possible to target social availability without also targeting social norms? Will changes in retail availability necessarily require changes in the enforcement of policy? Now answer the following question.

Final Needs Assessment Question (Philip will send comments on revising question)

Question ____.

It is very unlikely that your community can or needs to address every possible cause or implement every possible evidence-based strategy to change alcohol-related crashes. What combination of intervening variables is your community going to target with the PF project, and why?

Question ____.

Justify your prioritization of the intervening variables based on the ranking and changeability exercise.

6

Next Steps

Next Steps (incorporate additional information from Philip)

Resource Capacity Assessment: while you are completing this workbook we will be gathering information on existing resources in your county. We will review State Block grant funding to determine what your community is currently doing to target substance use. We will also survey members of the Governor's Advisory Board to identify complementary strategies occurring in the community. We will provide you with data on all of the existing community groups and initiatives working to prevent alcohol related crashes in your community. You will use this information in conjunction with the data that you gathered to think about how to address the intervening variables/contributing factors that you identified as your focus.

Community Readiness Assessment: as part of the Resource Capacity Assessment we will conduct a Community Readiness Assessment with prevention staff experts from LME and the CPRs serving your county.

Strategies Selection Resource Guide: During early next year, we will develop a guide that will provide you with information on individual and environmental strategies that have proven effectiveness in reducing alcohol-related crashes, fatalities, and the over consumption of alcohol.

Strategic Planning Training: a Strategic Planning training will be held in January of 2008 to share findings from the Resource Capacity Assessment, the Community Readiness Assessment, and the Strategies Selection Resource Guide.

Evaluation Training Learning Community: this session will take place in February or March 2008.

Draft Strategic Plan: your draft strategic plan is due on April 1. Please e-mail your plan to Paula Jones at pjones@rti.org.

Final Strategic Plan: your final strategic plan is due on June 1, 2008. Please e-mail your plan to Paula Jones at pjones@rti.org.

Implementation: begins July 1, 2008.