

2016

Harrisonburg-
Rockingham
Community Services
Board

Brandy Haden

[HARRISONBURG- ROCKINGHAM COMMUNITY NEEDS ASSESSMENT]

The purpose of compiling the needs assessment is to evaluate the community youth's use of alcohol, tobacco, marijuana, and other drugs. In addition, we also wish to have a better understanding of why youth are using these substances, what community factors may be contributing to their use, what is being done currently in our area to address those factors, as well as outlining potential next steps.

Table of Contents

Introduction and Background	2
Define Your Community.....	2
Describe the Community Demographically.....	2
Describe the Community Geographically	3
Community Readiness Assessment.....	4
Description of Community Readiness Assessment	4
Discussion of Community Readiness Assessment Results	4
Purpose	6
Data Collection	7
Quantitative Data	8
Qualitative Data	27
Community History	30
Key Findings	31
Assessment of Indicators for Alcohol, Tobacco and Marijuana	31
Assessment of Community Resources	33
Implications & Recommendations	35
Summary of Priority Areas and Next Steps	35
Citations & Appendix	37
Data Sources.....	37
Appendix.....	38
Community Readiness assessment Interview Questions.....	38
Consent Form for HRCSB Needs Assessment.....	44

1) Introduction & Background:

1. Define your community

Youth between the ages of 13 and 18 in Rockingham County and its county seat Harrisonburg makes up the community on which we will be focusing. The denominator is an estimated 26,017 youth.

Harrisonburg is centered within Rockingham County. In 2015 Rockingham County's population was 78,593, a total increase of 3.0% percent from 2010. The population in Harrisonburg was 52,538 in 2015 with an increase of 7.4% percent from 2010. Due to the large amount of growth, Harrisonburg became labeled as a Metropolitan Statistical Area for the census in 2010.

The community is made up of speakers of several languages, with 8.5% report speaking another language besides English at home. In addition to English, Spanish speakers represent the next largest segment of the population at 18.6%. This number has more than doubled from 2000 to 2015. Other languages spoken include Arabic (7%); Kurdish, (6%), and Russian (3%). Additionally, at least 51 other languages are reported to be spoken.

The project partners helping to compile this report are from a number of community based organizations, such as Big Brother Big Sister, Valley Work Force, Sentara Rockingham Memorial Hospital (RMH) Community Health Department, Rockingham County Public Schools, James Madison University (JMU) Office of Children and Youth, Harrisonburg City Public Schools, Rockingham County Public Schools, and the Harrisonburg Police Department. They've helped to not only compile data from different sources, but participated in focus group interviews, the Community Readiness Assessment, and given information on past projects and their context. These partners were also crucial in reviewing the data and narrowing the community's area of focus, and then brain storming next steps.

2. Describe the community demographically

As of 2016, the population of Harrisonburg city by race/ethnicity was 78% white, 15% Hispanic or Latino, 6% African American, 3% Asian, 3% two or more races, >1% Native American, and 8% other. The population of Rockingham County by race was 93%



white, 5% Hispanic or Latino, 1% African American, >1% Asian, 1% two or more races, >1% Native American, and 2% other. Though the community is predominantly white, the area is becoming more diverse.

As of 2014, the homes in the community (Harrisonburg and Rockingham County) have an average of 2.58 persons living in the home. The estimated median household income in Harrisonburg in 2014 was \$38,807, and in Rockingham County was \$38,946, both well below the state median of \$64,902. Combined, almost half (47.7%) of all household live below the poverty line. As of 2014, 5% of Harrisonburg-Rockingham county citizens are unemployed, according to the Department of Social Services (DSS)

3. Describe the community geographically

Rockingham County is the third largest county in Virginia. Large amounts of the county fall within the Shenandoah National Park to the east and George Washington National Forest to the west. The county stretches west to east from the peaks of eastern-most Alleghany Mountains to the peaks of the Blue Ridge Mountains, encompassing the entire width of the Shenandoah Valley. The county is bisected by another geographic formation, Massanutten Mountain, stretching from just east of Harrisonburg to the edge of the county. Massanutten Mountain splits the central Shenandoah Valley. The German River and the North Fork of the Shenandoah River flow on its western side and the South Fork flows on the eastern.

Harrisonburg is situated in the south central part of the county. Interstate 81 runs north and south through Rockingham County and also through Harrisonburg. Additionally, State Roads 42 and 11 also run north and south along the eastern side of Interstate 81. The final major road is State Road 33 which runs east to west through the lower part of the county and almost through the center of Harrisonburg.

Harrisonburg is the home of two universities; James Madison and Eastern Mennonite. The county also is home to Bridgewater College, National College, and Blue Ridge Community College. The largest employers of our area are JMU and Sentara RMH Medical Center. Average commute times for those living in the county compared to those in the city differ only by seven minutes (22.6 and 15.6 respectively).

4. Community Readiness

1. Description of Readiness Assessment Process

The purpose of the Readiness Assessment is to be able to match the community's current capacity (willingness and resources) to potential efforts. Efforts that are too ambitious are likely to fail if community members will not be ready or able to respond. This assessment will serve as a guide for our area to gauge what our community's current strengths, weaknesses, areas of misinformation, current level of knowledge, and if that is in line with our empirical data.

The Coalition chose to reach out to 8 key informants representing both the city of Harrisonburg, and Rockingham County (our area of concern); however, of those 8, only 4 participated. Those that participated were from the Community Health Department of Sentara RMH, a professor at JMU, a School Resource Officer (SRO), and an Assistant Principal with Rockingham County Schools.

The interviews were conducted by the HRCBS Behavioral Health and Wellness Coordinator Brandy Haden. For those that responded and were willing to participate, the interviews were primarily conducted in person, with the Behavioral Health and Wellness Coordinator acting as interviewer and note taker. One participant, however, due to extenuating circumstances answered the interview questions (Appendix) on their own time, and emailed the completed word document to the Behavioral Health and Wellness Coordinator. Any questions or follow ups were conducted via email with this individual as well.

The substances we chose to focus on were youth underage tobacco use, and youth marijuana use. We chose to exclude alcohol use for two reasons: there is a wealth of historical information as to past pertinent efforts for this particular community, and all the data trend for alcohol use are on the decline and well below regional, state, and national averages. These two points cannot be said for youth tobacco and marijuana use in Harrisonburg and Rockingham County. As such, the readiness assessment addresses each question for both tobacco and marijuana use for youth between the ages of 13-18 years old.

2. Discussion of Readiness Assessment Results

By using the tool's scoring sheet for each section, the respondents' answers were given a numerical score from 1 to 9, 1 being no awareness, and 9 being a high level of community ownership. Below are the averages from the respondents:



Scores	
<u>Dimensions</u>	<u>Averages</u>
Knowledge of Efforts	
Tobacco	2.7 Denial/Resistance
Marijuana	1.3 No Awareness
Leadership	
Tobacco	4 Preplanning
Marijuana	2.7 Denial/Resistance
Community Climates	
Tobacco	4 Preplanning
Marijuana	4 Preplanning
Knowledge of Issues	
Tobacco	6 Initiation
Marijuana	3 Vague Awareness
Resources	
Tobacco	3 Vague Awareness
Marijuana	1.7 No Awareness
Average	3.24 Vague Awareness

When it came to describing the level of readiness for these areas, and for the two substances, the *majority* felt:

Community Knowledge of Efforts

Tobacco: Besides national level efforts, like PSA and Tobacco Free Zones, there is little to nothing being done locally to prevent youth underage tobacco use.

Marijuana: The organizations within the community that could address youth marijuana use are focused on other areas. In addition, pro-legalizers are much more vocal.

Leadership

Tobacco & Marijuana: The Leadership would certainly passively support efforts, but would be hard pressed to allocate funding, or initiating efforts without the public demanding it. Their focus is on the business sector.

Community Climate

Tobacco: Most community members would passively support efforts to prevent youth tobacco use, but this area does have a culture of tobacco use. For example, there is an

emerging counter culture with individual's taking their own health and substance education personally, and are willing to defend their right to smoke.

Marijuana: Most community members believe that marijuana is being used by youth in the community, but not *their* home/immediate circle. There is also the attitude that “youth will be youth”, which is permissive for youth to experiment. If there is a concern regarding use, it has more to do with the legal ramifications than physical harm.

Knowledge of the Issue

Tobacco: There is visual evidence of youth using tobacco products at community events—you encounter it fairly frequently in the community settings; therefore, most people would agree that youth are using tobacco products underage. But, there is not as much knowledge as to what can be done to prevent youth use, as well as cessation programs.

Marijuana: There is a very low perception of use and harm in the community. There is also a belief that the marijuana will soon be legal, and that it is less harmful than drinking.

Resources for Efforts

Tobacco: The VFHY grant, but that funding is coming to a close (*one respondent mentioned the resources allocated to Virginia from the Tobacco Settlement Funds*).

Marijuana: Nothing currently.

It is interesting to note that both substances seem to be part of different counter cultures, one accepting and taking ownership of the potential health effects, etc. (*tobacco*), and the other disbelieving physical harm almost all together (*marijuana*). This coincides with the data that will soon be presented. When it comes to potential efforts, the community would almost unanimously support preventing youth substance use, but it could potentially be difficult to build capacity towards assisting in these efforts.

It should be noted that 4 respondents does not portray the most comprehensive view of our community's readiness; however, the fact that only half of the individual's invited to participate agreed to do so does echo the lack of support for capacity building efforts described in this assessment.

2) Purpose

Our purpose in collecting this data and compiling a needs assessment is to evaluate our community's (youth ages 13 to 18 in Harrisonburg and Rockingham County) current use of alcohol, tobacco, marijuana, and other drugs. In addition, we also wish to have a better understanding of why youth are using these substances, what community factors may be



contributing to their use, and what is being done currently in our area to address those factors.

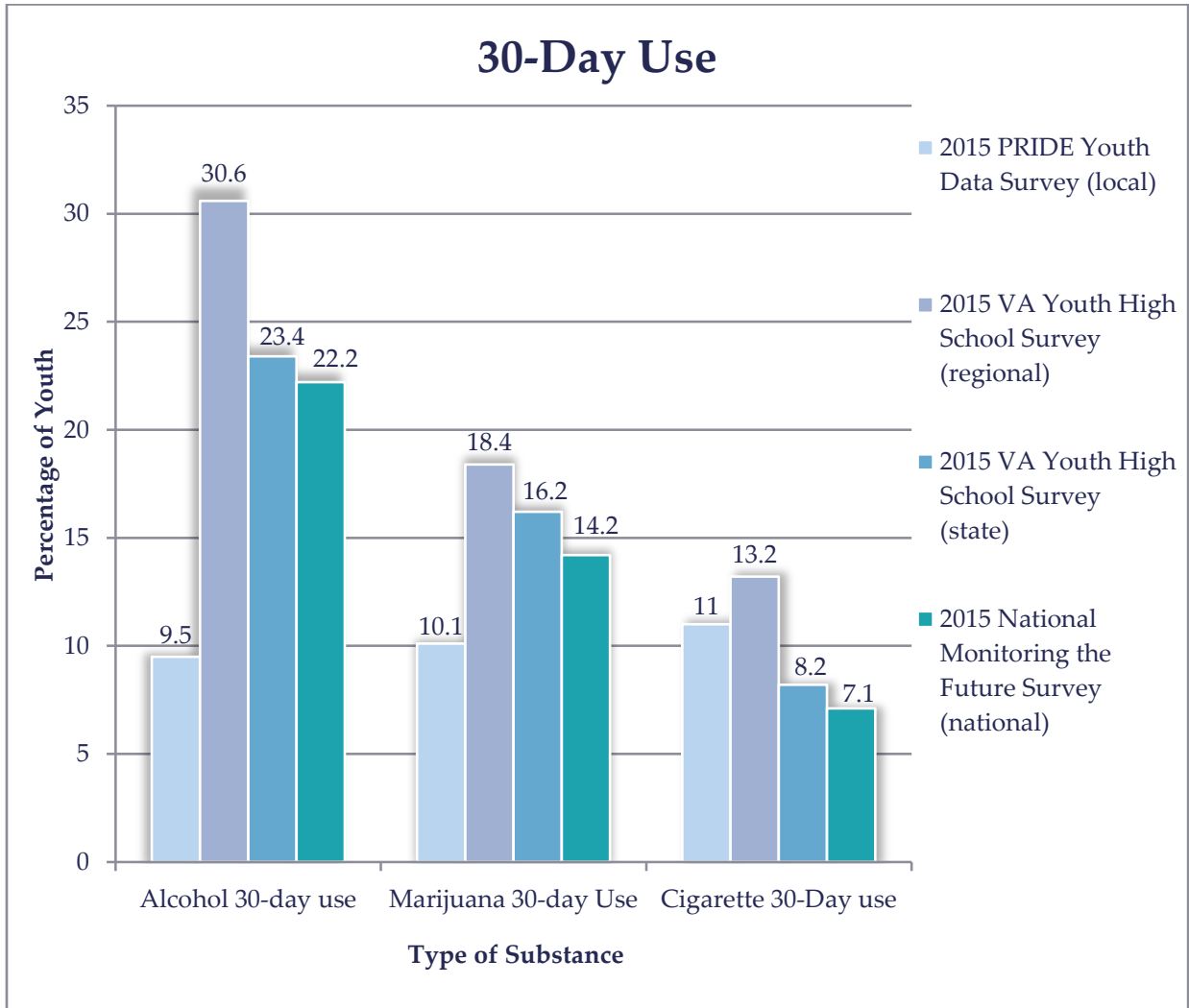
3) **Data Collection**

A variety of data sources were accessed in the analysis of our community needs and were required to gather adequate information on alcohol, marijuana, tobacco and other drugs.

Sources of data include:

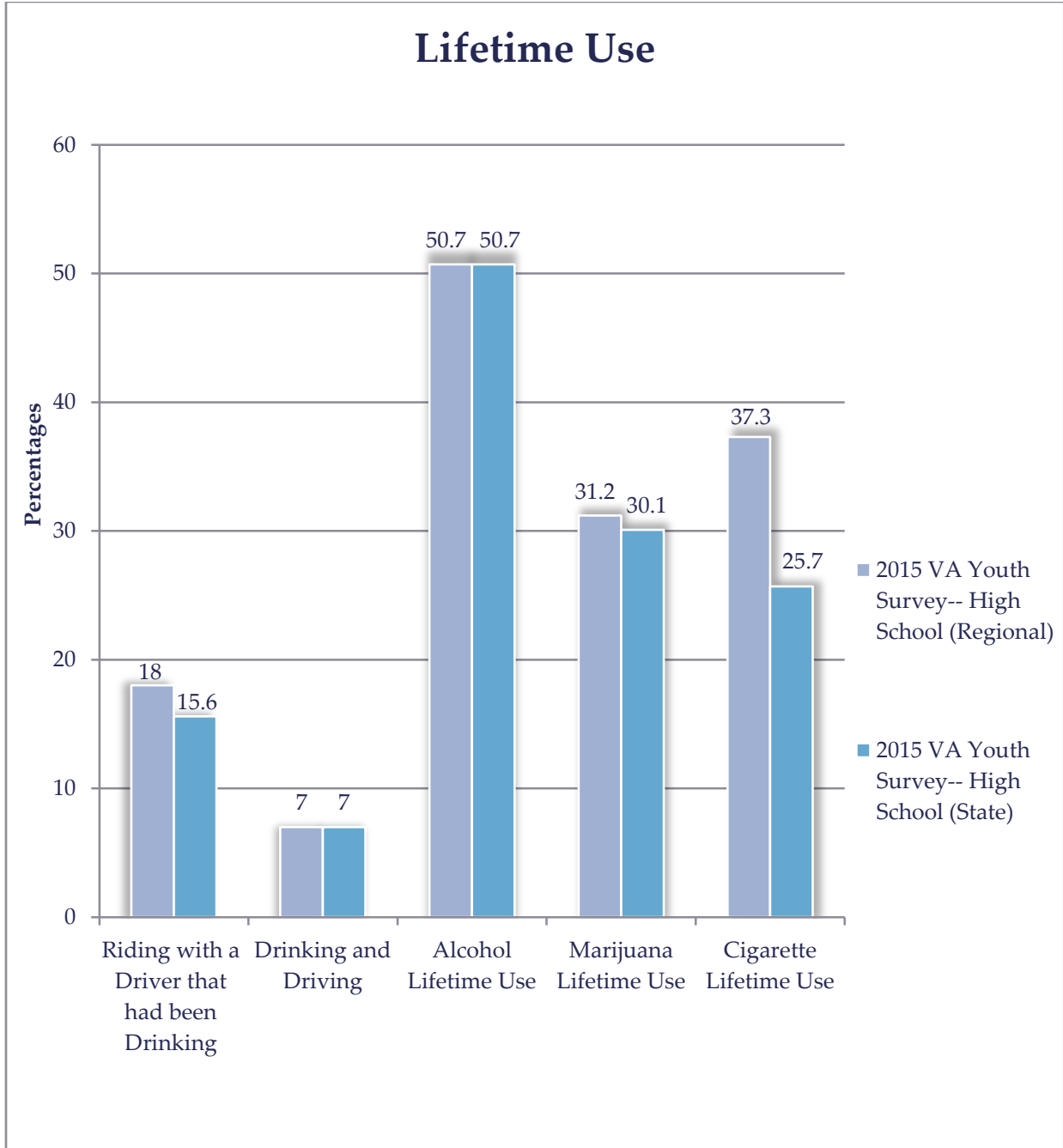
- 2015 PRIDE and Youth Data Surveys (Local)
- 2015 Virginia Youth Survey—High School (Regional/State)
- 2015 Virginia Youth Survey—Middle School (Regional)
- 2015 National Monitoring the Future Survey (National)
 - Data from state/national sources help provide a larger context.
- Virginia Social Indicator Data (Local/Regional/State)
- School Division Safety Data (Local)
- Community Health Ranking (Local/State)
- School Administration Informant Interview (Local)
- Identified Student Informal Interview (Local)

a. Quantitative Data



What the numbers and other information tell us:

For alcohol and Marijuana, Harrisonburg-Rockingham’s percentages are consistently lower than the regional, state, and national averages. The tobacco numbers, however, are only second to the North West region.



What the numbers and other information tell us:

Many of the lifetime percentages of substance use, and alcohol specific risk behaviors are the same, excepting marijuana and cigarettes. As noted in the chart above, the regional numbers for cigarettes are much higher than the state average.

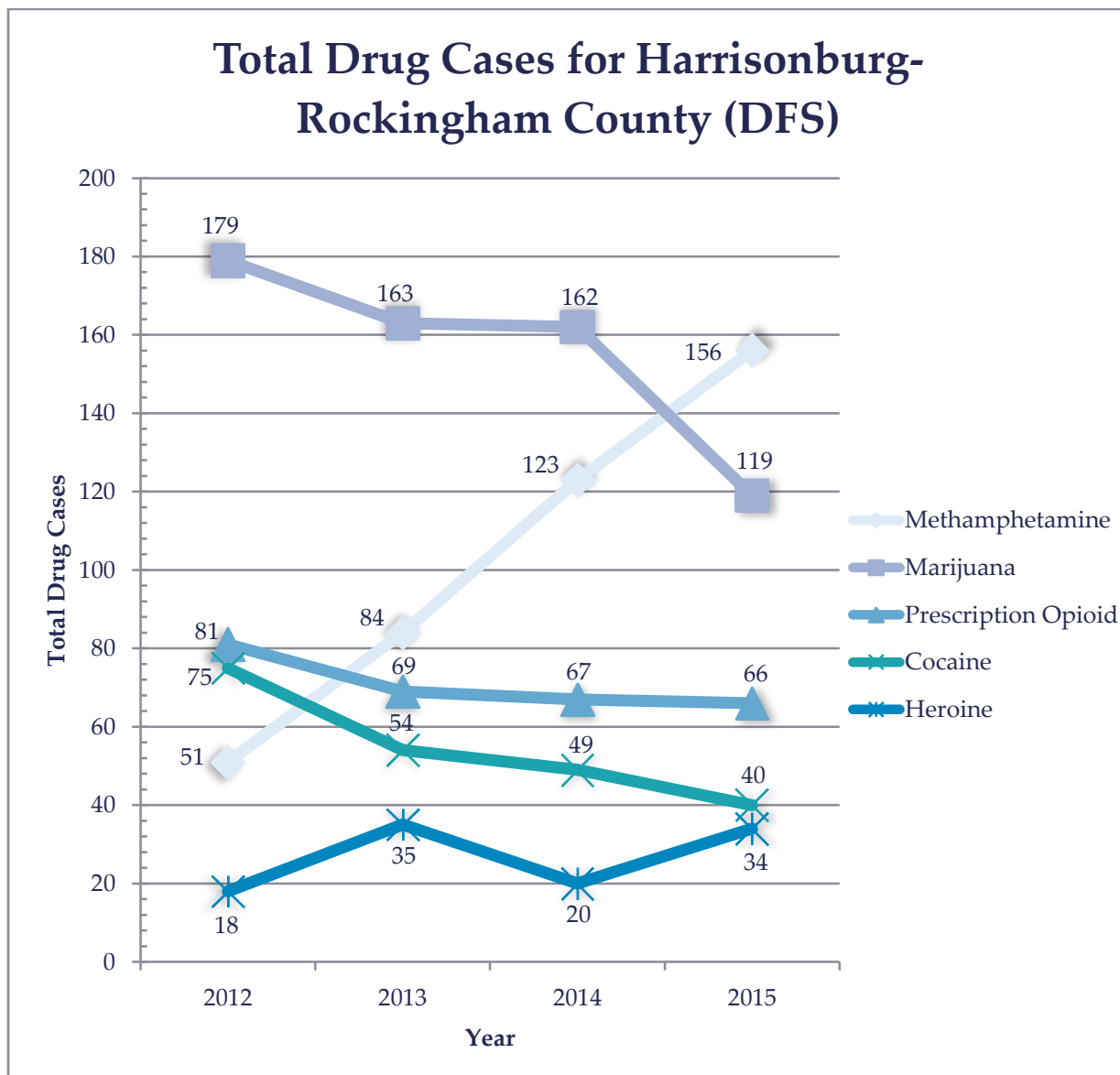
Prescription Drug Use		
<u>2015 PRIDE and Youth Data Survey</u>	<u>2015 Virginia Youth Survey-High School</u>	<u>2015 Virginia Youth Survey-High School</u>
<i>Local</i>	<i>Regional</i>	<i>State</i>
7.3% report taking prescription drugs one or more times without a prescription in the past year	16.8% reported using prescription drugs without a prescription, or misusing their prescription in their lifetime.	7.8% report taking prescription drugs one or more times without a prescription during the past 30 days.

What the numbers and other information tell us:

Our local past year average is similar to the state's 30-day average. This indicates that prescription drugs are, as of now, less of a problem in Harrisonburg-Rockingham than other areas of the state.

Virginia Social Indicator Data:

Below is information taken from the Virginia Social Indicator Dashboard; a compilation of behavioral health data from various agencies and organizations across the state of Virginia. The goal of the dashboard is to centralize key indicators of behavioral health and wellness to use as a resource for the needs assessment, epidemiological monitoring and planning.

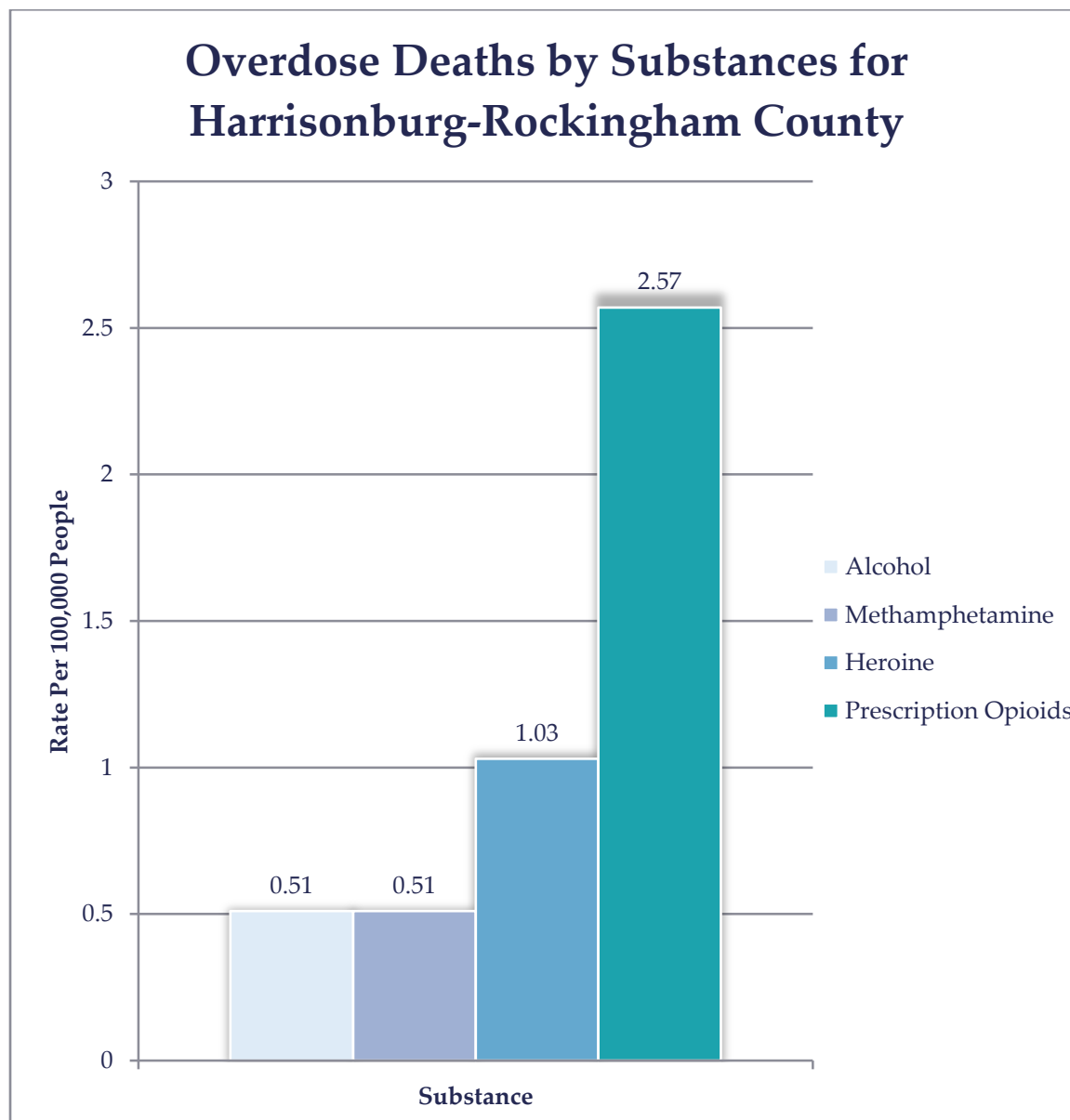


Virginia Department of Forensic Science (VADFS) (2015) *Drug Cases submitted to the Virginia Department of Forensic Science* [Data File]
Retrieved from <https://vasisdashboard.omni.org/rdPage.aspx?rdReport=Dashboard.DFSDrugCases>

Note: The steep drop offs in marijuana cases in 2006 and 2015 are due to changes in drug-testing policies rather than a change in the availability of marijuana.

What the numbers and other information tell us:

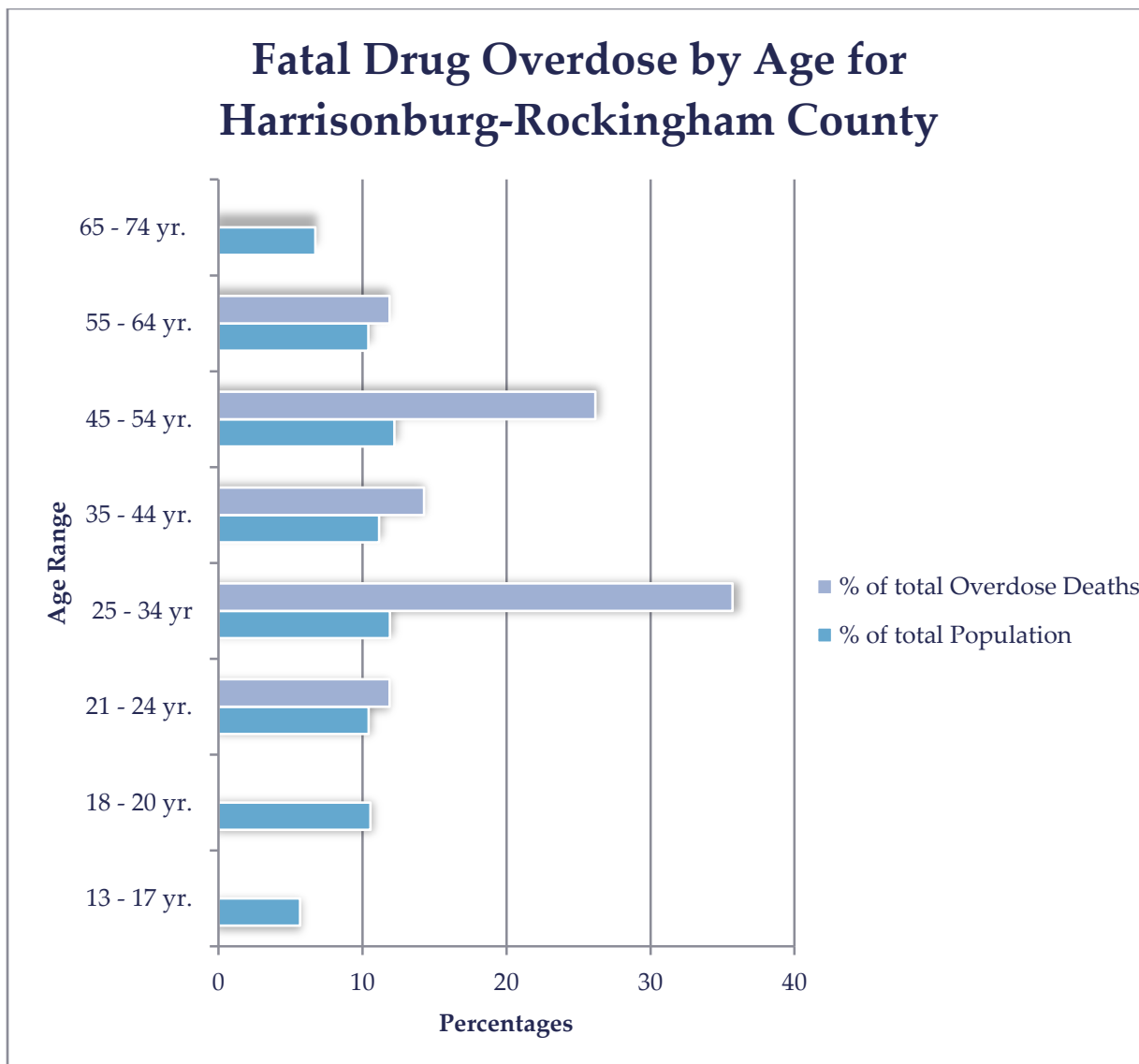
The total number of drug cases for methamphetamine has been steadily increasing, more so than any other substance.



Virginia Medical Examiner Database System (2012-2014) *Accidental and Undetermined Fatal Drug Overdoses* [Data File] Retrieved from <https://vasisdashboard.omni.org/rdPage.aspx?rdReport=Dashboard.OCMEOverdose2&iptDrug=AllSubstances&iptMapType=Locality+Level&iptYear=yr20122014&Locality=Virginia&LocalityCSB=Virginia&LocalityRegion=Virginia>

What the numbers and other information tell us:

Though there are more reported drug cases for methamphetamine and marijuana, there are more overdose deaths attributed to prescriptions opioids than any other substance.



Virginia Medical Examiner Database System (2012-2014) *Accidental and Undetermined Fatal Drug Overdoses* [Data File] Retrieved from <https://vasisdashboard.omni.org/rdPage.aspx?rdReport=Dashboard.OCMEOverdose2&iptDrug=AllSubstances&iptMapType=Locality+Level&iptYear=yr20122014&Locality=Virginia&LocalityCSB=Virginia&LocalityRegion=Virginia>

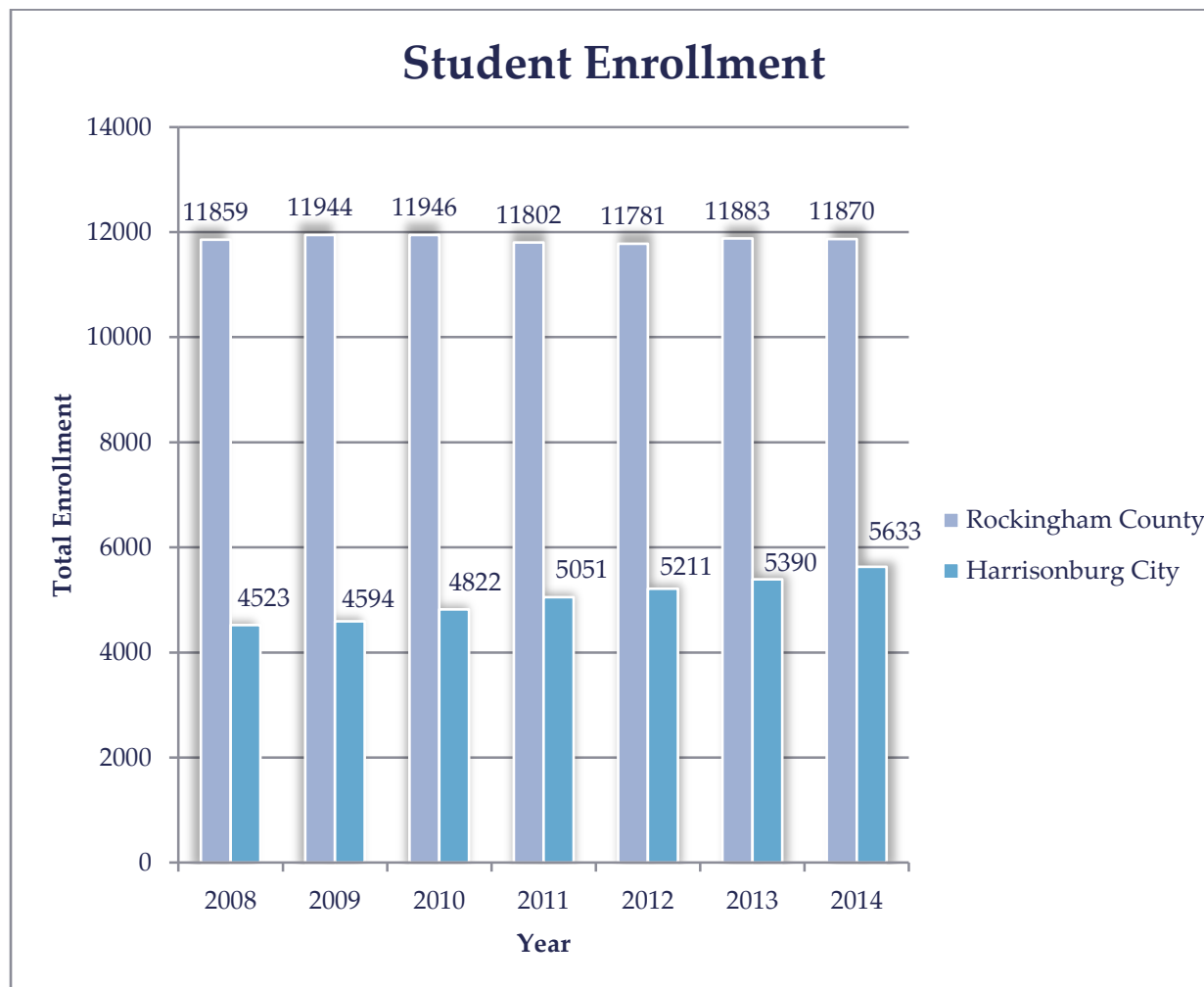
What the numbers and other information tell us:

The communities with which we are concerned (youth 18 – 13) are not dying by overdose, but it is possible that the adults and older friends/siblings in their lives could be.



Student Enrollment

Below is the enrollment data from the Virginia Department of Education. Both the County public schools and the City public schools are represented below, including youth ages 5 through 18.



Virginia Department of Education (2016) *Harrisonburg City Public Schools* [Data File] Retrieved from <https://p1pe.doe.virginia.gov/reportcard/report.do?division=113&schoolName=All>

What the numbers and other information told us:

The student enrollment for Rockingham County Public Schools (RCPS) and remaining the same, but Harrisonburg City Public Schools (HCPS) enrollment is rising by about 300 students a year.

School Division - School Safety

Virginia's accreditation standards require school report cards to include information about school safety. The Offense Categories that are listed are the same as the offense categories defined in the Safe Schools Information Resource (SSIR) available on the VDOE Web site.

Harrisonburg School Division—School Safety			
Offense Category	2012-2013	2013-2014	2014-2015
Weapons Offense	12	10	17
Offenses Against Student	32	20	30
Offenses Against Staff	<	14	<
Other Offenses Against Persons	107	175	146
Alcohol, Tobacco, and Other Drug Offenses	22	33	82
Property Offenses	10	14	<
Disorderly or Disruptive Behavior Offenses	401	322	321
Technology Offenses	<	<	12
Other Offenses	24	24	47
Short-term Suspended at least once	262	276	259
Key: < = A group below state definition for personally identifiable results			

Virginia Department of Education (2016) *Harrisonburg City Public Schools* [Data File] Retrieved from <https://p1pe.doe.virginia.gov/reportcard/report.do?division=113&schoolName=All>

What the numbers and other information told us:

Though the number of ATOD offenses is rising, it could be attributed to the raise in student enrollment in Harrisonburg City School systems from 2013 to 2015, and not a raise in prevalence alone. Even with a greater number of offenses, and student enrollment, the number of short-term suspensions has decreased. This could be due to Harrisonburg City Schools providing trauma-informed trainings for their employees, as well as disciplinary reforms.

Rockingham County School Division—School Safety			
Offense Category	2012-2013	2013-2014	2014-2015
Weapons Offense	25	27	17
Offenses Against Student	61	70	43
Offenses Against Staff	<	14	<
Other Offenses Against Persons	327	266	243
Alcohol, Tobacco, and Other Drug Offenses	174	157	163
Property Offenses	32	<	25
Disorderly or Disruptive Behavior Offenses	431	485	394
Technology Offenses	45	40	66
Other Offenses	121	97	99
Short-Term Suspension at least once	454	556	462
Key: < = A group below state definition for personally identifiable results			

Virginia Department of Education (2016) *Rockingham County Public Schools* [Data File] Retrieved from <https://p1pe.doe.virginia.gov/reportcard/report.do?division=82&schoolName=All>

What the numbers and other information told us:

The greater total number of offenses between HCPS and RCPS can be attributed to the larger number of student enrollment in RCPS. The number of ATOD offenses is generally remaining the same, but what is interesting to note is that when there was a decrease in ATOD offenses, there was a sizeable increase in the number of short-term suspensions. This could be due to the raise in disorderly or disruptive behavior, offenses against staff, and offenses against other students in 2013-2014.



Community Health Ranking:

Below is data compiled by the state for each county and city in Virginia, but is not specific to youth. For comparison purposes, the state averages are included alongside Harrisonburg city and Rockingham County. This list is not the comprehensive study, but highlights that which is applicable to our purpose.

Health Outcomes and Factors			
Category	Harrisonburg City	Rockingham County	Virginia
Adult Smoking	5%	13%	18%
Excessive Drinking	18%*	11%	16%
Alcohol-Impaired Driving Deaths	0%	40%*	14%
High School Graduation Rates	85%	91%*	88%
Children in Single-Parent Households	28%*	22%	21%
Violent Crimes Reported	203*	69*	59
<i>* indicates a higher percentage than the state average</i>			

Robert Wood Johnson Foundation and University of Wisconsin Public Health Institute (2016) County Health Rankings [Date File] Retrieved from <http://www.countyhealthrankings.org/app/virginia/2015/overview>

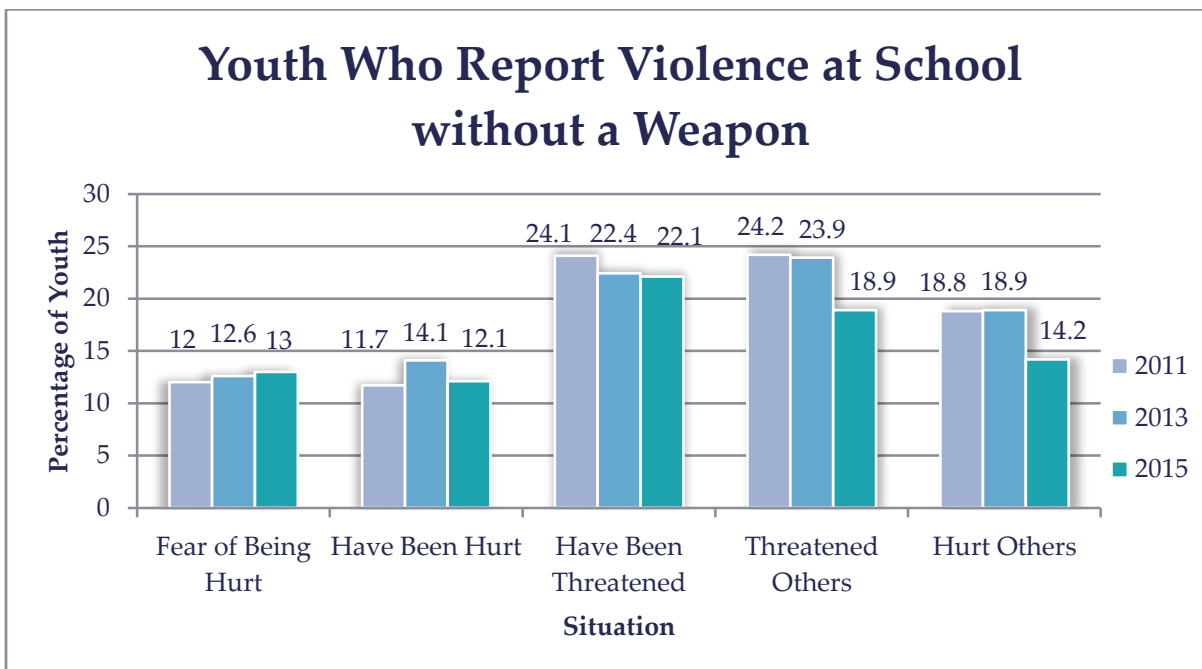
What the numbers and other information told us:

The city of Harrisonburg has a higher excessive drinking percentage, which can be attributed to the high density of university students. A possible explanation of the high rate of alcohol-impaired driving deaths in Rockingham County could be attributed to individuals driving into Harrisonburg to drink, and then driving back home in the county, as there are very few to no public transportation services for those individuals. The difference in violent crimes could be attributed to the higher rate of gang activity in Harrisonburg, due its strategic location near I-81.

PRIDE & Youth Data Survey

Below are more specific findings from the biannual PRIDE and Youth data survey administered by the Office of Children and Youth at James Madison University to approximately half of all 8th, 10th, and 12th grade students in the Harrisonburg and Rockingham County School divisions. All data is from 2015, unless otherwise indicated.

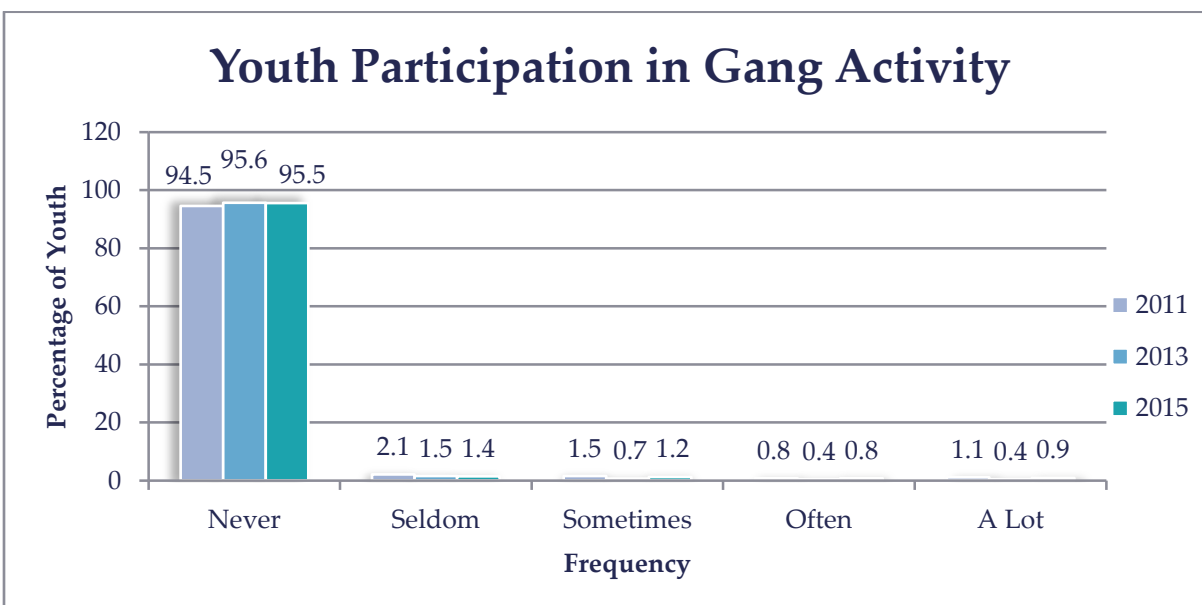
Violence:



Institute for Innovation in Health and Human Services (IIHHS) at James Madison University, Office of Children and Youth (OCY) (2016) *Youth PRIDE Data Survey* [Data File] Retrieved from <http://www.theocy.org/youth-data-surveys-2/youth-data-survey-2013/>

What the numbers and other information told us:

There was an increase in students reporting a fear of being hurt and a decrease in students being hurt at school without a weapon.

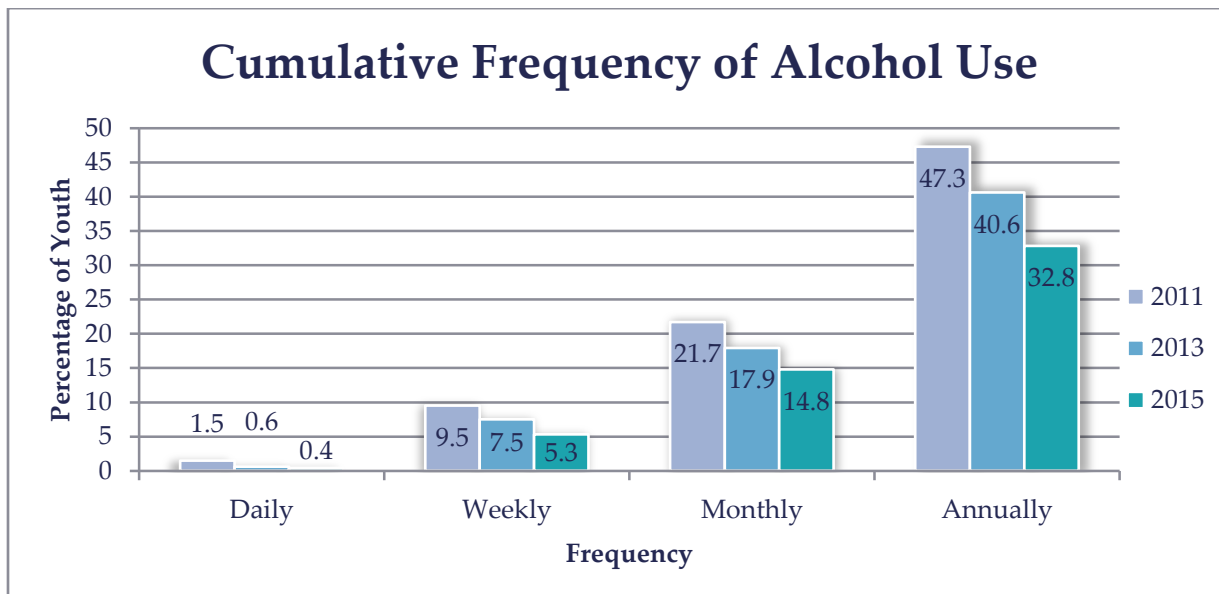


Institute for Innovation in Health and Human Services (IIHHS) at James Madison University, Office of Children and Youth (OCY) (2016) *Youth PRIDE Data Survey* [Data File] Retrieved from <http://www.theocy.org/youth-data-surveys-2/youth-data-survey-2013/>

What the numbers and other information told us:

The majority of teens still do not report participating in gang activity. The numbers have stayed relatively the same since 2013.

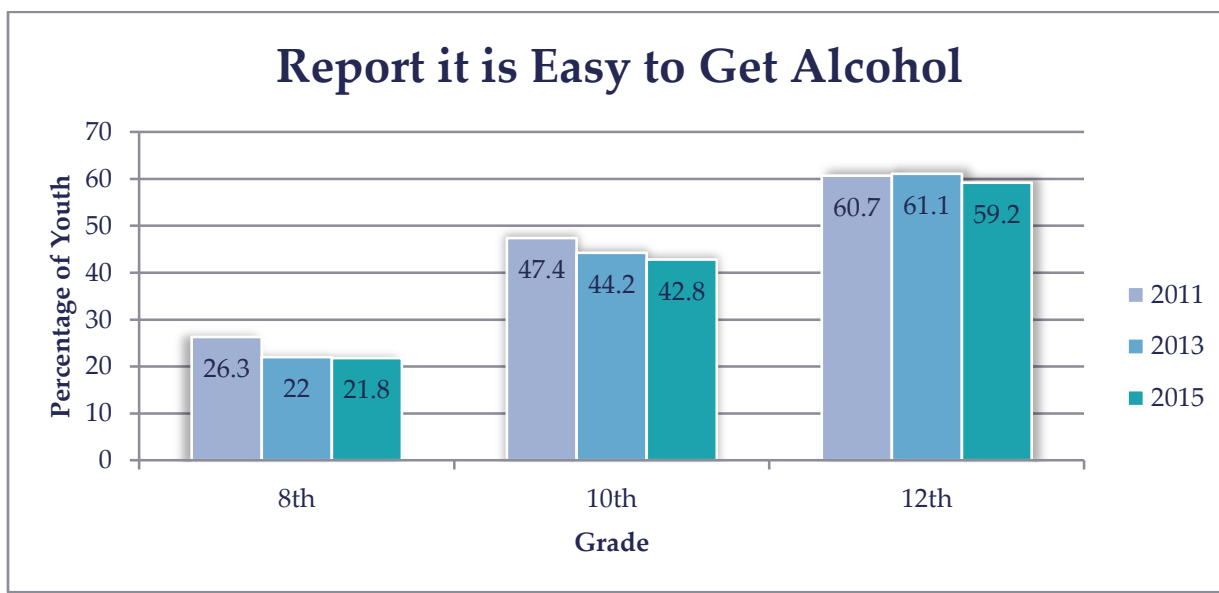
Alcohol:



Institute for Innovation in Health and Human Services (IIHHS) at James Madison University, Office of Children and Youth (OCY) (2016) *Youth PRIDE Data Survey* [Data File] Retrieved from <http://www.theocy.org/youth-data-surveys-2/youth-data-survey-2013/>

What the numbers and other information told us:

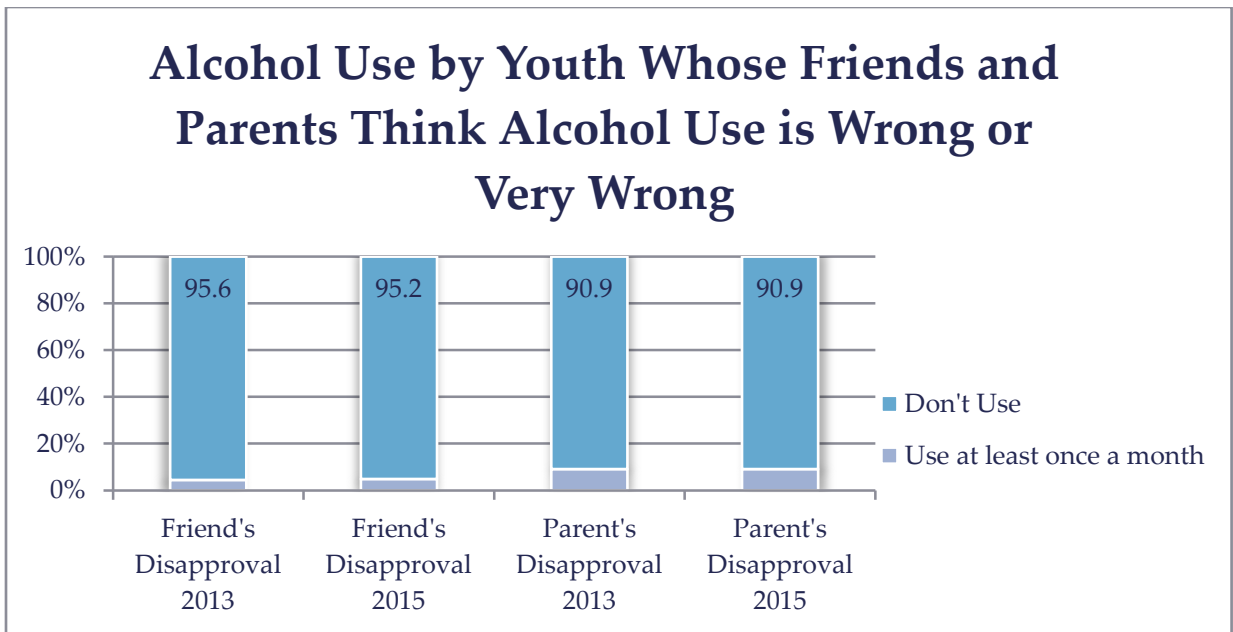
There has been a drop in the daily, weekly, monthly and annual use of alcohol since 2011.



Institute for Innovation in Health and Human Services (IIHHS) at James Madison University, Office of Children and Youth (OCY) (2016) *Youth PRIDE Data Survey* [Data File] Retrieved from <http://www.theocy.org/youth-data-surveys-2/youth-data-survey-2013/>

What the numbers and other information told us:

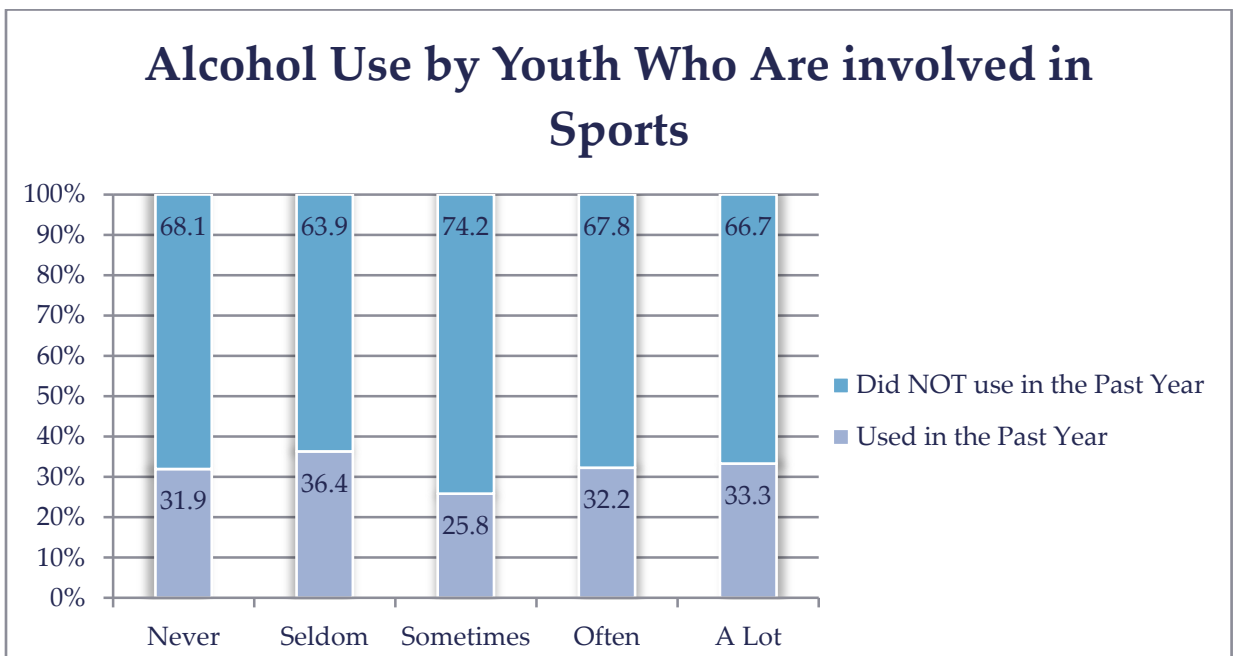
The number of youth reporting that it is very easy or fairly easy to get alcohol decreased by approximately 2% in 10th and 12th graders, but remained fairly consistent for 8th graders.



Institute for Innovation in Health and Human Services (IIHHS) at James Madison University, Office of Children and Youth (OCY) (2016) *Youth PRIDE Data Survey* [Data File] Retrieved from <http://www.theocy.org/youth-data-surveys-2/youth-data-survey-2013/>

What the numbers and other information told us:

Only 4.8% of students whose friends disapprove of alcohol use drink at least once per month. Similarly, only 9.1% of youth whose parents disapprove of alcohol use drink at least once per month.

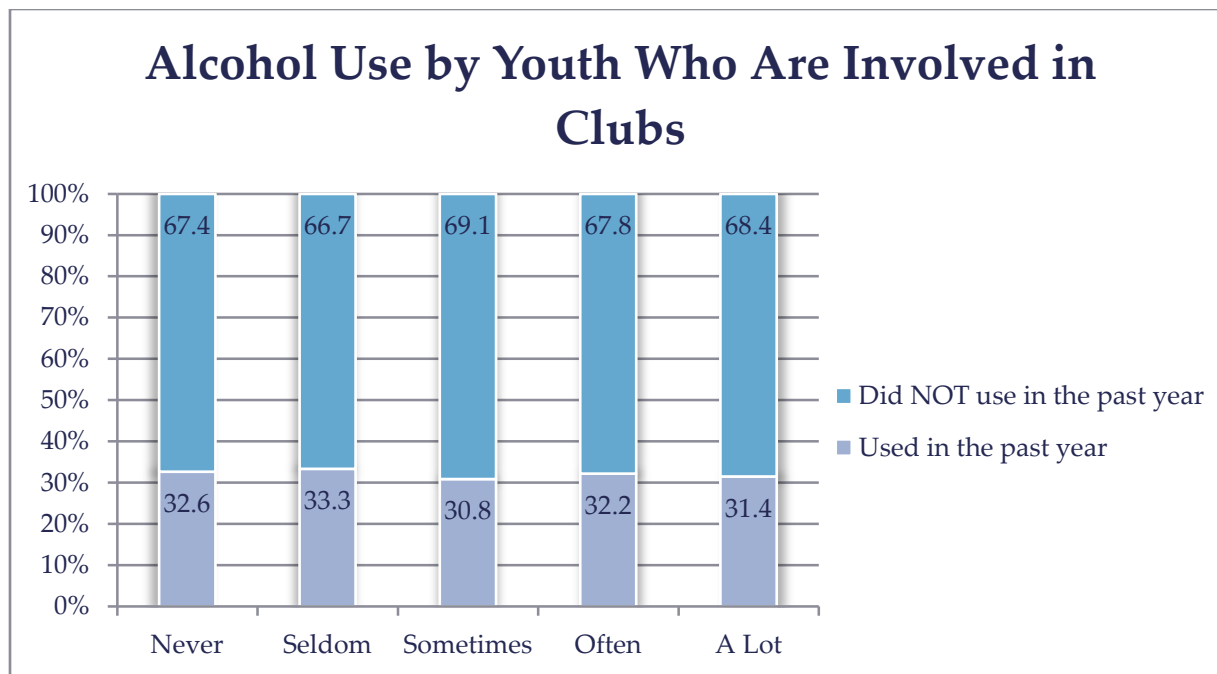


Institute for Innovation in Health and Human Services (IIHHS) at James Madison University, Office of Children and Youth (OCY) (2016) *Youth PRIDE Data Survey* [Data File] Retrieved from <http://www.theocy.org/youth-data-surveys-2/youth-data-survey-2013/>

What the numbers and other information told us:

A lower proportion of youth (32.2% and 33.3%) who are involved in sports often and a lot used alcohol than those that are seldom involved in sports (36.4%).

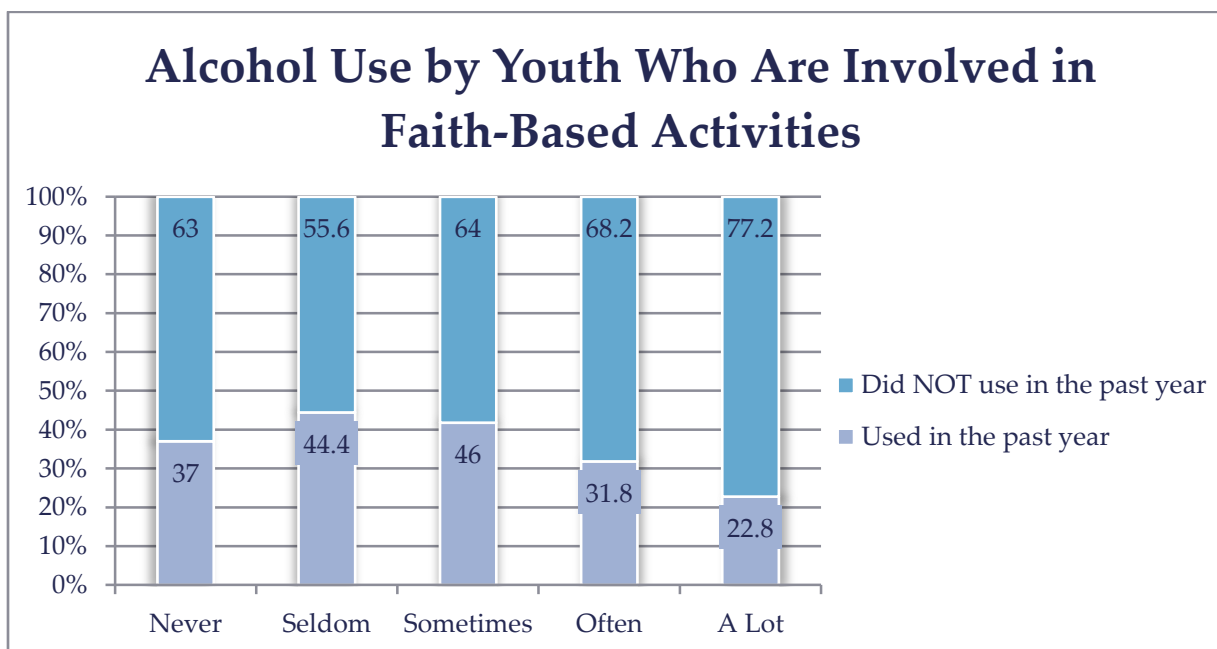




Institute for Innovation in Health and Human Services (IIHHS) at James Madison University, Office of Children and Youth (OCY) (2016)
 Youth PRIDE Data Survey [Data File] Retrieved from <http://www.theocy.org/youth-data-surveys-2/youth-data-survey-2013/>

What the numbers and other information told us:

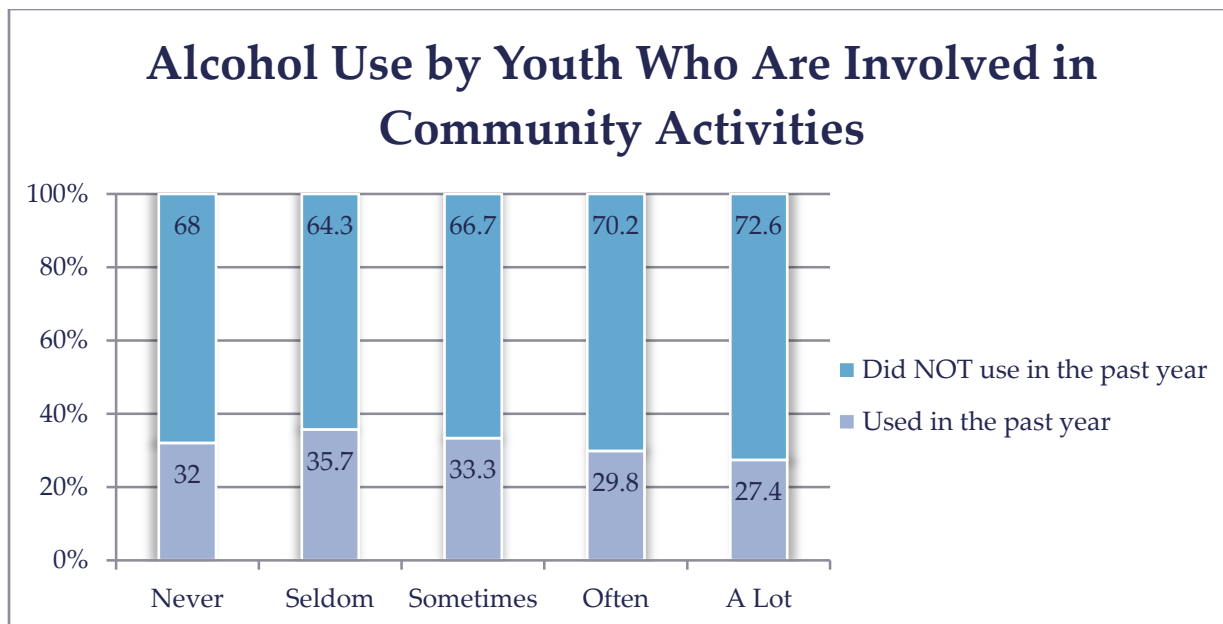
There is not much variability in alcohol use across the portions of youth who are involved in clubs.



Institute for Innovation in Health and Human Services (IIHHS) at James Madison University, Office of Children and Youth (OCY) (2016)
 Youth PRIDE Data Survey [Data File] Retrieved from <http://www.theocy.org/youth-data-surveys-2/youth-data-survey-2013/>

What the numbers and other information told us:

Of youth who participate in church activities a lot, only 22.8% have used alcohol in the past year. This is 15% less than the portion of youth (37.0%) who never participate in church activities and have used alcohol in the past year.

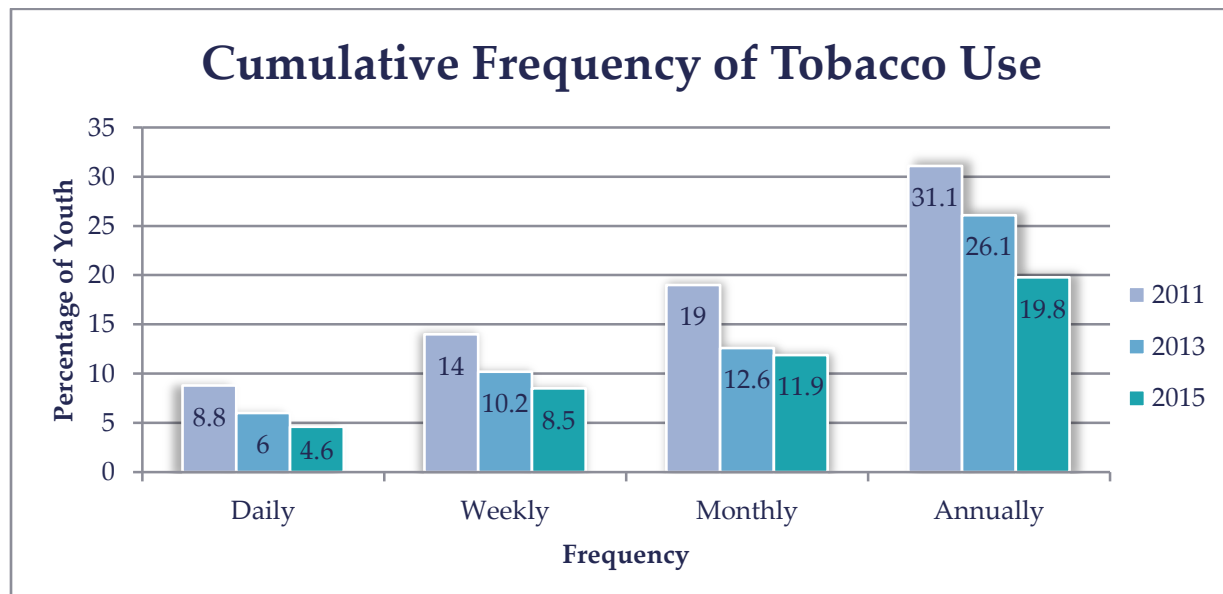


Institute for Innovation in Health and Human Services (IIHHS) at James Madison University, Office of Children and Youth (OCY) (2016)
 Youth PRIDE Data Survey [Data File] Retrieved from <http://www.theocy.org/youth-data-surveys-2/youth-data-survey-2013/>

What the numbers and other information told us:

Of youth who are never involved in community activities, there is a higher proportion (32.0%) that used alcohol in the past year than those that are involved in community activities a lot (27.4%).

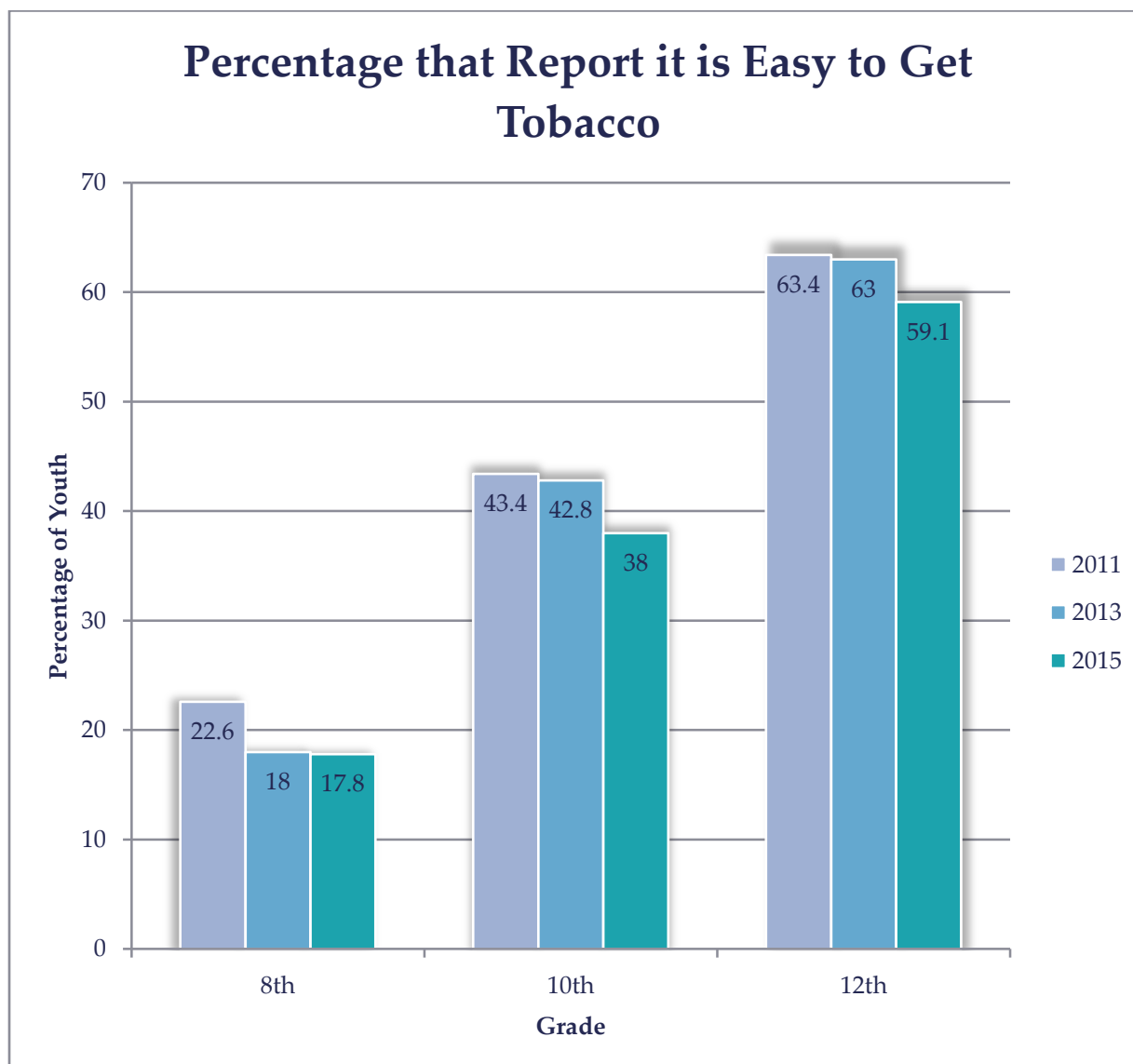
Tobacco:



Institute for Innovation in Health and Human Services (IIHHS) at James Madison University, Office of Children and Youth (OCY) (2016)
 Youth PRIDE Data Survey [Data File] Retrieved from <http://www.theocy.org/youth-data-surveys-2/youth-data-survey-2013/>

What the numbers and other information told us:

There has been a decrease in the overall use of tobacco in all grades from 2013, with the largest decrease (6.3%) occurring in annual use.

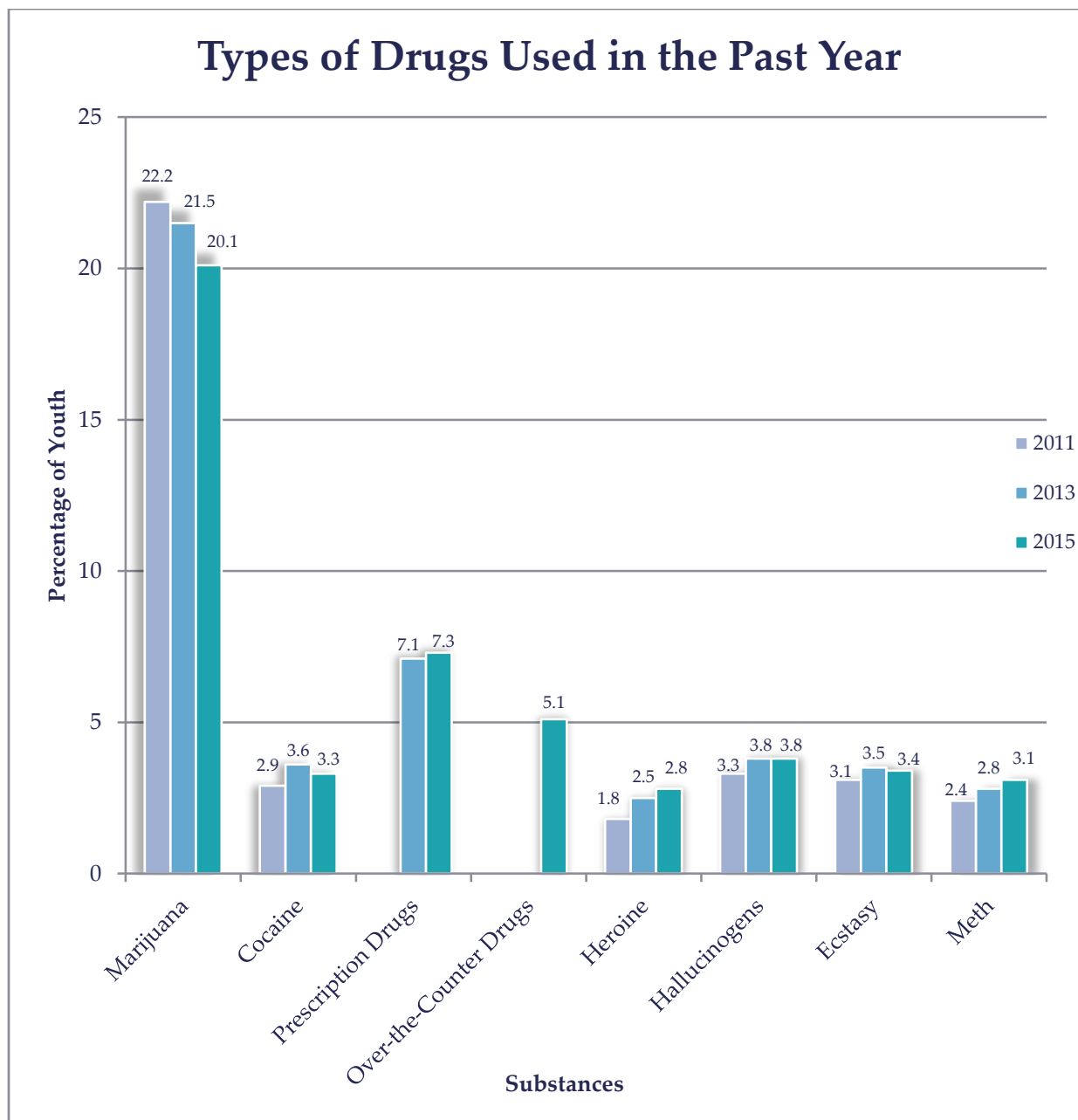


Institute for Innovation in Health and Human Services (IIHHS) at James Madison University, Office of Children and Youth (OCY) (2016)
Youth PRIDE Data Survey [Data File] Retrieved from <http://www.theocy.org/youth-data-surveys-2/youth-data-survey-2013/>

What the numbers and other information told us:

The ease of access to all types of tobacco products has decreased among all grades. Overall, 78.3% of youth feel that tobacco use is harmful or very harmful.

Drug Use:

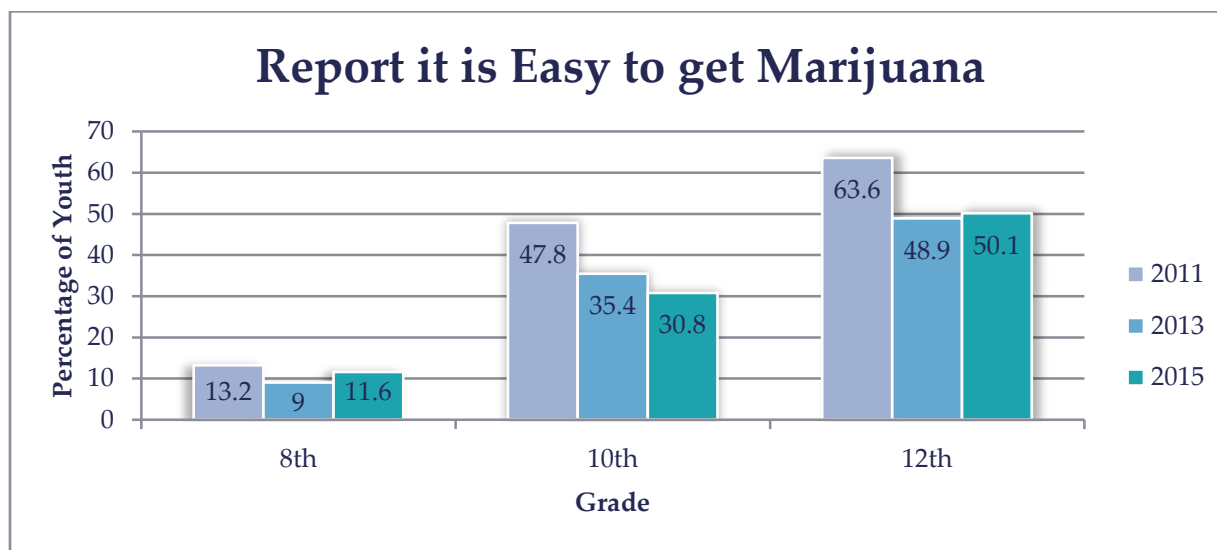


Institute for Innovation in Health and Human Services (IIHHS) at James Madison University, Office of Children and Youth (OCY) (2016)
 Youth PRIDE Data Survey [Data File] Retrieved from <http://www.theocy.org/youth-data-surveys-2/youth-data-survey-2013/>

What the numbers and other information told us:

Marijuana remained the most used drug and its usage decreased slightly from 2013.

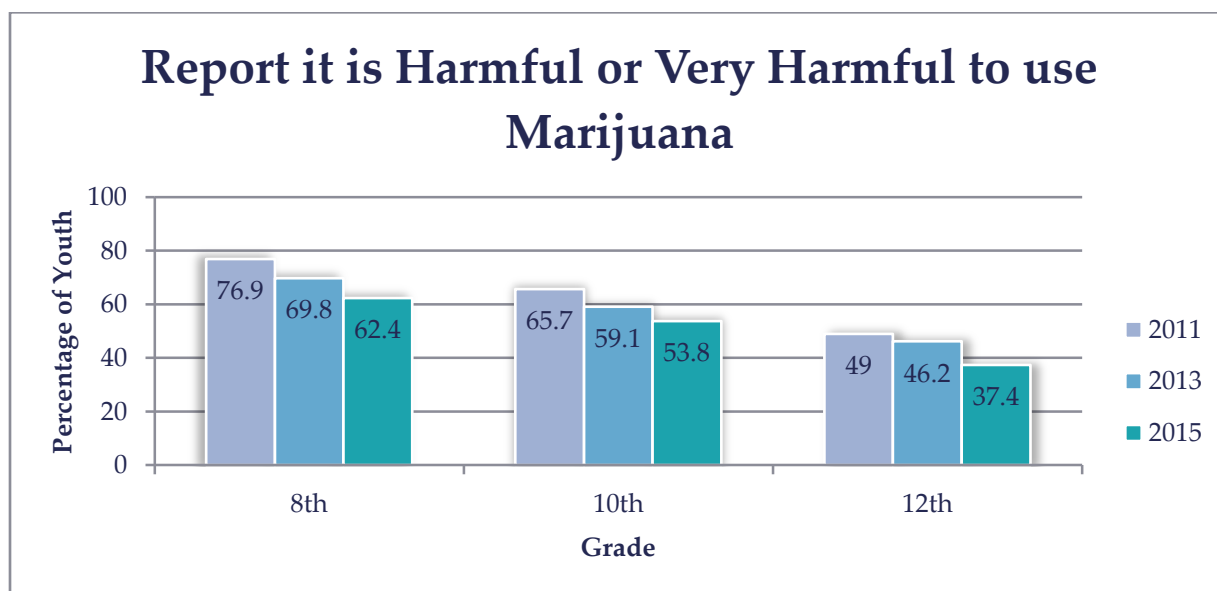
Marijuana:



Institute for Innovation in Health and Human Services (IIHHS) at James Madison University, Office of Children and Youth (OCY) (2016)
 Youth PRIDE Data Survey [Data File] Retrieved from <http://www.theocy.org/youth-data-surveys-2/youth-data-survey-2013/>

What the numbers and other information told us:

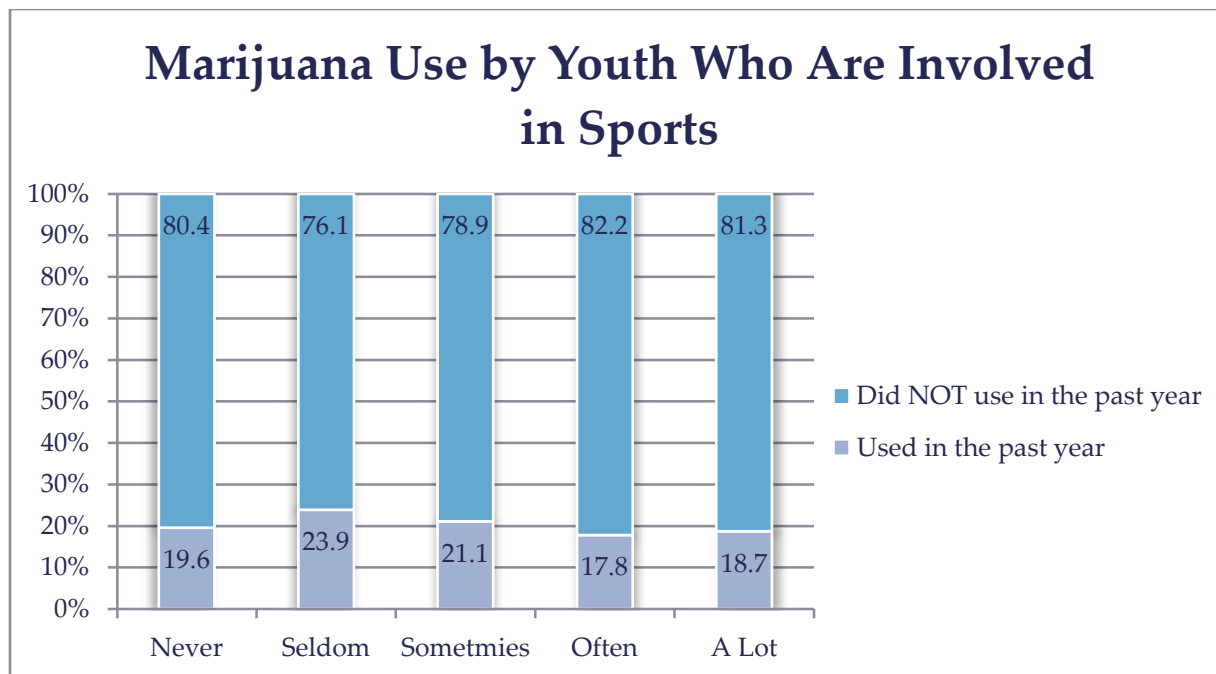
There has been a decrease in the number of 10th grade students reporting that it is very easy or fairly easy to get marijuana. However, there has been a slight increase in the number of 8th and 12th graders reporting similarly.



Institute for Innovation in Health and Human Services (IIHHS) at James Madison University, Office of Children and Youth (OCY) (2016)
 Youth PRIDE Data Survey [Data File] Retrieved from <http://www.theocy.org/youth-data-surveys-2/youth-data-survey-2013/>

What the numbers and other information told us:

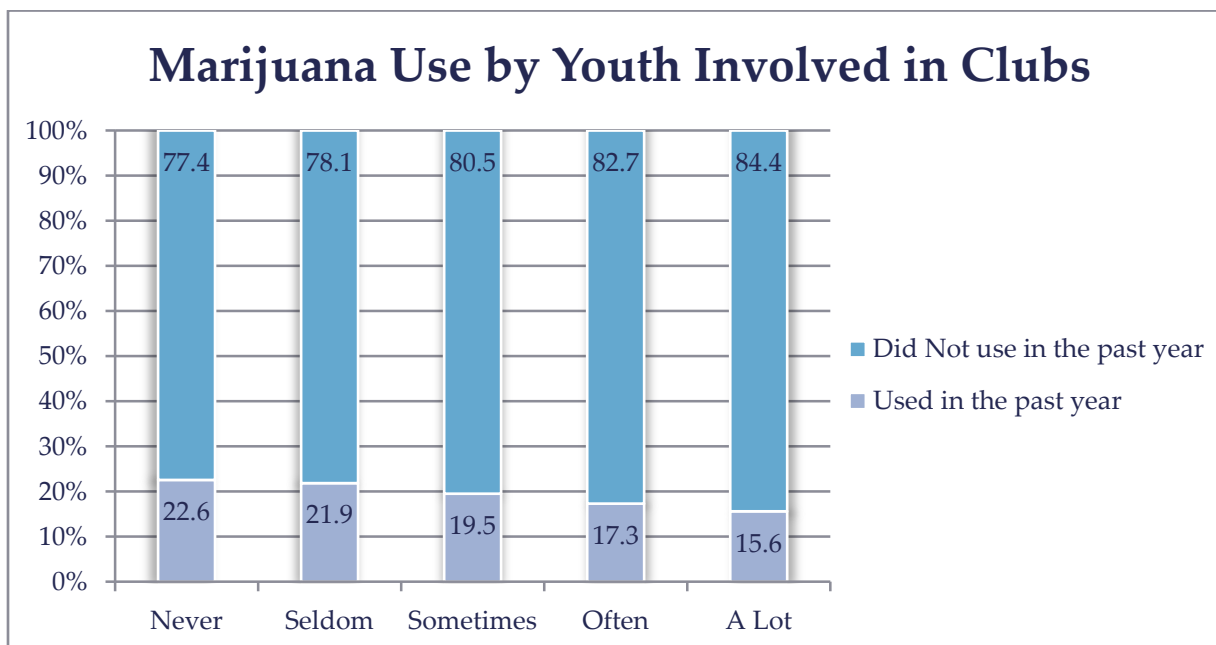
There was a noted drop in the percentage of students in all grade levels who view marijuana as harmful or very harmful. Overall, 29.0% of youth feel that using marijuana is very harmful to their health.



Institute for Innovation in Health and Human Services (IIHHS) at James Madison University, Office of Children and Youth (OCY) (2016)
Youth PRIDE Data Survey [Data File] Retrieved from <http://www.theocy.org/youth-data-surveys-2/youth-data-survey-2013/>

What the numbers and other information told us:

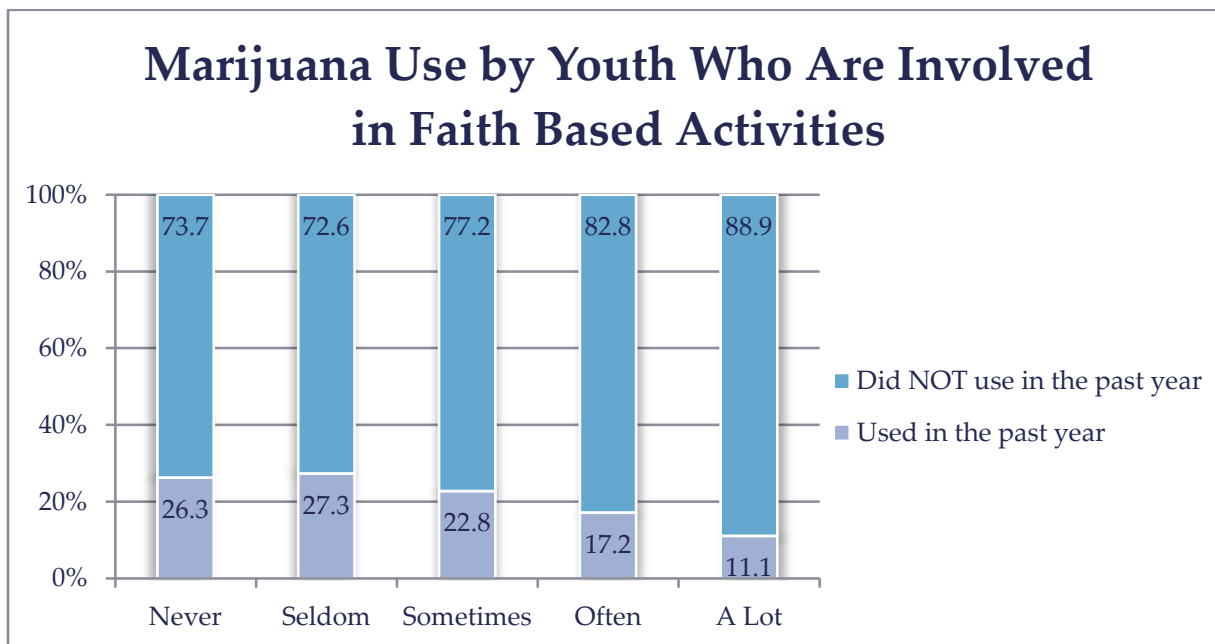
Of youth who are never involved in sports, there is a higher proportion (19.6%) that used marijuana in the past year than those that are involved in sports often (17.8%).



Institute for Innovation in Health and Human Services (IIHHS) at James Madison University, Office of Children and Youth (OCY) (2016)
Youth PRIDE Data Survey [Data File] Retrieved from <http://www.theocy.org/youth-data-surveys-2/youth-data-survey-2013/>

What the numbers and other information told us:

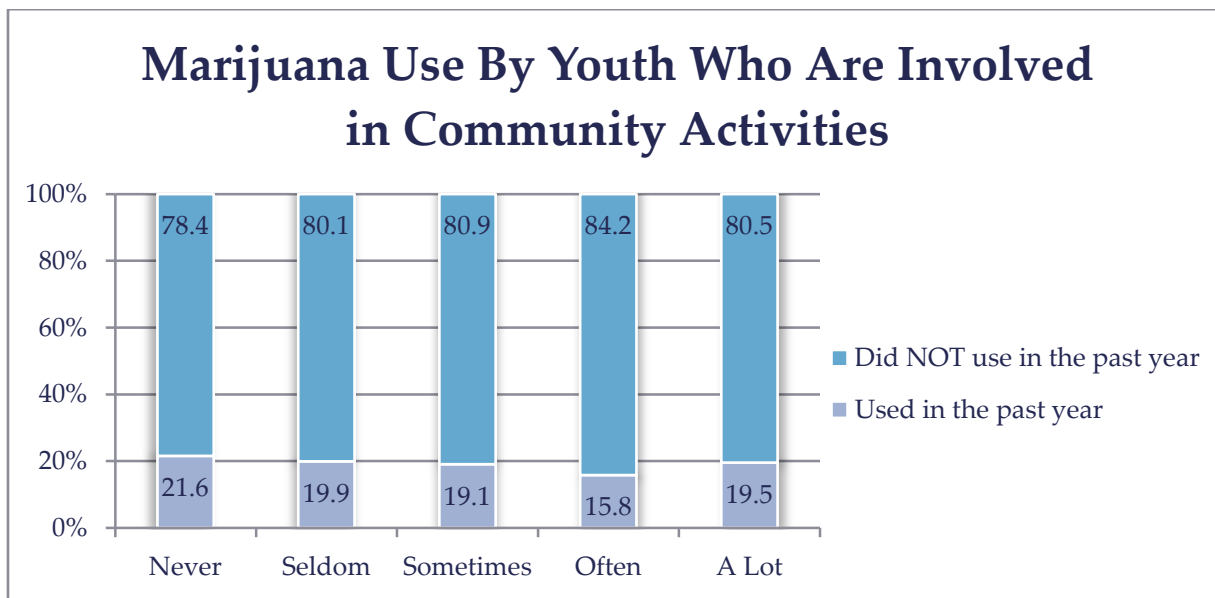
Of youth who participate in clubs a lot, only 15.6% have used marijuana in the past year. This is 7% less than the portion of youth who never participate in clubs and have used marijuana in the past year.



Institute for Innovation in Health and Human Services (IIHHS) at James Madison University, Office of Children and Youth (OCY) (2016) *Youth PRIDE Data Survey* [Data File] Retrieved from <http://www.theocy.org/youth-data-surveys-2/youth-data-survey-2013/>

What the numbers and other information told us:

Of youth who participate in church activities a lot, only 11.1% have used marijuana in the past year. This is less than one half of youth (26.3%) who never participate in church activities and have used marijuana in the past year.



Institute for Innovation in Health and Human Services (IIHHS) at James Madison University, Office of Children and Youth (OCY) (2016) *Youth PRIDE Data Survey* [Data File] Retrieved from <http://www.theocy.org/youth-data-surveys-2/youth-data-survey-2013/>

What the numbers and other information told us:

Of youth who participate in community activities a lot, only 19.5% have used marijuana in the past year. This is over 2% less than the portion of youth who never participate in community activities and have used marijuana in the past year



b. Qualitative Data

School Administration Informant Interviews:

During the winter of 2016, focus group interviews were held with 3 county high school public schools, and the city high school administrative staff. These individuals were asked to participate voluntarily and told that their privacy would be protected by not disclosing certain personal information about them including: name, occupation, and residence.

The interviews were held in the schools, during normal operation hours (at the administration's request), and lasted no longer than an hour and a half. Reporting for this source will be done in the format of providing the asked question and then the results from the participants. The responses consist of what the majority of each focus group expressed. If there was no majority expressed it will be noted with the response.

Question 1.) When asked which neighborhoods in the county and city they thought were particularly at risk for youth substance use, the *majority* responded:

- North end of Harrisonburg, right of rt. 11 and left of 33, down to court square
- Highlands in Broadway
- Stone Brook, Tannery Apartment, and Leisure Living in eastern area of the county
- The Black Rock Mobile Home Community and all of Grottoes

Question 2.) When asked which violations occurred at the schools most often, the *majority* responded:

- Marijuana (indiscriminately used)
- Tobacco
- Alcohol

Question 3.) When asked which substance they think was on the rise, or the new trend among students, the *majority* responded (in no particular order):

- Prescription pills (Ritalin for weight loss, Xanax with alcohol, opioids, etc.)
- Synthetic drugs (K2, Spice)
- Vaporizer pens

Question 4.) When asked about the attitudes of parents whose child was caught violating school substance policies, the *majority* responded:

- It was ok to use substance at home, but not at school.

- Disbelief or denial that their child would use substances, but that the school made a mistake.
- Parents suspected, but had no concrete proof prior to violation.
- Anger, leaving some officials to wonder if physical punishment might be a result for the child. (*This was posed by only one administrative team*)

Question 5.) When asked what other substances they believed students were exposed to at home, the *majority* responded with:

- Methamphetamine
- Alcohol addiction
- Heroin
- Prescription pill misuse and abuse
- Second hand smoke, with some students being bullied for smelling like smoke

Question 6.) When asked what they recommended should be done in the community to address youth substance abuse, the *majority* responded:

- Parents should monitor children's social media pages, as suspicions could be validated prior to a violation. Most parents do not seem to know how to access their child's social media pages. School officials would like more resources in the community to give parents to follow up with substance use once the judicial required courses are completed—as of right now the administration does not feel in the loop.
- Implement stricter repercussions for second time tobacco violation offenders, as this is the most frequent offense.
- Streamline process for students who are missing large gaps of school or whose parents are incarcerated, and having social services come in to provide a more stable environment. If the mental health intake process (CSB, etc.) could be streamlined, it would also help get parents and students through the door (they understands it's a bureaucracy issue, not an agency issue).
- Students in the rural areas with no internet or other form of entertainment are often resorting to experimenting with substances because they are bored. Their guardians cannot afford to put them into recreational activities, and not all students want to participate in school sports or drama. Some other accessible after school activity could benefit this issue. They've also had a raise in students coming to guidance with suicidal ideation, or admit to needing to take Ritalin *again* to lose weight. Their students would benefit from having an in school substance abuse counselor again.

Identified Student Informal Interviews:

During the winter of 2016, focus group interviews were held with two groups of county and city middle and high school age students. These individuals were required to take the course Second Chances, as they had been caught with a substance and were currently in the judicial system. They were told that their privacy would be protected by not disclosing certain personal information about them including: name, specific school, and residence.

The informal interviews were held at the McNulty Center during the first day of Second Chances, and each individual was asked to share what they used, why, what their peers' attitudes towards substances were, and what their parents' attitudes were. Again, the responses consist of what the majority of each focus group expressed, and this will be *emphasized*. If there was no majority expressed it will be noted within the response

Most commonly used substance:

- Marijuana

Reason for using:

- For stress relief
- To sleep
- To feel more comfortable in social settings
- To have a good time
- To fit in

Student Perspective of Peer Attitude:

- Everyone smokes,
- It's not harmful and it is legal in other states—soon it will also be legal in Virginia.
- The government is fabricating or exaggerating the health concerns, because it's shown to heal many diseases and illnesses.
- The pharmaceutical companies just want to make more money off their drugs, when a plant (marijuana) can do the same thing better.

Student's Perspective of Parent Attitude:

- Parents would rather me smoke than drink and drive, or do harder drugs
- Cops won't charge me, because they don't want to ruin my future

4) Community History

Historically the SFGYC and HRCSB have defined four substances as their related issues. In general, middle and high school students are using these substances and convictions have been made.

a. Underage alcohol use

- i. James Madison University was known to have open door parties with free beer available, is also above the national average for alcohol consumption, and has the reputation of being a party school.
- ii. The construction and availability of more students housing has reduced the number of people attending a party at a single location. In the past up to 1,000 students might have been at one party; however, it is reported that there are now more parties with fewer people attending. No IDs are checked at these parties. Local high school students, James Madison University students and community members agree that high school and even middle school students attend these parties (middle school resource officer reports seeing middle school students attending).
- iii. Often parents do not seem to be aware of where their children are. Youth self-reported consuming alcohol at friends' home or their own home, mostly on the weekends.

b. Tobacco use

- i. Underage tobacco use is seen as a major health, economic and social issue, and grant funds were received to address this issue among middle school aged youth. Sentara RMH Medical Center became a tobacco free campus in January 2008 and continues to promote tobacco free environments.
- ii. Youth self-reported tobacco use occurring at friends' home and their home on the weekends. Despite large declines in tobacco use rates for youth, we are still above the state average. This could potentially be due to peer influence through James Madison University students, as they have a high rate of students that report smoking.

c. Marijuana use

- i. A member from the local Department of Social Services reported an increase in the number of families they serve in which parents and children are using drugs, especially marijuana, together. From January 2006 until February 2009 there



were 102 juvenile arrests for “prohibited criminal gang and street participation.” This is a sharp increase from the past and may be related to marijuana use. Youth self-reported use occurring at friends’ home and their home on the weekends.

- ii. From 2011 to 2013, the youth PRIDE data survey indicates a slight decrease in marijuana use. Also on the decline is the reported availability of marijuana (10.5% average decrease), but also the reported perception of harm (5.5% average decrease).
- d. Prescription drug
- i. Harrisonburg High School football players were caught selling pain killers to team mates in 2007. Several of these students were also charged with robbery related to those sales. Harrisonburg Police officers report an increase in prescription drug abuse and sales, saying that youth can make money selling stolen prescription drugs. In 2013, prescription drugs and pain killers were an additional question added to the youth PRIDE data survey.
 - ii. Community members either do not discard unused drugs or they are still flushing them down the toilet. The Healthy Community Council “Green Team” created a display board and has provided information to community members through several venues.

5) Key Findings

1. Assessment of Indicators of Alcohol, Tobacco, and Marijuana

- a. These data points are summarized by the three substances that serve as the biggest threats to our area of concern:
 - i. *Alcohol:*
 1. With 32.8% of youth reporting that they’ve used alcohol within the past year, it is the most used substance within our area.
 2. There has been a drop of 1.1% in the daily, 4.2% in the weekly, 6.9% in the monthly and 14.5% in the annual use of alcohol since 2011.
 3. The number of youth reporting that it is very easy or fairly easy to get alcohol decreased by approximately 2% in 10th and 12th graders, but remained fairly consistent for 8th graders.
 4. Youth who participate in faith based activities are the least likely to use alcohol, compared to those who do not.

5. There has only been a slight decrease (on average 0.73%) in the ease of accessibility of alcohol.

ii. *Tobacco:*

1. Our area's 30-day cigarette use (11%) is higher than the state and national averages.
2. There has been a decrease in the overall use of tobacco in all grades from 2013, with the largest decrease (6.3%) occurring in annual use.
3. The ease of access to all types of tobacco products has decreased (on average 3%) among all grades.

iii. *Marijuana:*

1. There has been a decrease (4.6%) in the number of 10th grade students reporting that it is very easy or fairly easy to get marijuana. However, there has been a slight increase in the number of 8th (2.6%) and 12th (1.2%) graders reporting it is very easy or fairly easy to get marijuana.
 2. There was a noted drop (12.7% since 2011) in the percentage of students in all grade levels who view marijuana as harmful or very harmful. Overall, 29.0% of youth feel that using marijuana is very harmful to their health.
 3. Youth who participate in faith based activities are the least likely to use marijuana, than those who do not.
- b. Due to the lack of trend data for our local area's measure, it is hard to determine if prescription drug misuse is quickly becoming a threat. As it stands right now, our areas current annual use numbers are slightly less than the state's 30-day use numbers, and that the increase of use locally is only by 0.2% from 2013 to 2015. Virginia has now declared prescription opioid use a public health crisis; however, the data indicates it has not impacted our youth as strongly as other areas of Virginia. This will, however, be an area to closely monitor.
- c. It is interesting to note that those who participated in the community readiness interview had a similar response to the area's public school administration when it came to community member (such as parent's) attitudes towards youth using substances. There were two main camps: it was allowable at home to use substances (but not at school), or that the parent's distrusted the administration, and denied their child's use as an error on their part. The administration also mentioned that there were parents who suspected their youth was using substances, but had not found concrete proof.

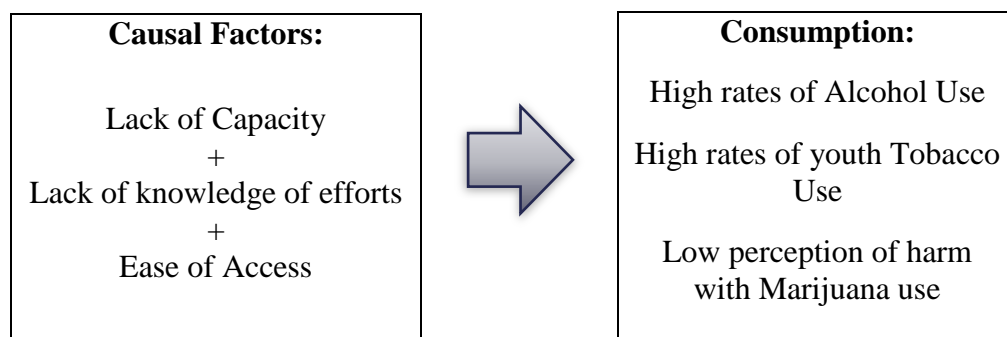
2. Assessment of Resources

- a. Most of our substance use trends are on the decline (marijuana and a few other illicit substances excepting), it is important to consider what programs currently offered within the community might be contributing. The table below lists the current efforts that address youth substance use within the Harrisonburg City and Rockingham County area:

Resource Data				
Strategy	Target Population	Agency/ Contact	Evidence Based?	Outcomes Measured and Data reporting
Futuro Latino Coalition (Community Based Process)	SA Prevention for Latino youth 18 and under	Office on Children and Youth/ Boris Urueta	Yes	Decrease substance use; target at risk population
Strong Families Great Youth Coalition (Community Based Processes)	Youth ages 13- 18 years old	Harrisonburg-Rockingham Community Services Board/ Brandy Haden	Yes	Decrease substance use; decrease duplication of services
Towards No Tobacco (Education)	All 7 th grade students in the Harrisonburg/ Rockingham county public school system	Sentara RMH Community Health Department/ Katie Robinson	Yes	A classroom-based curriculum designed to prevent or reduce tobacco use in youth aged 10 to 14 years.
RMH LIFE Recovery Program (Education)	13 years and older, already using drug and/or alcohol	Sentara RMH Community Health Department/ Katie Robinson	Yes	Adolescent individual and group therapy, family education, intensive outpatient programs, continuing care groups, residential treatment referral, and smoking cessation programs
Stay Sharp (Information Dissemination)	Teens	Teen Challenge Shenandoah/ Jordan Crews	No	Substance abuse prevention presentation designed to provide awareness for school students and offer a glimpse into the consequences that bad choices can bring.

Strategy	Target Population	Agency/Contact	Evidence Based?	Outcomes Measured And Data Reporting
Second Chances (<i>Information Dissemination, Alternatives</i>)	Teens referred by the judicial system.	McNulty Center/ John Wilson	No	Substance Education course to discuss the pros and cons to using substances, and alternatives to using substances. Short course on anger management
Rockingham County Sheriff's Department (<i>Education/ Information Dissemination</i>)	County High School Students (9 th and 10 th Grade)	Rockingham County School Resource Officers / Kevin Dofflemyer	No	Involved in the P.E. health courses using the fatal vision goggles to depict a routine sobriety tests, such as heel-toe walk. With the older students the goggles are use while driving golf carts to simulate the effects of driving the "under the influence".

Our area has two coalitions currently focusing on youth substance abuse, which often work together on events within the community. The Futuro Latino coalition focuses nearly exclusively on programing. All other resources in our area focus on information dissemination and education; therefore, our community has a gap when it comes to local level aggregate efforts such as prevention focused media campaigns, and policy revisions that incorporates leadership which could decrease accessibility. This is echoed in our community readiness assessment, where the respondents had difficulty mentioning community level prevention efforts and resources; therefore, those efforts would be a potential area of growth, which would not result in a duplication of efforts.



Though most of the community would passively support youth substance use prevention, there are few resources that are currently addressing this issue on a large environmental scale. That could be due to the community's lack of knowledge about existing efforts, which could contribute an environment that is making alcohol,

tobacco and marijuana use more easily accessible, and youth use more socially acceptable.

6) Implications & Recommendations

1. Summary of Priority Areas & Next Steps

i) Coalition Readiness Assessment

The Strong Families Great Youth (SFGY) Coalition originally received funding from the Drug Free Community (DFC) Grant, with Sentara Rockingham Memorial Hospital as their fiscal agent. When funding ended in 2015, Harrisonburg Rockingham Community Services Board took ownership of the coalition, but due to diminished capacity the coalition went on hiatus until May of 2016.

At this time, the coalition was just beginning the works of crafting a logic model when the Needs Assessment project began. Because the coalition has just reconvened, with predominantly new members, the coalition did not feel ready to administer the Coalition Readiness Assessment.

From January to April of 2017, SFGY plans to finish the logic model and budget using the completed Needs Assessment to help focus in on a specific substance, goal, and effort. Once those are completed, the coalition will administer the Coalition Readiness Assessment by May of 2017.

ii) Media Campaign to Increase Awareness of Youth Substance Use

As brought to light in the Community Readiness Assessment, key informant interviews, and a review of community resources, community members do not have a completely accurate view of youth use of Alcohol, Tobacco, and Marijuana. In order to build community knowledge, readiness and capacity to address these areas of concern, more local, community level messaging must be initiated.

These messages will highlight use rates, low levels of perception of harm, and high levels of perception of availability. The campaign will also encourage parents to talk early about substance use, their expectations, and to frequently check their child's social media accounts. The school administration often found that when youth received a substance violation, evidence would also be on their social media accounts dating much further back. As parents, schools, and services staff better understand youth substance use, community-level interventions will be more effective and lead to more lasting changes in outcomes.

iii) Celebrate Community Successes and Current Local Efforts

Many community members are not aware of what is currently being done in our area to address youth substance use. For example, the extent that Rockingham County school resource officers (SRO) go to in order to prevent students from



drinking and driving, as cited in the community resource list, was not mentioned by the community members during the readiness interview (except the SRO interviewed). By sharing these success stories with the community, and raising the awareness of the great work being done to contribute to our falling use rates, we could build momentum to continue encouraging trends.

iv) Engage local Government

Throughout our data collection, we identified a gap in collaboration with local government on youth substance use prevention. By engaging the local government in coalition work and with the Behavioral Health and Wellness department at the Harrisonburg-Rockingham County Community Services Board, the community would actuate an increase in capacity and work towards a review of public policies, and other environmental strategies that, among other areas, could have an impact on availability. Working with local policymakers should be a priority as these partnerships could lead to more lasting community-level change.

v) Mental Health Promotion

Many youth cited their use of substances as a way to alleviate certain mental health concerns; therefore, by destigmatizing mental and behavioral health, and offering alternatives such as seeking help or other relaxation techniques, we might be able to put a dent in motivations for use and therefore the potential for addiction.

Harrisonburg City Schools have recently initiated restorative justice practices as part of their discipline, and this may explain why their short-term suspensions are not increasing as enrollment continues to grow. Restorative justice empowers students to resolve conflicts on their own and in small groups, to bring students together in peer-mediated small groups to talk, ask questions, and air their grievances. Mindful, mental health and trauma informed policies and practices should be encouraged and expanded through continued policy work and campaign messaging.

Citation and Appendix

2. Data Sources

Institute for Innovation in Health and Human Services (IIHHS) at James Madison University, Office of Children and Youth (OCY) (2016) *Youth PRIDE Data Survey* [Data File] Retrieved from <http://www.theocy.org/youth-data-surveys-2/youth-data-survey-2013/>

National Institute on Drug Abuse (NIDA) (2015) *National Monitoring the Future Survey* [Data File] Retrieved from <https://www.drugabuse.gov/related-topics/trends-statistics/infographics/monitoring-future-2015-survey-results>

Virginia Department of Education (2016) *Harrisonburg City Public Schools* [Data File] Retrieved from <https://p1pe.doe.virginia.gov/reportcard/report.do?division=113&schoolName=All>

Virginia Department of Education (2016) *Rockingham County Public Schools* [Data File] Retrieved from <https://p1pe.doe.virginia.gov/reportcard/report.do?division=82&schoolName=All>

Virginia Department of Forensic Science (VADFS) (2015) *Drug Cases submitted to the Virginia Department of Forensic Science* [Data File] Retrieved from <https://vasisdashboard.omni.org/rdPage.aspx?rdReport=Dashboard.DFSDrugCases>

Virginia Department of Health (2013) *Virginia Youth Behavior Risk Data Survey* [Data File] Retrieved from <https://www.vdh.virginia.gov/lhd/LordFairfax/documents/pdf/Summary%20Report%20%E2%80%93%20High%20School.pdf>

Virginia Department of Health & VDOE (2015) *Virginia Youth Survey* [Data File] Retrieved from <https://vasisdashboard.omni.org/rdPage.aspx?rdReport=Dashboard.YRBS>

Virginia Medical Examiner Database System (2012-2014) *Accidental and Undetermined Fatal Drug Overdoses* [Data File] Retrieved from <https://vasisdashboard.omni.org/rdPage.aspx?rdReport=Dashboard.OCMEOverdose2&iptDrug=AllSubstances&iptMapType=Locality+Level&iptYear=yr20122014&Locality=Virginia&LocalityCSB=Virginia&LocalityRegion=Virginia>

Robert Wood Johnson Foundation and University of Wisconsin Public Health Institute (2016) *County Health Rankings* [Data File] Retrieved from <http://www.countyhealthrankings.org/app/virginia/2015/overview>



Appendix

Community Readiness Interview Questions

For the following question, please answer keeping in mind your perspective of what community members believe and not what you personally believes.

1. On a scale from 1-10, how much of a concern is underage tobacco use, and youth marijuana use to members of the Harrisonburg-Rockingham County community, with 1 being “not a concern at all” and 10 being “a very great concern”?

Tobacco:

Marijuana:

Can you tell me why you think it’s at that level?

Tobacco:

Marijuana

COMMUNITY KNOWLEDGE OF EFFORTS

I’m going to ask you about current community efforts to address, underage tobacco use, and youth marijuana use. By efforts, I mean any programs, activities, or services in your community that address these issues.

2. Are there efforts in Harrisonburg-Rockingham County that address, underage tobacco use, and youth marijuana use?

Tobacco:

Marijuana:

If Yes, continue to question 3; if No, skip to question 7.

3. Can you briefly describe each of these?

Tobacco:

Marijuana:

4. About how many community members are aware of each of the following aspects of the efforts - none, a few, some, many, or most?

- **Have heard of efforts?** Tobacco: Marijuana:



- **Can name efforts?** Tobacco: Marijuana:
- **Know the purpose of the efforts?** Tobacco: Marijuana:
- **Know who the efforts are for?** Tobacco: Marijuana:
- **Know how the efforts work (e.g. activities or how they're implemented)?** Tobacco:
Marijuana:
- **Know the effectiveness of the efforts?** Tobacco: Marijuana:

5. Thinking back to your answers, why do you think members of your community have this amount of knowledge?

Tobacco:

Marijuana:

6. Are there misconceptions or incorrect information among community members about the current efforts? If yes: What are these?

Tobacco:

Marijuana:

Only ask #7 if the respondent answered “No” to #2 or was unsure.

7. Is anyone in Harrisonburg-Rockingham County trying to get something started to address underage tobacco use, and youth marijuana use? Can you tell me about that?

Tobacco:

Marijuana:

LEADERSHIP

I'm going to ask you how the leadership in Harrisonburg-Rockingham County perceives underage tobacco use, and youth marijuana use. By leadership, we are referring to those who could affect the outcome of this issue and those who have influence in the community and/or who lead the community in helping it achieve its goals.

8. Using a scale from 1-10, how much of a concern is underage tobacco use, and youth marijuana use to the leadership, with 1 being “not a concern at all” and 10 being “a very great concern”?

Tobacco:

Marijuana:

Can you tell me why you say it's a _____?

Tobacco:

Marijuana:

8a. How much of a priority is addressing these issues to leadership? Can you explain why you say this?

Tobacco:

Marijuana:

9. I'm going to read a list of ways that leadership might show its support or lack of support for efforts to address these issues.

Can you please tell me whether none, a few, some, many or most leaders would or do show support in this way? Also, feel free to explain your responses as we move through the list.

How many leaders...

- **At least passively support efforts without necessarily being active in that support?** Tobacco: Marijuana:
- **Participate in developing, improving or implementing efforts, for example by being a member of a group that is working toward these efforts?** Tobacco: Marijuana:
- **Support allocating resources to fund community efforts?** Tobacco: Marijuana:
- **Play a key role as a leader or driving force in planning, developing or implementing efforts?** Tobacco: Marijuana:
- **Play a key role in ensuring the long-term viability of community efforts, for example by allocating long-term funding?** Tobacco: Marijuana:

10. Does the leadership support expanded efforts in the community to address these issues?

Tobacco:

Marijuana:

If yes: How do they show this support? For example, by passively supporting, by being involved in developing the efforts, or by being a driving force or key player in achieving these expanded efforts?

Tobacco:

Marijuana:

COMMUNITY CLIMATE

For the following questions, again please answer keeping in mind your perspective of what community members believe and not what you personally believe.

11. How much of a priority is addressing these issues to community members?

Tobacco:

Marijuana:



Can you explain your answer?

Tobacco:

Marijuana:

12. I'm going to read a list of ways that community members might show their support or their lack of support for community efforts to address underage tobacco use, and youth marijuana use.

Can you please tell me whether none, a few, some, many or most community members would or do show their support in this way? Also, feel free to explain your responses as we move through the list.

How many community members...

- **At least passively support community efforts without being active in that support?** Tobacco: Marijuana:
- **Participate in developing, improving or implementing efforts, for example by attending group meetings that are working toward these efforts?** Tobacco: Marijuana:
- **Play a key role as a leader or driving force in planning, developing or implementing efforts?** Tobacco: Marijuana:
- **Are willing to pay more (for example, in taxes) to help fund community efforts?** Tobacco: Marijuana:

13. About how many community members would support expanding efforts in the community to address these issues? Would you say none, a few, some, many or most?

Tobacco:

Marijuana:

If more, how might they show this support? For example, by passively than none: supporting or by being actively involved in developing the efforts?

Tobacco:

Marijuana:

KNOWLEDGE ABOUT THE ISSUE

14. On a scale of 1 to 10 where a 1 is no knowledge and a 10 is detailed knowledge, how much do community members know about underage tobacco use, and youth marijuana use?

Tobacco:

Marijuana:

Why do you say it's a ____?



15. Would you say that community members know nothing, a little, some or a lot about each of the following as they pertain to underage tobacco use, and youth marijuana use? (After each item, have them answer.)

- **Underage tobacco use, and youth marijuana use in general (“nothing, a little, some or a lot”):** Tobacco: Marijuana:
- **The signs and symptoms:** Tobacco: Marijuana:
- **The causes:** Tobacco: Marijuana:
- **The consequences:** Tobacco: Marijuana:
- **How often underage tobacco use, and youth marijuana use occurs locally:** Tobacco:
Marijuana:
- **What can be done to prevent or treat underage tobacco use, and youth marijuana use:**
Tobacco: Marijuana:
- **The effects of underage tobacco use, and youth marijuana use on family and friends?**
Tobacco: Marijuana:

16. What are the misconceptions among community members about underage tobacco use, and youth marijuana use? e.g., why it occurs, how much it occurs locally, or what the consequences are?

Tobacco:

Marijuana:

RESOURCES FOR EFFORTS (time, money, people, space, etc.)

If there are efforts to address the issue locally, begin with question 33. If there are no efforts, go to question 33.

17. How are current efforts funded? Is this funding likely to continue into the future?

Tobacco:

Marijuana:

18. I’m now going to read you a list of resources that could be used to address underage tobacco use, and youth marijuana use in the community. For each of these, please indicate whether there is none, a little, some or a lot of that resource available in your community that could be used to address these issues we’ve been discussing.

- **Volunteers?** Tobacco: Marijuana:
- **Financial donations from organizations and/or businesses?** Tobacco: Marijuana:
- **Grant funding?** Tobacco: Marijuana:
- **Experts?** Tobacco: Marijuana:
- **Space?** Tobacco: Marijuana:



19. Would community members and leadership support using these resources to address underage tobacco use, and youth marijuana use? Please explain.

Tobacco:

Marijuana:

20. On a scale of 1 to 5, where 1 is no effort and 5 is a great effort, how much effort are community members and/or leadership putting into doing each of the following things to increase the resources going toward addressing underage tobacco use, and youth marijuana use in your community?

- **Seeking volunteers for current or future efforts to address (issue) in the community:**
Tobacco: Marijuana:
- **Soliciting donations from businesses or other organizations to fund current or expanded community efforts:** Tobacco: Marijuana:
- **Writing grant proposals to obtain funding to address (issue) in the community:** Tobacco:
Marijuana:
- **Training community members to become experts:** Tobacco: Marijuana:
- **Recruiting experts to the community:** Tobacco: Marijuana:

21. Are you aware of any proposals or action plans that have been submitted for funding to address underage tobacco use, and youth marijuana use in our community?

If Yes: Please explain.

Tobacco:

Marijuana:

Consent Form for HRCSB Needs Assessment*Community Readiness Assessment Key Informant Interview*

I, _____ have been informed of the purpose of the needs assessment.

I consent to be interviewed about substance abuse topic, issue, consequences, and trends in the youth between the ages of 13-18 year in Harrisonburg-Rockingham County community, strengths/gaps/accessibility of health and substance abuse related services, substance advertising, and other questions about me and my family related to substance abuse issues. I also consent to the focus group facilitator in recording topics on paper during this interview.

I understand that no individual responses I give during the interview will be shared with anyone other than the facilitator. The information that I provide during the interview will be grouped with answers from other people so that I cannot be identified.

I understand that my participation in the interview is voluntary. My role in the community will not be affected by my choice of whether or not I participate in the interview. Also, I am free to withdraw from the interview at any time. I will not be penalized for not providing any or all of the information requested.

Participant Signature/ Date

Print Name

