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North Dakota Partnerships for Success

2020 Cumulative Evaluation Report





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Introduction

The Substance Abuse and Mental Health Services Administration (SAMHSA) awarded the North Dakota Department of Human Services, Behavioral Health Division (BHD) a five-year Partnerships for Success (PFS) Grant. The PFS aimed to reduce substance misuse and strengthen prevention capacity at the state, tribe, and jurisdiction levels. Based on the North Dakota State Epidemiological Outcomes Workgroup's (SEOW) profile reports and a statewide needs assessment, North Dakota chose to focus their efforts on preventing underage drinking (i.e. younger than 21 years old).

Based on a point system to determine high need, the BHD funded eight community grantees and two tribal grantees to conduct prevention at the local level. The BHD awarded funds, beginning November 2016, based on the approved funding model. They awarded funding in two stages.

During the first stage, the grant required communities to complete:

- » A local needs assessment,
- » A capacity-building workbook,
- » A strategic-planning workbook, and
- » All evaluation requirements—including recruiting local schools for a youth survey and coordinating a capacity evaluation.

Communities and tribes examined available data associated with alcohol-related consequences, alcohol consumption rates, and factors, such as the availability of alcohol, that influence the decisions of youth to use alcohol. These influencing factors are referred to in the project as intervening variables. The project's strategic planning and implementation phases used data from the needs assessments to decide how to best to address specific local consequence and consumption priorities. They decided on those priorities during the needs assessment process.

The second stage started in August 2017. In this stage, communities implemented the prevention interventions from their strategic plan while continuing to build capacity

in the community and reporting the required evaluation measures. Since that time, the BHD expanded available prevention funding to other ND communities by issuing Community Alcohol, Tobacco, and Other Drug (ATOD Community Grants) Grants from the prevention set-aside of SAMHSA's Federal Substance Abuse Prevention and Treatment Block Grant (SAPT BG). Additional funding came from new grants addressing the opioid crisis. In 2017, the BHD received the State Targeted Response to the Opioid Crisis Grants (Opioid STR), followed by State Opioid Response Grants (SOR) in 2019. With few exceptions, PFS funded communities in ND were not eligible for these other prevention grant funds, which helped the PFS evaluation focus on measuring the

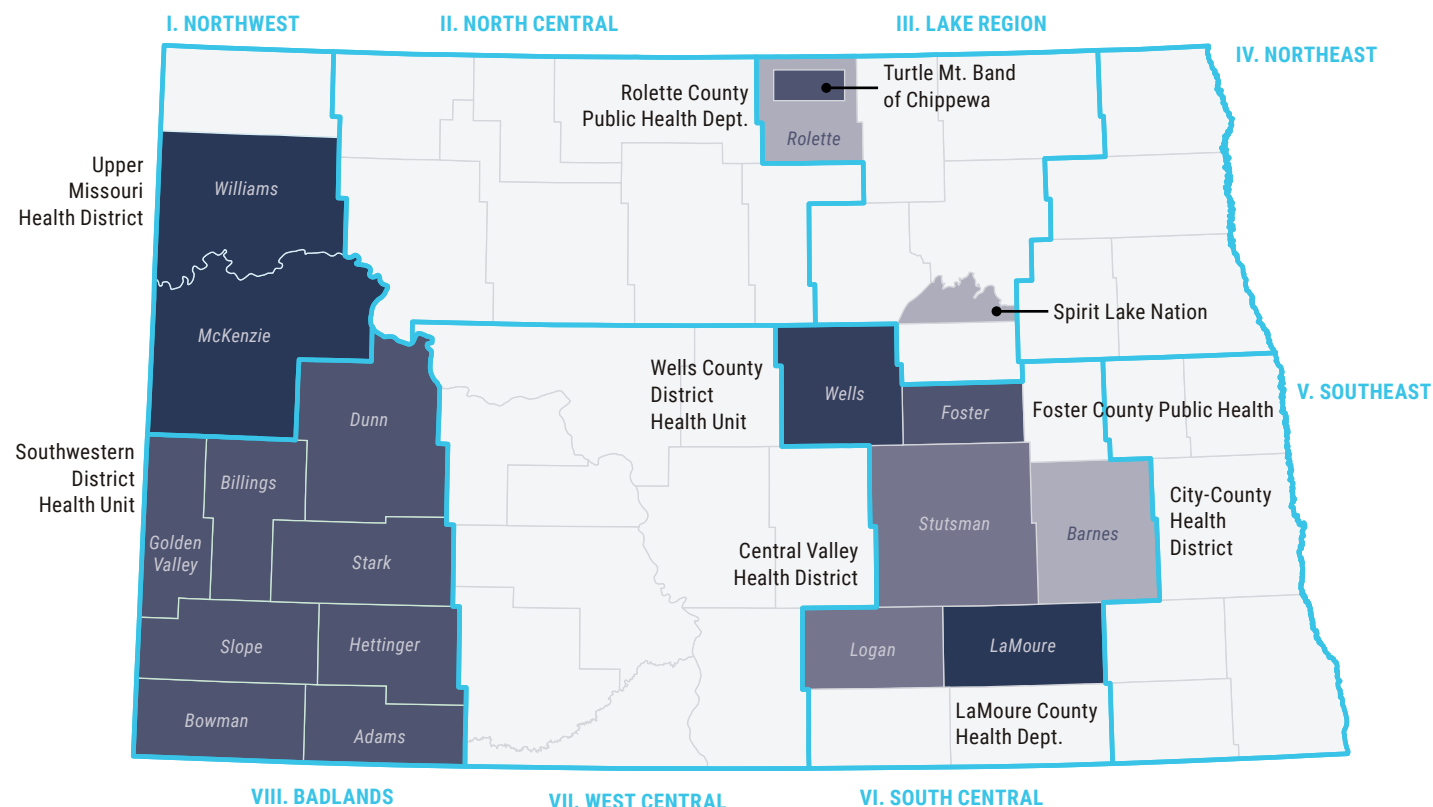


changes related to this specific project. This report provides information related to the ten PFS funded communities as a group.

Many data sources that gather data about underage alcohol use are not specific to the PFS funded communities. These include the National Survey on Drug Use and Health (NSDUH), the Youth Risk Behavior Survey (YRBS), and the Community Readiness Survey (CRS). Results from these data sources provide state and human service region data. They do not map directly to the PFS funded communities; however, they do potentially offer broader perspective on the PFS project's impacts. Results from at least the YRBS and the CRS have not been updated since the 2019 data collection. To keep the current report focused, we do not present the results from these data sources. They are, however, available in the 2019 ND PFS Annual Report.

North Dakota PFS Community Grantees & Regional Human Service Centers

The PFS community grantees include 10 areas across the state. These grantees are also members of a regional human service center, operated by the North Dakota Department of Human Services, providing counseling and mental health services, substance abuse treatment, disability services, and others.



Source: North Dakota Department of Health and North Dakota Department of Human Services

Map Key

REGIONAL HUMAN SERVICE CENTER

PFS Community Grantee

County

Table 1 - Strategy Implementation

Number of communities/districts who implemented the strategy, October 2017 - July 2020

Social Host	● ● ● ● ● ● ● ●
Texting Tipline	● ● ● ●
Responsible Beverage Server Training	● ● ● ●
Sobriety Checkpoints/Saturation Patrols	● ● ●
Alcohol Restrictions at Community Events	● ●
Special Event Permits and Conditions	●
School Policy	●
Restrict/Monitor Teen Parties	●
Promote Parents Lead™	●
Party Patrol	●
Loud Party/Teen Party Ordinance	●
Increase Price of Alcohol	●
Alternate Events During High Risk Time of Use	●

Implementation

After identifying problems and local conditions, PFS communities picked appropriate strategies from a state-provided list of evidence-based underage drinking prevention strategies. The community grantees implemented a total of 29 strategies with PFS funding. They each implemented from one to five strategies during the PFS project.


Prevention efforts focusing on social hosting were the most often selected strategy with eight communities working on it. The goal of this strategy was to work toward a local policy that held individuals accountable for providing alcohol to minors. Additionally, four communities chose to provide *Responsible Beverage Server Training* to local restaurant and bar servers on how to apply alcohol restrictions properly and identify the overserving of alcohol. As part of this strategy, three communities partnered with their law enforcement agencies and their local restaurants, bars, and off-

sale alcohol retail establishments to implement ID scanner technology. These scanners more reliably identified the fake ID cards that minors used to purchase alcohol. Four communities implemented texting tiplines to allow anonymous reporting of crimes. The PFS communities then created and implemented media campaigns associated with the tiplines to encourage people to report social gatherings and other situations where underage drinking was occurring.

Between October 2017 & July 2020...



285 coalition meetings held across the state

 **302** presentations given

1,039 

people received RBS training, including 20 trainers



28

new or improved policies implemented



241

compliance checks performed

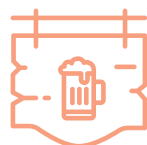


ONE

sobriety checkpoint set-up

EIGHT

saturation patrols conducted



490

bar walk-throughs



6

communities provided ID scanners to local retailers



6

communities had a Tipline available for public use

MEDIA ACTIVITIES



7

communities utilized TV messaging



10

communities utilized radio messaging



8

communities used newspaper messaging



7

communities utilized billboards for messaging



8

communities utilized social media



10

communities utilized brochures or flyers



10

communities used promotional items for messaging



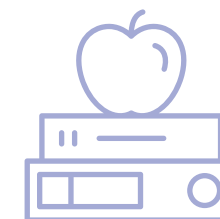
8

communities used other forms of media



361

alternative activities for students



2,426

students participated in a prevention education class

Project Impact

The ND PFS evaluation team initiated a short student survey that collected the required federal underage alcohol use measures to measure local community-specific results. The survey also collected data about intervening variables, such as how risky the students perceived it was to binge drink frequently, or where they obtained their alcohol. The communities specifically identified that they wanted to measure the topics of retail and social access to alcohol, law enforcement effectiveness, and family communication about drugs and alcohol. The student survey served as the primary data collection method measuring the project's impact on youth in the communities and combined the data for all ten funded communities to assess the overall project impact.

In the last project year, the COVID-19 pandemic response interrupted the survey administration, which began on March 3, 2020 and ended prematurely on March 15, when all in-person instruction stopped in ND public schools. At that

time, the evaluation team and the communities considered other survey administration options, including using the already developed internet version of the survey. However, we were unable to adequately alter the survey methodology to allow us to complete the parental consent process and ensure the students' anonymity during the survey administration. In the end, we administered the survey to less than one-third of the anticipated number of students in 2020. In particular, only one community grantee conducted the survey in all their schools before the COVID-19 closures. A few other grantees had one or two schools administer the survey but did not get adequate coverage. Because of these concerns, survey results for 2020 were unavailable, and we were unable to evaluate the final impact of the last project year. Instead, in this report, we focused on changes that occurred since the first successful survey administration in 2017, baseline, to the last valid data collection in 2019.

It also must be noted that a few communities were unable to survey all their grade levels (6th through 12th) in all project years. This reduced the number of communities where we could calculate the outcome changes in middle school or high school grades. In the end, the evaluation team could calculate changes in eight of the ten communities for the middle school grades, and nine of ten communities in the high school grades. Because the student survey was an attempted census survey, no statistical tests were used to determine statistically significant changes. Instead, all judgments of improvement are based on a simple difference between the percentages in 2019 compared to percentages in 2017.

CONSUMPTION

The ND PFS had two primary long-term outcomes addressing underage alcohol consumption. They were:

1. The percentage of students reporting using alcohol in the past month before the survey (current alcohol use) and

2. The percentage who reported binge drinking (i.e., consuming five or more alcoholic beverages in

Table 2 - 30-Day Use & Binge Drinking

Percentage of students who said they used alcohol or binge drank within the last 30 days

- Desired Progress
- Needs Improvement

30-DAY USE

	2017	2019	%pt +/-	
Middle School	7.6%	9.3%	1.6%	○
High School	26.9	26.5	-0.4	●

30-DAY BINGE DRINKING

	2017	2019	%pt +/-	
Middle School	3.9%	4.6%	0.8%	○
High School	16.8	15.8	-1.0	●

Note: Binge drinking means having five or more drinks in one sitting.

Source: North Dakota PFS Youth Survey

a row) on one or more occasions in the past month.

Three of the eight funded communities, who had valid data, saw reductions in current alcohol use for the middle school grades from 2017 to 2019, while three of nine communities saw improvements in current-use rates in the high school grades. For binge drinking during the past 30 days, five communities saw improvements in their middle school grades, and five reduced their high school binge drinking rates.

Overall, across all community grantees, the percentage of middle school students who reported drinking alcohol during the past 30-days before the survey, went from 8% in 2017 to 9% in 2019. This suggested a small increase in middle school students using. In high school, alcohol use in the past 30 days stayed at about 27% in both years. The evaluation team saw a similar pattern for binge drinking during the past thirty days. There was a minimal increase in middle school students reporting that

behavior (4% in 2017 to 5% in 2019) and a small decrease among high school students (17% to 16%). Table 2 presents the amount of change that the evaluation observed on both these measures relative to the 2017 baseline.

RISK OF FREQUENT BINGE DRINKING

The more people perceive a behavior as risky and harmful, the less likely they are to engage in that behavior. To measure this relationship in the current project, we asked the students how risky or harmful it would be for someone their age to binge drink once or twice a week. Based on data from the first ND PFS Youth Survey in 2017, the students in the ND PFS communities who thought there was no risk or only slight risk to that behavior were 2.7 times more likely to be current alcohol users than students who thought there was moderate to great risk. An even stronger relationship existed when we looked

Table 3 - Risk Perception

Percentage of students who said frequent binge drinking can have a moderate or great risk of harm

● Desired Progress
○ Needs Improvement

	2017	2019	%pt +/-	
Middle School	78.9%	78.8%	-0.2%	○
High School	70.6	70.5	-0.1	○

Source: North Dakota PFS Youth Survey

at binge drinking in the past 30 days. Students who believed there was no or slight risk were 3.3 times more likely to have binge drank than students who thought there was a greater risk. Because of this relationship, we examined how much the prevention efforts in the ND PFS were able to change the perceived risk of frequent binge drinking.

There were small improvements¹ from 2017 to 2019 in the perceived risk of alcohol use in five of the eight communities with valid middle school

data. In the high school grades, five of the nine communities saw tiny to small improvements. Across all the grantees at baseline, 79% of middle school and 71% high school students thought frequent binge drinking had moderate or great risk. The evaluation saw no improvements in the combined grantee data. Table 3 shows the difference between the baseline on the alcohol risk question in 2017 and 2019.

SOURCE OF LAST DRINK

For young people to consume alcohol, they must have some way to access it. In general, there are two categories of alcohol access. The first is through buying it directly from a retail establishment, usually in direct violation of underage drinking laws. This includes purchasing it from a store, restaurant, bar, or over the internet. The second is socially, which includes receiving the alcohol directly from someone they know, at times because it is available to steal. Because these types of access are a prerequisite

1 An improvement was an increase in the percentage of students reporting that binge drinking once or twice a week has moderate or great risk of harm.

Table 4 - Middle School:
Source of Last Drink

Percentage of students who said the source of their last drink was...

● Desired Progress
○ Needs Improvement

	2017	2019	%pt +/-	
Never had an alcoholic beverage	76.5%	74.9%	-1.6%	○
Their parents	10.0	9.9	-0.1	●
Friend's parents	0.9	1.6	0.7	○
Another Adult over 21	3.7	4.4	0.7	○
Someone under 21	3.2	3.3	0.1	○
Took it from home, a friend's house, etc.	5.1	5.4	0.4	○
Bought it at a store/ bar or restaurant/ internet	0.6	0.5	-0.1	●

Source: North Dakota PFS Youth Survey

Table 5 - High School:
Source of Last Drink

Percentage of students who said the source of their last drink was...

● Desired Progress
○ Needs Improvement

	2017	2019	%pt +/-	
Never had an alcoholic beverage	44.3%	47.4%	3.1%	●
Their parents	11.8	12.0	0.2	○
Friend's parents	3.2	3.5	0.3	○
Another Adult over 21	20.2	17.1	-3.1	●
Someone under 21	10.1	9.1	-1.1	●
Took it from home, a friend's house, etc.	7.2	8.4	1.2	○
Bought it at a store/ bar or restaurant/ internet	3.2	2.6	-0.6	●

Source: North Dakota PFS Youth Survey

to use, the ND PFS evaluation included a question asking students the source of their last drink. Students were free to indicate if they never consumed alcohol.

At baseline in 2017, 11% of the students in all the surveyed grade levels reported that they got their last drink from an adult who was 21 or older.² The next most frequent source of getting alcohol was from their parents at 10%. Based on this data, nearly all of the ND PFS communities included prevention efforts during the project on reducing social access. This included media campaigns developed specifically by the ND communities, called the Not in My House™ campaign. They also pursued policies, such as social host laws, which aimed to reduce the alcohol availability at social gatherings.

Table 4 and Table 5 present the difference from baseline for how the students reported receiving their last drink of alcohol.

Changes in Source of Last Drink

Four communities saw middle school reductions in the percentage reporting they received alcohol from another adult who was age 21 or older, and seven reported the same in high school. Across all the community grantees, the improvement in access was greatest for high school students who reported that they got their alcohol from another adult who was 21 or older. Specifically, in 2017, 20% of high school students reported getting their last drink of alcohol from that source. This dropped to 17% in 2019.

Retail access (i.e., buying alcohol from a store, restaurant, bar, off-sale liquor dealer, or over the internet) was generally rare at about 1% in middle school students and about 3% in high school students in both 2017 and 2019.

² This excludes the students' parents and the parents of friends.

Changes in Lifetime Abstinence

From 2017 to 2019 for middle school students, three of the eight grantees saw increases in the percentage of middle school students reporting that they never had an alcoholic beverage.³ In the high school grades, six of the nine community grantees saw similar increases. Across all the community grantees, this measure’s high school rates represented an improvement, increasing three percentage points from the 44% in 2017 (Table 5).

Table 7 - Getting Caught by the Police

Percentage of students who said it was somewhat likely or very likely a kid would be caught by the police if he or she drank alcohol

Desired Progress
Needs Improvement

	2017	2019	%pt +/-	
Middle School	60.6%	56.6%	-4.0%	
High School	52.7	45.4%	-7.3	

Source: North Dakota PFS Youth Survey

GETTING CAUGHT BY POLICE

The degree to which youth feel the police would catch them if they drink can serve as a deterrent to using alcohol. Many of the PFS funded communities increased their partnerships with their local law enforcement agencies during the project. These partnerships included efforts to increase enforcement of laws regulating alcohol use, including implementation of server training, compliance checks, party patrols, detection of fake identification, and sobriety checkpoints. The student survey included an item to monitor how youth view the likelihood of being caught by the police if they used alcohol.

Overall, across grantees from 2017 to 2019, the student survey results suggested that students were less likely to think that the police would catch underage drinkers. They went

from 61% in 2017 and 57% in 2019 among middle school students who reported it was somewhat likely or very likely that the police would catch a kid who drank alcohol (Table 7). The same measurement in the high school grades went from 53% in 2017 to 45% in 2019 (Table 7). These changes are consistent with the fact that only one of eight communities saw improvements in the middle school grades, and one of nine communities improved in the high school grades.

TALKED WITH PARENTS

One of the BHD’s longest primary prevention initiatives is the Parents Lead™ program (see: <http://www.parentslead.org/>). This media campaign, which started before the ND PFS Project, was designed to provide information to parents, community members, and health professionals to get them to communicate more effectively with the children in their homes and

Table 6 - Talked with Parents Recently About Drinking

Percentage of students who talked with their parents about the dangers of drugs and alcohol in the past year

Desired Progress
Needs Improvement

	2017	2019	%pt +/-	
Middle School	61.4%	61.2%	-0.2%	
High School	52.5	55.9	3.4	

Source: North Dakota PFS Youth Survey

communities. It provides parenting tips and information tailored to the stages of child development from toddlerhood through adolescence. It includes specific resources and information about talking with children about alcohol and drug use.

ND PFS sub-recipients adopted the Parents Lead™ program in their communities to enhance the program’s reach and apply it locally to their culture and population. The BHD supported these efforts

3 Increases in this measure were considered an improvement because they represent large numbers who were abstinent from alcohol use

by expanding the Parents Lead™ program to create additional radio, television, social media, and print service announcements. The BHD encouraged communities to alter and distribute these materials to fit their local needs. The local communities promoted the campaign within their local schools, faith-based organizations, parent groups, and advertisements across their whole communities. They actively shared information on social media from the campaign and worked with local media outlets to broadcast and promote the messaging. Additionally, some communities worked with schools to implement evidence-based prevention education programs in their schools. Many of these programs included activities and assignments that required youth to visit with their parents about topics such as the dangers of tobacco, alcohol, and drug use.

For the ND PFS project, the campaign and programs aimed to increase parent and child communication about drug and alcohol use. To measure this, the student survey asked whether, during the past year, the students had spoken to their parents about

the dangers of alcohol and drug use. At the baseline, 61% of middle school and 53% of high school students reported they talked with their parents about that topic. Middle school students remained nearly the same by 2019, but high school students were a little bit more likely to say they talked to their parents by three-percentage points (Table 6). At the community level, five of the eight PFS communities improved these rates in middle school, and four of nine improved their high school rates.

PARENT AND FRIEND PERCEPTIONS

The final area of focus for the ND PFS outcomes were the community norms associated with alcohol use. Largely, the funded communities chose this area to focus their efforts based on information from the North Dakota Community Readiness Survey (CRS) and in consultation with members of their community. The CRS only provided information about adults’ perceptions of alcohol and drug use

in their community across the state and regionally within the state. However, that data source was not specific to the population that the ND PFS communities attempted to impact both developmentally (underage youth) and geographically. To remedy this concern, the ND PFS used two approved federal outcome measures to gauge the community norms concerning youth alcohol use. These two survey items measured the percentage of youth who indicated their parents disapproved of them using alcohol, and the percentage who believed their friends disapproved of them using alcohol.

At the beginning of the project, 95% of middle school students and 89% of high school students in the PFS funded communities indicated that their parents would feel it was *wrong* or *very wrong* for them to consume one or two alcoholic drinks nearly every day. The percentage of middle school students reporting this increased⁴ in one of eight communities, and four of nine communities saw increases in high school students reporting the same.

Table 8 - Perceptions of Drinking

Percentage of students who said they think their parents or friends would think it was wrong to drink alcohol

● Desired Progress
○ Needs Improvement

PARENTS’ PERCEPTION

	2017	2019	%pt +/-	
Middle School	94.8%	94.2%	-0.7%	○
High School	88.6	88.1	-0.5	○

FRIENDS’ PERCEPTION

	2017	2019	%pt +/-	
Middle School	84.9%	82.9%	-2.0%	○
High School	63.7	61.3	-2.4	○

Source: North Dakota PFS Youth Survey

When we first administered the student survey in 2017, about 6 out of 7 middle school students (85%) reported that their friends thought it would be *wrong* or *very wrong* for them to drink alcohol nearly every day. In

4 Increases in both disapproval measures were considered improvement because they represent that larger numbers of students are feelings there is stigma from parents or friends for using alcohol.

high school, 64% of students reported the same. By 2019, four of eight PFS communities saw minimal increases in the middle school grades, and five of nine communities improved among high school students. (Table 8)

Overall when the data were combined for all the PFS community grantees, the percentage of students who reported parent disapproval of alcohol use remained relatively stable. However, the percentage who reported disapproval by their peers decreased slightly for both school levels, showing no improvement (Table 8).

Agency-Reported Impacts

In addition to the outcomes listed above, the evaluation team asked the lead agency in the funded communities to describe the changes that they saw from the PFS project. The following are some edited quotes from those descriptions. The order of the communities in this section was randomly assigned. Due to staff turnover at the end of the project, the Spirit Lake Sioux Nation did not have a chance to submit a project summary.

ROLETTE COUNTY PUBLIC HEALTH DISTRICT

The PFS grant allowed us to spread the prevention term to our service area and for the community to gain greater awareness and acceptance of underage alcohol use prevention. As we utilized the SPF process, we identified our problems and needs. We obtained data through the PFS youth survey that helped to express our

concerns. We created campaign materials to aid in spreading the messages for prevention and explaining how change continued to be needed for our community. The increased awareness led to support and readiness for change, which provided opportunities to create further working-partnerships with various community stakeholders.

In the latter portion of PFS, our elected sheriff was helpful and supportive of our prevention measures. In addition to the sheriff role, he is an alcohol retail owner and *Responsible Beverage Server Training* (RBST) instructor, and he aided the credibility of the training. As part of the PFS, we paid the salary for law enforcement officers to perform increased saturation patrols during the prom and graduation seasons, ultimately hoping that making law enforcement visible would deter the youth alcohol consumption during common times of use. As a

result, teachers reported more youth participation in the after-prom activities as compared to previous years.

To address retail availability, we enhanced the RBST program, with goals to create policies and ordinances. Through this program, we created working relationships with law enforcement, alcohol retailers, and policy-makers. We provided the RBST to 31 participants among nine service area businesses, and one retailer created an internal policy. For social availability, we intended to bring awareness of and continue to educate decision makers on the best practices of social host policy.

The use of other drugs, such as meth, opioids, heroin, and the crime rates are what led the attention. There was little to no acceptance to the fact that alcohol was commonly associated with the other drug use, if not the gateway to use. So, we developed prevention awareness campaigns, and

we utilized local data to express our needs to address underage alcohol use.

We created a unique collaborative relationship with all service area schools, where they agreed to participate in the annual PFS youth survey. They included us in many of their activities to spread our message and provided an opportunity to educate and connect with youth. We assisted in the annual policy reviewing process and provided suggestions.

LAMOURE COUNTY PUBLIC HEALTH DEPARTMENT

LaMoure County Health Department's journey with the PFS project started in September of 2017. We hired a full-time grant manager to work towards the goal of reducing underage drinking. We conducted and formed

coalitions. We strengthened partnerships with schools and created advertising campaigns. We formed trusting relationships with our youth, parents, and community members, who now see our health department as a source of information and support as we work together towards reducing underage drinking and preventing the devastating side effects associated with underage drinking.

One of our goals was to help parents talk to their children about the dangers of underage drinking, making good choices, and teach parents how to reduce youth access to alcohol.

The biggest change we saw in our community and coalition was a greater awareness of what is going on in our community in relation to underage drinking, the dangers associated with this behavior, and ways we can work to reduce or discourage underage drinking.

Our coalition and community were very willing to support our educational efforts and events that

focused on reducing underage drinking. They supported our campaign of Not in My House™ by displaying yard signs, placing stickers on popcorn bags at ball games, assisting with Stay Above the Influence™ events, and more.

From our perspective, the PFS was somewhat successful, but it takes more than four years to make lasting changes in social norms. However, we were successful in bringing the topic of underage drinking to the table. We engaged multiple sectors of our communities in conversations, education, and activities to reduce underage drinking in our county. One of the largest ways we did this was education through advertisements. We partnered with others in our region to develop a media campaign called Not in My House™. We placed advertisements on Pandora, cable TV broadcast channels, local radio stations, in sports brochures, at schools and community events, local grocery stores, and in individual yards.

TURTLE MOUNTAIN BAND OF CHIPPEWA

The PFS project team worked to understand the existing tribal laws and ordinances about alcohol and social access. We conducted a policy and ordinance review with the tribal council attorney to understand what was covered by existing statutes. We found that the current ordinance about loud and large parties covered the same legal area and addressed the same concerns as an unruly gathering ordinance. After that review, we then had the opportunity to work with local law enforcement to apply the existing law better to limit youths' access to alcohol at parties. The law and ordinance review also allowed us to identify other areas where we could educate and inform the tribal council about steps they could take to legislatively address underage alcohol use, like mandatory responsible beverage service training.

Though not completely approved yet, I have worked with the Turtle Mountain Tribal Council, and they have introduced mandatory alcohol beverage server training legislation. If this legislation passes, the PFS will be successful and require that all retail liquor establishments on the Turtle Mountain Reservation to have received/or will receive Alcoholic Beverage Server Training in order to maintain or receive a license to sell alcoholic beverages through written verification by Tribal Employment Rights Office and the Tribal Council.

The PFS project team has approached the largest event providers in our area to support this effort and allow the PFS project to set up a table with Parents Lead™ and other prevention brochures and pamphlets and provide an alcohol-free zone. The current Tribal Council is in full support of this strategy to prevent underage drinking, thereby making it possible for entire families to enjoy a community event or activity in an alcohol-free zone.

Another feather in the Turtle Mountain PFS headdress was the reestablishment of PFS Youth Groups. Up to 20 youth and their parents were active participants in meetings in the summers of 2018 & 2019. The youth received cultural teachings from respected traditional healers and information provided in Parents Lead™ brochures and pamphlets.

CITY-COUNTY HEALTH DISTRICT

We were able to achieve an increase in community capacity because we prioritized sustainable policy-based interventions. We focused our efforts on mandatory server training and school policy improvements. Our coalition galvanized the work through our community health needs assessment and improvement plans.

The community now openly discusses substance use as a social problem. There were times that we struggled to keep alcohol at the forefront amid the opioid epidemic. We dealt with that through targeted interventions.

In particular, the Not in My House™ campaign allowed us to communicate directly and specifically about alcohol. The community acknowledges more that underage alcohol is a problem that occurs and has consequences.

The PFS allowed us to focus specifically on underage alcohol use for a sustained period of time. It helped us to build mutually beneficial relationships and advance prevention. We obtained training and technical assistance that the prevention team brought back to the community. It helped us to make the Strategic Prevention Framework a common tool that we will continue to utilize even after the grant ends.

UPPER MISSOURI DISTRICT HEALTH UNIT

PFS funding increased the regions capacity to implement primary prevention regionally. One of the goals for PFS was to increase the number of people reached by prevention. A workgroup, called

the Williams County Community Coalition, was developed in Williston to achieve this goal. As a result, we increased the number of law enforcement agencies engaged in prevention from 1 to 5. We trained a law enforcement officer to become a master trainer for the ND Safety Council Responsible Beverage Server Training (RBST). This effort was to sustain regular RBST train the trainer courses at a reasonable cost and with regularity in our part of the state. Additionally, since we identified middle school students as being high risk for underage drinking, we trained five officers to implement D.A.R.E.'s Keepin' It Real program to the fifth grader students in all 15 schools of McKenzie and Williams Counties.

We had multiple agencies, that had not worked with the McKenzie County Community Coalition before, that now were buying into strategies to reduce underage drinking. Similarly, those agencies which have been engaged in prevention for a number of years are now having individual staff within their agencies adapt their job roles to include

pieces of prevention based upon best practice.

From 2018, we have seen middle school students getting alcohol go from parents decrease nearly 3.5%. Additionally, we have seen an increase in middle school students not using alcohol at all. After running Parents Lead™ and Not in My House™ ads targeting parents, we have seen a 9% increase in parents talking to their children about underage drinking.

The biggest success is that multiple agencies are committed to keeping our efforts to prevent underage drinking going beyond the PFS grant.

WELLS COUNTY DISTRICT HEALTH UNIT

Initially, we were able to provide the texting tip line (Tip411). This was very beneficial for our community not only for underage drinking but for other issues. Due to the tip line, this allowed a great

relationship between our coalition and the sheriff's department.

One of the biggest accomplishments we have seen through this grant process was youth and school involvement. We have gathered over 20 youth from both Harvey and Fessenden schools to help advocate the harms of underage drinking. These youth have taken part in many events in our community and at the state. They have made an impact not only on adults but on the youth.

The PFS project has brought awareness of our community's social norms and what needs to happen to create a lasting impact. We still have work to be done, but this has been a great stepping stone to create a positive change within our communities.

FOSTER COUNTY HEALTH DEPARTMENT

To combat social availability and cultural acceptance, the alcohol prevention media campaign

funded by the PFS has focused on consistent messaging. The Parents Lead™ and Not in My House™ activities increased conversations between elementary-aged children and parents about alcohol use and vaping use. We are in an age of better-informed parents and children.

Since 2009, grants such as Targeted Community, SPF-SIG, and PFS have made funding available for Foster County Health Department to be a constant presence in working with youth to reduce youth alcohol use. Looking at our ten-year data from the Youth Risk Behavior Survey, we can see a steady decrease in the consumption of alcohol and the risky behaviors associated with the consumption of alcohol. Steady momentum and perseverance over time have created these results with a number of people, sectors, groups, media platforms, and a constant commitment to reinventing the message to a new group of kids every year, through every new kind of technology.

Our coalition, which transitioned during the PFS, now stands on its own with 501(c)3 status, which frees us from some corporate oversight and regulation. This also shows the buy-in from the community. The coalition does so many things to support prevention work and to build protective factors in the community. The coalition helps to host alternative activities and programs such as prevention programming, arts and crafts, athletics, scholarships to participate in community activities, support of local parks, reading programs, health and wellness events, and sponsorships for healthy events.

By working with the Healthy Communities Coalition and community partners, Foster County Public Health has been successful at reducing youth alcohol use. At Carrington and Midkota High Schools, all categories of youth alcohol use have decreased, as well as improvements in drinking and driving based on data from the Youth Risk Behavior Survey.

SOUTHWESTERN DISTRICT HEALTH UNIT

Overall, with the implementation of our prevention measures, we saw a change in the strategies that we chose, and we increased the capacity levels of our community to accept and understand prevention and the need for change.

Many of our small communities' essential services rely on the alcohol industry sponsorships/fundraisers. Our goal became not to focus so much on their perception that we thought all alcohol was bad but rather how we could provide some tools to decrease youth access to alcohol. We sent out yearly letters to all liquor license holders in the eight-county area, informing them of ID scanners and wristbands that they could use at their community events. As time went on, we saw an increase in requests to use the ID scanners and even those requesting wristbands. Since we started tracking data, over 37,000 ids were scanned, finding 98 underage,

228 expired, and 190 fake ids. We saw community events call and request id-scanners that we never anticipated doing so. We did see changes in some of the community events tightening their guidelines. They, too, learned that just the fact that they are using these scanners could deter some of the youth from trying to gain access to alcohol.

We increased our coalition membership and continue to gain new members almost every meeting. Success was achieved through persistence, utilizing coalition members who had connections to other community stakeholders and increasing awareness very subtly through various means of messaging. Creating the behavioral health coalition brought together many concerned community stakeholders to the issues in our communities from mental health, suicide, alcohol, drugs, human trafficking, domestic violence, bullying, etc.. It also helped with collaboration, which in turn

increased our capacity to address more issues than one, as we know these issues are all interconnected and have an impact on each other.

CENTRAL VALLEY HEALTH UNIT

Our community and coalition, the Community Health Partnership, experienced an increase in readiness for change in regards to youth alcohol prevention, specifically in the areas of social and retail access. Throughout the grant project, we saw an increase in community capacity amongst our coalition and community partners.

Our community campaign, Not in My House™, which was developed in partnership with the other regional PFS programs was highly successful. The campaign received national attention and is now implemented in many states throughout the United States. It gave us an opportunity to target our specific local conditions of parents and older adults providing alcohol to youth at home. It did so

with education, advocacy, activities, and community engagement.

The largest impact of the PFS project lies in the strong partnerships that were built throughout the project.

State-Level Impacts

The evaluation team worked with the BHD Prevention Unit to identify how their support and administration of the ND PFS improved the state's prevention system and improved prevention across the PFS funded communities. The ND BHD prevention team provided the following narrative describing their ND PFS achievements.

Before 2011 and the receipt of the North Dakota Strategic Prevention Framework (SPF) Grant, the prevention system was not very widespread in the North Dakota communities. At the state level, the BHD sustained the Prevention Resource and Media Center, the division's prevention team, and the SEOW. There were also a few small targeted prevention grants being given to the tribal nations and targeted municipalities. The ND SPF, and ND PFS project that followed it, served as two large steps forward to making prevention something that

communities throughout the state are engaged in and value. The funding from these two consecutive grants have also allowed the BHD to create and implement the following:

- » Create a full system of prevention workforce development and community prevention support.
- » Produce and apply a state-level strategic plan that better distributes and uses discretionary grant funds and the more continuous SAPT BG prevention set-aside.
- » Support a full data collection and reporting system for substance abuse prevention in the state.
- » Develop and distribute statewide prevention media campaigns.
- » Continue providing prevention materials and resources to the prevention community.

The foundation for these changes was made during ND SPF from 2011 to 2016, and then the ND PFS—from

2015 to 2020—built the structure of this full prevention system. This built capacity will allow the BHD to address both the current and future prevention needs in a way that would not have been possible without these grants.

The description that follows focuses on the specific changes the BHD made during the ND PFS. However, much of what the agency accomplished was made possible because of the experience and the lessons learned from the ND SPF, which preceded it.

PREVENTION WORKFORCE DEVELOPMENT

Having a thoroughly trained and functional set of prevention coordinators in the PFS communities was essential for a robust prevention system. To that end, the North Dakota Behavioral Health Division (ND BHD) required that each PFS funded community employ a full time PFS

coordinator, each hired at 1.0 full-time equivalent (FTE) for the project. These prevention coordinators would be in charge of all project deliverables, and also, be the focus of prevention workforce training. The ND PFS supported 10 full time FTEs across the 10 PFS-funded communities in the state.

Further expansions later in the project using other funding streams expanded the number of communities served. With this expansion, the requirement was extended that these newly funded communities dedicate staff to the prevention work. The exact number of FTEs the communities dedicated to prevention services varied by project depending upon the available funding. By April 1, 2020, across all the prevention projects, the ND BHD estimated 10 FTEs dedicated to the ND PFS, approximately 3.5 FTEs dedicated to Community Alcohol and Other Drug (AOD) grantees, approximately 6 FTEs dedicated to the State Opioid Response (SOR)

Grant, and 4 FTEs for the Tribal AOD prevention grants. This blossoming of the prevention workforce began with the first ten dedicated prevention coordinators in the ND PFS communities.

During the ND SPF, the BHD began the process of providing training for the funded communities. The BHD entered into contract with the Community Anti-Drug Coalitions of America (CADCA) to provide quarterly in-person trainings and between-session support webinars. The contracted CADCA trainers worked with the BHD prevention staff, as a set of workbooks for the different steps of the SPF model were designed. These workbooks integrated the latest understanding of engaging the community and building coalition capacity to conduct prevention based on data. The quarterly trainings focused on providing support and training on how to complete each workbook. Trainings were designed to provide communities the opportunity to practice the skills and decision-making processes in a guided and supportive environment before applying them. They also provided

opportunities for the PFS-funded communities to share successes, challenges, and lessons learned with each other. These interactions allowed communities to develop together and create an active network of support to solve problems and share what they created and learned. The result was that the PFS grantees completed the equivalent to the CADCA National Academy and received additional training and support applying it to their specific PFS projects.

As the ND BHD rolled out of other prevention funding to more communities in the state, the quarterly training schedule provided a structure to integrate additional grantees to receive similar training. Attendance went from approximately 15 community prevention specialists representing the 10 PFS communities to over 45 when more communities, funded by other grants, became involved. During the last year of the PFS project, ND BHD, the CADCA trainers, and the community project directors for all the grants identified training and

networking opportunities that still needed support. The trainings were further expanded to include local coalition members and community stakeholders. This expanded the understanding of the prevention field into the individual community coalitions and made the available workforce both broader and deeper. It also laid the groundwork to make sure that the knowledge about prevention outlasts the original ten PFS coordinators. Video conferencing was used for the last three trainings because of the COVID-19 pandemic. Over 50 participants attended each training, which included about a dozen community coalition members who were first-time attendees. Throughout the PFS, the BHD have augmented the availability of other training as well, beyond what was made available using the PFS structure. The BHD began providing the Substance Abuse Prevention Skills Training (SAPST), a multi-day standardized prevention training developed by SAMHSA. All new community prevention project

directors funded by ND BHD are required to complete the SAPST.

The BHD coordinated and hosted the first ever “A Day for Prevention” which was a collaborative effort with other prevention professionals and the North Dakota Governor and First Lady. There were multiple guest speakers and over 8 different formal presentations. Over 1000 people attended, and the recordings are available online which have received 619 views.

The BHD training and technical assistance staff offered multiple grantee onsite visits throughout the SPF and PFS projects to provide technical assistance on the local implementation of prevention efforts.

To support community-level prevention implementation, the BHD developed a variety of resources, including a prevention overview video, data booklets, PowerPoints, handouts and an Alcohol Prevention newspaper insert.

Overall, the ND PFS has allowed the ND BHD to significantly expand and support the training and technical

assistance needed to conduct prevention activities in the state's communities. This approach will help the knowledge and skills needed for prevention work will outlast the ND PFS project itself.

STATE-LEVEL STRATEGIC PLANNING

The ND PFS required that ND BHD move from funding 26 communities across the state with the ND SPF SIG to supporting ten high-need communities under the ND PFS. This change in the number of funded communities allowed the BHD to focus on making sure the PFS targeted communities were adequately supported to address underage drinking. However, it also meant that prevention was less supported in many other communities. These changes prompted the prevention unit in ND BHD to undergo a strategic planning process during the PFS. The goal was to identify how to best use the prevention funding available beyond the PFS to support community and tribal entities effectively without

duplication. The planning allowed the BHD to accommodate other prevention funding changes, such as new money that became available in grants addressing the opiate crisis.

This planning process coordinated the funding to communities for the following grants:

- » PFS,
- » SAPT BG – prevention set-aside,
- » State Targeted Response to the Opioid Crisis Grant (Opioid STR), and
- » State Opioid Response Grant (SOR)

The most significant change involved the restructuring of the SAPT BG funds in 2018. Before the ND SPF, this grant primarily supported community prevention in the four tribal nations in ND and a small number of targeted communities across the state. The rest of the funds were used by BHD to support the Prevention Resource and Media Center, and statewide communication efforts. With the strategic planning that occurred

during the PFS, the BHD reallocated the SAPT BG into 14 Community AOD substance abuse prevention grants, in addition to continuing to support community prevention in the four tribal nations. The community grants were only available to public health agencies in the state who did not receive the PFS grant. Tribal nations receiving PFS funds remained eligible to receive these funds but had to choose substance abuse priorities, based on available data, that were separate from underage drinking.

The planning also accounted for when new funding became available, such as the SOR, which the BHD awarded to communities at the most significant risk for the opioid crisis.

When the BHD was administering the PFS, SAPT BG, and SOR grant, the agency was able to support 50 of the 53 counties and four tribal nations in the state with funding for prevention.

PREVENTION DATA SYSTEM

The ND BHD initiated the SEOW in 2006. Since 2011, ND BHD has received SAMSHA funding to support the SEOW. This allowed the BHD to create the first state-level SEOW data profiles and helped the ND BHD complete a full state-level needs assessment identifying alcohol misuse as the state's largest substance use concern. This assessment served as the foundation of North Dakota's funded SPF State Incentive Grant application. The ND SPF and the ND PFS continued the support for the SEOW and allowed BHD to continue to produce the SEOW profiles. Also, it funded the development and maintenance of an online data portal called the SUND (Substance Use North Dakota) website (see: <https://sund.nd.gov>). The SUND provided data as a more interactive and in-depth data exploration experience than the SEOW profiles.

For the ND PFS Evaluation, the ND BHD contracted with the Wyoming Survey & Analysis Center (WYSAC). The evaluation team had experience evaluating the SPF SIG in ND and similar projects in Wyoming and Oregon. WYSAC focused on

supporting the communities through the entire PFS project and providing local actionable data for the state and communities. Specifically, WYSAC coordinated the implementation of youth surveys in all the PFS communities to:

- » Provide local evaluation data that focused on fulfilling federal data requirements,
- » Collect information on long term outcomes of underage alcohol use and its consequences, and
- » Gather data that local communities could use to identify local issues around underage alcohol use.

The following data collection and data reporting initiatives were supported in the state.

- » Maintained and published the annual SEOW profile
- » Created and distributed Substance Use in North Dakota Data Booklets
- » Created and distributed data briefs
- » Supported two iterations of two separate surveys state and regional surveys related to prevention:

- The Community Readiness Survey and
- The North Dakota Survey of Young Adults

Overall, the PFS project was essential to support the data infrastructure for prevention, which allowed ND BHD to target efforts in the areas that would have the most significant impact. The BHD also recognized that changing community norms and behavior can take a long time. Having this data infrastructure has allowed the BHD to better understand both the shorter and longer-term trends and effects of the state's prevention projects.

STATEWIDE PREVENTION MEDIA AND RESOURCE SUPPORT

The PFS and other prevention substance abuse projects in the state have allowed the ND BHD to support the local communities with media resources that they could use

in their local prevention efforts. The BHD contracted with a marketing firm to develop and disseminate prevention campaign messages that were consistent with the research literature for effective prevention. These evidence-based procedures included making sure the messaging was positive, had clear action steps that people could take to address the identified issue, and engaged the audience in a conversation and learning activities. These campaigns also provided reliable and verifiable information from trusted data sources.

From these efforts, two major media campaign initiatives were developed. First, the Parents Lead™ program messaging was enhanced, which encouraged parents to talk with their children about substance use and other risky behavior and assist parents with information and resources to support and raise their children. Second, the Speaks Volumes™ campaign was developed, which informed the public of standard alcoholic drink sizes and educated them about alcohol overconsumption. A total of three television commercials, two radio ads and multiple print and social media

message designs were produced. For example, to target parents more effectively, ad spaces for Parents Lead™ were purchased during the state championship high school football and basketball games broadcasts because, it is a high viewership time for the athletes' parents and families from across the state.

Additionally, all media resources developed during the PFS were made available to the PFS communities and they were encouraged to use them. Communities included these messages in local distribution points, like the community radio stations, newspapers, and cable access channels. Overall, this approach to media and communication avoided duplication of efforts and provided consistent messaging, both statewide and locally. As needed, communities could alter the materials to include branding of the local prevention coalition or the agency to include in the message as a local tie-in.

The BHD encouraged communities to develop local media messages, and then worked with them to distribute the materials more broadly to other

parts of the state. This open process included providing time at the trainings to have the communities share their campaigns with their peers and answer questions. The BHD also maintained and moderated a Facebook group for the entire North Dakota prevention system. Its members included all the ND PFS grantees and the other communities funded from additional prevention funds. The Facebook group was used to disseminate the Not In My House™ campaign materials with the other prevention professionals across the state. As a longer-term distribution method, the materials were included in the Prevention Resource and Media Center's online resource catalog, which the BHD supports and maintains.

Conclusion

For the grant, the prevention unit at the BHD identified ten high-need communities using a formula that accounted for underage drinking rates, alcohol-related consequences, and demographic factors that influence substance use. Generally, these data were available for the eight human service regions across the state, which resulted in a clustering of the eligible sub-recipient grantees into those regions with the most significant overall problems. The ND BHD was less able to differentiate the needs of communities within each human service region. The result was that the ND PFS grant was offered to the federally recognized tribal nations and public health agencies in Human Service Regions I, III, VI, and VIII. Two tribes accepted the grant, Turtle Mountain Band of Chippewa and the Spirit Lake Nation. The remaining eight funded public health agencies covered 17 of 53 ND counties with their service areas. Based on the five-year average from the 2018 American Communities Survey, 157,844

people lived within the PFS funded communities, representing 21% of the state's population.

PFS PROCESS

The ND BHD and the funded community grantees worked through the SPF model to prevent underage drinking and improve the state's prevention capacity. In particular, the PFS communities were required by the BHD to complete specific and actionable deliverables to help each community complete the SPF model's steps. These deliverables included detailed workbooks that guided the communities through the needs assessment, capacity building, strategic planning, implementation, and sustainability processes. This approach allowed the BHD and the community grantees to focus on the fidelity to the SPF process. The BHD could also hold the communities accountable and document the completion of each step. In general, the BHD opened further funding

from the PFS as community grantees completed the steps of the process. At the same time, the ND BHD provided the communities with flexibility to address specific concerns and circumstances consistent with the goals and collected data from the ND PFS grant.

Each funded public health agency was required to work with a community coalition to implement the PFS project. This served as the foundation of the PFS project in each community. The funded agencies could either partner with an existing community coalition or establish one for this particular project. They were encouraged to have broad community representation and involvement from a variety of stakeholders. A common mantra in the PFS trainings and the encouraged approach to coalition management was, "to have the right people, to the right meetings, at the right time." Coalition involvement was the primary driver of prevention capacity gains. At the end of the project, the community grantees consistently identified

Prevention Strategies Implemented in the PFS

Media/Information Dissemination

Parents Lead™ Not in My House™

Law Enforcement

Compliance checks Sobriety checkpoints
Shoulder taps checks Party Patrols
Bar walks

Prevention Education

D.A.R.E's Keepin' It Real Project ALERT
Source of Strength

Policy Change

Mandatory server training Social host liability laws
Forensic ID scanners Community event alcohol policies

the increase and strengthened community partnerships were the PFS project's largest prevention capacity improvement.

Based on needs assessment data, the ND PFS communities generally identified a common set of intervening variables that

affected underage drinking in their communities. Those intervening variables were the availability of alcohol, the enforcement of existing laws, and the existing community norms around alcohol use. The local conditions of how those intervening variables occurred in the communities were distinct in each community. For instance, nearly all the PFS community and tribal grantees identified the social availability of alcohol as a key intervening variable that made underage drinking more likely. However, the local conditions regarding social availability varied from community to community. In one, the community coalition identified that youth were taking alcohol from unattended coolers at the lake. For another, the concern was that parents provided alcohol to their children, and possibly their children's friends. Based on the information collected from focus groups and interviews, the parents did this because they believed it was better to have the youth drink under that type of supervision than without any supervision. The prevention strategies implemented under the PFS

were chosen to address the specific local conditions that the community grantees identified.

The community grantees adopted comprehensive project plans. They involved all aspects of community change ranging from building awareness to changing the environment and enforcement of existing policies and laws. Finally, they worked toward implementing new or improved policies that sustained prevention beyond the project timeline and worked toward effecting community-level change. One large emphasis was increasing family communication about the dangers of using drugs and alcohol. The PFS funded communities cumulatively implemented and pursued the prevention strategies highlighted on the previous page.

The community grantees augmented these strategies with alcohol-free alternative activities, such as after-prom parties, project graduation, and alcohol-free events, which nearly always were indirectly supported by the ND PFS through the community coalitions.

After beginning implementing the chosen prevention strategies, the ND PFS evaluation team estimated that one or more prevention strategies each year reached all the target population members. Usually, the populations were reached multiple times during the year. The strategies with the largest reach tended to be the media campaign and information dissemination strategies; however, policy changes, when realized, were also broad-based and ongoing. They had the potential to continue their effects beyond their initial ratifications. In several cases, like Responsible Beverage Service Training and the prevention education strategies, the communities worked toward making sure the strategies were self-sustainable. They did this by investing in stakeholders to become trainers-of-trainers or implementing the prevention education within the standard school curriculum. As part of the PFS, the community grantees reported that from October 2017 to July 2020, they

were able to put into place 29 different new or improved policies.

PFS OUTCOMES

The ND PFS evaluation team used the data results from the ND PFS Youth Survey as its primary outcome source. The ND PFS Youth Survey was first administered in 2017, which served as its baseline. The survey in 2019 served as the final project measurement point, because COVID-19 interrupted the data collection in the spring of 2020 after only about one-third of the schools completed the survey before the full school closures.

Family Communication about Alcohol and Source of Last Drink

Based on the 2017 to 2019 comparison, the most consistent positive results related directly to the focus on Parents Lead™ and family communication about the dangers of drug and alcohol use. Across all the PFS grantees, there was a three percentage point increase in the percentage of high

school students reporting they talked to their parents about these issues. In some communities, the improvement was much larger. For instance, Wells County Public Health saw a 25-percentage point increase going from 42% in 2017 to 67% in 2019 for their high school. City-County Public Health saw almost an eight-percentage point increase in Barnes County's public high schools (49% in 2017 to 57% in 2019). In other communities, the most notable changes on this measure occurred in the middle school grades, with a 12-percentage point increase in Central Valley Health District's two counties and a five-percentage point increase in Rolette County. Overall, these results suggest that the communities successfully promoted and got more parents and children to have conversations about alcohol use.

The communities also focused on the availability of alcohol to youth in their communities. These efforts had meaningful improvement in outcomes as well. Across all the grantees, there was a three percentage point decrease in high school students reporting that they received their last drink

of alcohol from an adult who was 21 years old or older. Though not as large, there were also reductions in half or more of the communities from their youth reporting they received their alcohol from their parents. From the same survey item that asked about the source of the students' last drink, there was also a significant increase across all the PFS grantees in the percentage of youth reporting that they did not drink alcohol in their lifetime. Specifically, on average, high school students across the nine PFS grantees with data, had a three percentage point increase on this measure. This notably positive outcome is consistent with effective prevention. The youth did not simply move around from one source of alcohol to another, but instead, they reported gains in overall abstinence.

Community Norms Measures

Other targeted intervening variables associated with community norms had fewer and less pronounced changes when examined based on the averages across all grantees. However,

some individual communities showed some promising improvements.

When the students were asked how risky they thought it was to binge drink once or twice a week, the overall percentage point change was minimal across all grantees. Differences between 2017 and 2019 were less than 0.5 percentage points in both middle school and high school students. However, there were changes in the desired direction, even if small, in about half of the communities. The largest changes on this measure occurred in Spirit Lake's, Wells County's and Central Valley's service areas, among their middle school students.

For the other measures of community norms on the ND PFS survey, there was a similar pattern. There were minimal changes looking at all the grantees together for both perceive parent and peer disapproval of alcohol use. Yet, some notable improvements in a few of the community grantee's service areas suggested they have been making progress, but it was not uniform.

Generally, community norms are resistant to change, and so it is

reasonable that the communities saw the biggest improvements in the areas they worked directly (family communication and alcohol availability). At the same time, they had fewer evident changes in the less well-defined areas of community norms, like the perceived risk of alcohol use and the perceived disapproval of alcohol use.

Perception Of Enforcement Of Alcohol Laws

Many of the PFS community grantees worked closely with their law enforcement agencies, though compliance checks, bar walks, party and saturation patrols, and even a small number of DUI checkpoints. These interventions were designed to make enforcement of alcohol laws more visible and present in the community, with the desired result to make it more likely that the youth would think that if they drank alcohol, they would be caught. However, the results from the youth survey do not indicate that the community grantees achieved these goals. Instead, they appeared to have

gone in the opposite direction. Across all the grantees, the percentage of youth in middle school who thought it was somewhat likely or very likely that the police would catch a kid who drank alcohol decreased by four percentage points. In the high school grades, this indicator decreased by seven percentage points.

Alcohol Consumption

The PFS project's overall goal was to reduce underage drinking in the targeted PFS communities and the state as a whole. The PFS evaluation team wanted to see how the PFS project was related to the prevalence of alcohol use and binge drinking in the past 30 days. Based on the results from the ND PFS Youth survey, it appeared that alcohol consumption followed a similar pattern as what we observed for community norms. There were few changes in consumption rates in the overall averages across the PFS grantees. However, a small number of communities had some notable improvements. LaMoure County Public Health Department saw a four percentage point decrease in its

middle school grades for past 30-day use, going from 6.6% to 2.0% from 2017 to 2019. In Upper Missouri District Health, its high school students reduced their 30-day alcohol use rates by eight percentage points (33.7% in 2017 to 25.6% in 2019). The binge drinking prevalence decreased slightly by one percentage point among the high school students in funded communities, with notable decreases occurring in the service areas for Central Valley District Health Unit and LaMoure County Public Health Department. The high school students in those two areas reported decreases of seven percentage points and four percentage points, respectively. In the end, the ND PFS was associated little to no improvements in the longer-term outcomes of consumption that was consistent across all or most of the communities grantees. However, there were promising changes in a handful of communities.

Concerns and Limitations

The biggest limitation to all these

student survey results is the concern that we were unable to complete the final round of data collection. The schools all closed in the spring of 2020 as part of pandemic mitigation efforts for COVID-19, which interrupted the survey data collection after only two weeks. In total, the evaluation team gathered less than one third of the expected surveys and had complete data for only one of the community grantees. By reporting results from 2017 to 2019, rather than to 2020, we got only a partial picture how much implementation might have influenced the ND PFS funded communities. The 2019 measurement represented less than two years of full implementation, rather than almost three years if we had the 2020 results.

Additionally, the COVID-19 pandemic had a potentially large effect on the community grantees ability to continue full implementation. Eight of the community grantees were public health units, and the pandemic became their agencies' focus. They served as part of the primary defense against the spread of the disease

within their communities. Many of the agencies reported in their monthly reports and other communications that they worked as well as they could on PFS. However, the lockdowns, testing, and contract tracing occupied large portions of their time and limited what they could successfully complete since the beginning of the pandemic.

The PFS evaluation also examined the prevention capacity in each of the funded communities. As the writing of this report, the evaluation team was completing the final capacity assessment with each community. A final set of community capacity reports are being written looking at how much the PFS has affected the communities' abilities to implement effective prevention strategies and make them sustainable. These reports will be released at or near the same time as the current report. Interested individuals are referred to those reports to get a fuller picture of the effect that the ND PFS has had on community prevention capacity.

In conclusion, even with these

limitations, there is some evidence community prevention capacity has increased in the PFS funded communities. Based on their reports of project successes, they have improved and added policies that will continue beyond the grant. They also have looked toward sustainability by doing things like creating trainer-of-trainers for responsible beverage service training to make the RBST strategy self-sustaining. The PFS communities completed and worked through the CADCA leadership academy, which puts them in an excellent position to apply for grants such as Drug Free Communities Grants and other prevention grants. With sustained and continued efforts, then the communities can work on some of the more resistant to change areas, like changing community norms around drinking. The evaluation results are generally promising that the ND PFS has helped the funded communities move forward on the issues of preventing underage drinking and building their prevention capacity.

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