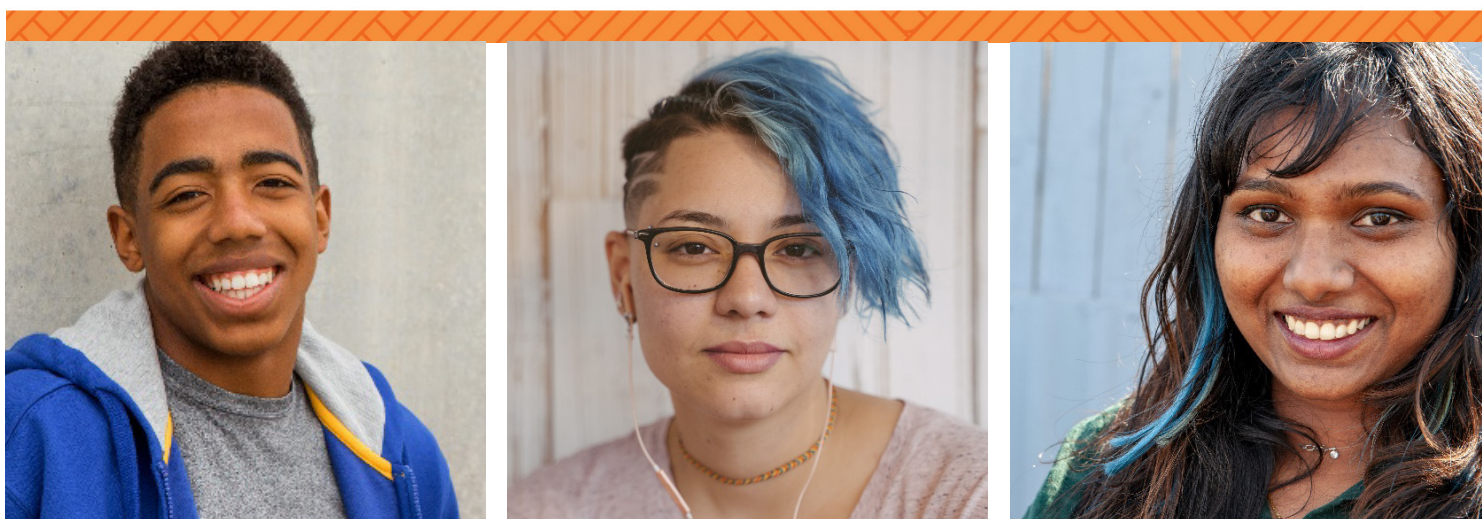# Infusing Equity and Cultural Responsiveness in Local Youth Substance Use Prevention Efforts

Tips and Tools

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Contents

Introduction

What is the purpose of the toolkit?

Existing training and resources on substance misuse prevention address the importance of ensuring efforts are culturally responsive and equitable, but often the nuts and bolts about how to actually do that are limited. This toolkit was developed to help communities weave equity and cultural responsiveness throughout the steps of assessing need, building community and coalition capacity, planning and implementation, and evaluation of efforts. The toolkit contains checklists, tip sheets, templates, Minnesota-specific case studies, and links to resources. The case studies highlight examples of first steps towards infusing equity.

Who is this toolkit for?

This toolkit was developed for Minnesota prevention professionals working to prevent and reduce youth substance use at the community-level. More specifically, it's geared towards prevention professionals who are just getting started on their journey towards infusing equity and cultural responsiveness in their work.

Why is this topic important?

Infusing equity into substance use prevention efforts means **ensuring prevention activities benefit all people regardless of their identities**, such as those based on race, ethnicity, sexual orientation, gender identity, physical ability, socio-economic status, and religion. Infusing cultural responsiveness means **tailoring prevention activities to meet the needs of the populations** those activities aims to serve. Equity does not mean providing the same resources to everyone; equity is giving each person and family access to the level of resources they need to succeed.

Equitable and culturally responsive efforts require strong partnerships with the populations of focus, going beyond outreach and engagement. Rather than simply informing a community of a particular effort or asking for their feedback on a particular decision, the community should be a partner in the work, playing a significant role in developing solutions and implementation.

The goal of this toolkit is to provide a framework and identify existing resources to guide the development and implementation of substance use efforts that are equitable and culturally responsive.

1. **Continuum of engagement**

| Being informed | Being asked | Commenting on decisions | Developing solutions | Delivering services |

OUTREACH   ENGAGEMENT   PARTNERSHIP
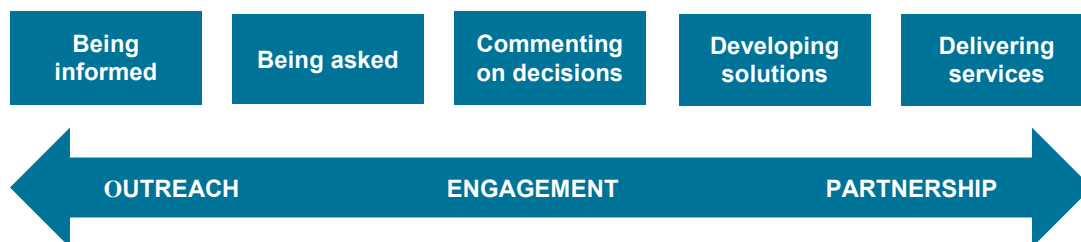
How is the toolkit laid out?

Many of Minnesota's prevention coalitions have been trained to implement the Substance Abuse and Mental Health Services Administration's Strategic Prevention Framework (SPF). The SPF takes a public health approach to substance misuse prevention—determining the issue that needs to be addressed, establishing a plan of action, carrying out the plan, and gathering information to determine whether the plan of action led to improvements. Throughout the process, communities are encouraged to ensure prevention efforts are both sustainable and culturally responsive. This toolkit features a section for each SPF step, including:

■ **Assessment:** Assessing community needs, resources, and readiness

■ **Capacity building:** Building community capacity to carry out prevention efforts

■ **Planning:** Developing a data-driven and community-informed strategic plan

■ **Implementation:** Implementing prevention strategies

■ **Evaluation:** Evaluating both the SPF process and outcomes achieved

Implementing the SPF in an equitable and culturally responsive way requires taking steps to build relationships and partnerships from the start. That pre-work, described in Laying the Foundation, could be a SPF process in and of itself. Be prepared for a cyclical process of assessing who is in your community and their needs, and building the capacity for authentic engagement with populations of focus and the prevention capacity of those populations. True engagement is not a "one-and-done" process.

Throughout this toolkit you will find templates, and examples of completed templates. For consistency, each template builds off of the prior template/planning step. You'll notice that all examples include Hispanic/Latinx youth and LGBTQ+ youth. While these may or may not be the populations of focus in your community, the important take-away is the process rather than the specific details on each community.

But wait…before you read further read this!

This toolkit is meant to encourage coalitions to try new approaches to authentic engagement with often underserved populations. However, some activities may require the help of subject matter experts—attempting to try these without additional support could have the potential to do harm. Throughout the toolkit, you'll find a traffic light approach to guide your equity journey.

(○○●) Green. Full steam ahead! Move forward with this approach, method, or activity.

(○●○) Yellow. Take caution! Consult with community partners, do some homework, take steps forward, and regularly reassess what's working or not working.

(●○○) Red. Pause! It is strongly recommended that you bring in experienced consultants or partners before moving forward.

> *"Do the best you can until you know better. Then when you know better, do better." – Maya Angelou*
>
> *"Diversity is a fact, equity is a choice, inclusion is an action, belonging is an outcome." – Arthur Chan*

Build relationships, trust, and buy-in before starting the SPF process

Before assessing the needs, resources, and readiness of the community, it's critical to identify the populations that make up your service area and to build and/or strengthen connections with those communities. This step will help you identify key planning and implementation partners. Think of this as "pre-assessment."

- Prioritize collaboration with the populations you plan to serve. Partnership-based approaches can help ensure programming is culturally meaningful and can help avoid further stigmatization, unintentional harm, and victim blaming.

- Invite partners to the table when applying for prevention funding, rather than after the fact. Involve a diverse array of community members in the process of identifying local problems, and developing plans to address those problems.

- Invest the time needed to build trusting relationships and authentic engagement. Meet with community stakeholders in their own spaces and on their own terms rather than expecting them to attend coalition meetings (e.g., volunteer at events, present at worksites).

- Include community members with lived experience. Individuals in recovery can bring valuable insights.

- Develop memoranda of understanding and data-sharing agreements to ensure data sovereignty.

⬭ Conduct a coalition self-assessment

Where is your coalition at on the continuum of engagement? As a coalition, reflect on the cultural groups who make up the community. Are these groups represented in your coalition meetings? Do they participate in the coalition's activities and programs? Which groups are reached with your coalition's prevention messaging, and do the messages resonate with all cultural groups? Below are some examples of what it may look like to engage different groups across the continuum. These examples are not exhaustive!

Being informed	Being asked	Commenting on decisions	Developing solutions	Delivering services
✓ Materials and messages are translated ✓ Messages are shared through culturally specific media	✓ Materials and messages are pilot-tested with populations of focus ✓ Culturally specific populations are included in interviews, focus groups, and listening sessions	✓ Action plans discussed with populations of focus after they have been developed ✓ Evaluation findings are discussed with populations of focus during town hall meetings	✓ Culturally specific populations are involved in action planning ✓ Populations of focus help prioritize community needs, and select prevention strategies	✓ Populations of focus implement prevention strategies within their communities ✓ Youth receive prevention services and programs from people who reflect their culture

Worksheet 1: Coalition self-assessment

Where is your coalition at on the continuum from 1 to 5?

1	2	3	4	5
Being informed	Being asked	Commenting on decisions	Developing solutions	Delivering services

If your coalition is not at a 5, what steps can your coalition take to move further along the continuum of engagement?
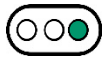
⬤◯◯ Identify populations within the community

Prior to assessing needs, resources, and readiness, you may need to assess the demographic and cultural make-up of the community. Who is in your community? Community characteristics are not always readily identifiable, and may require some primary data collection. Resources for assessing community demographics include:

- **American Community Survey (ACS).** Data are available by county and U.S. Census tract for age, sex, race and ethnicity, ancestry, socio-economic status, disability status, and more. https://www.census.gov/acs/www/data/data-tables-and-tools/

- **Minnesota Student Survey (MSS).** Data are available by county and school district for age, grade, gender identity, sexual orientation, race and ethnicity, and measures of poverty. Measures of poverty include free and reduced-price lunch, having missed a meal due to lack of money, and having to stay in a shelter or other place that is not the youth's home. When using the Minnesota Department of Education's interactive MSS reports, simply select 'Demographic' in the category field. Note that sexual orientation and gender identity are only asked of 9th and 11th graders. https://public.education.mn.gov/MDEAnalytics/DataTopic.jsp?TOPICID=242

- **Minnesota Compass.** Cultural community profiles were developed for the 27 largest cultural communities in Minnesota using ACS and Census data. Though the data are state-level, the profiles provide insights into education, language spoken at home, income, employment, housing, transportation, health insurance, and other information. https://www.mncompass.org/cultural-communities

- **Minnesota Report Card.** Search for Minnesota Department of Education data by school, on race/ethnicity, English language learners, special education, free/reduced price meals, and homelessness. https://rc.education.mn.gov/#mySchool/p--3

- **Gather school enrollment data.** Ask your local schools for demographic information on the students enrolled. Consider public school districts, alternative learning centers, private schools, colleges and universities.

- **Conduct a community scan.** While there may not be readily available data on religious affiliation, your coalition can conduct a community scan to identify places of worship. If not available in an existing community resource directory, try taking an intentional tour of your community. In addition to places of worship, make note of culturally specific restaurants, grocery stores, and flags denoting LGBTQ-friendly businesses and homes, etc.

- **Conduct a community Health Needs Assessments.** CHNAs are used to identify key health needs and issues through a **systematic** data collection process. https://www.cdc.gov/publichealthgateway/cha/plan.html

Worksheet 2: Community Demographics

What do these data sources tell you about your community's demographics?

Race/ethnicity	
Sexual orientation	
Gender identity	
Disability status	
Socio-economic status	
Age group	

Worksheet 2 example:
Community Demographics

Race/ethnicity	According to the 2019 MSS, 9th grade students identified as: - 82% White - 13% Hispanic or Latino/Latina; 9% specifically identified as Mexican - 8% African/African American; 4% identified as Somali and 3% as African American - 3% Asian - 2% American Indian According to the ACS, county residents identified as: - 91% White - 8% Hispanic or Latino - 3% Black or African American - 2% Asian - 1% Bi-/multi-racial - 5% Foreign-born
Sexual orientation	According to the 2019 MSS, 9th grade students identified as: - 75% Heterosexual - 5% Bisexual - 2% Pansexual - 2% Questioning - 1% Gay or lesbian - 12% Didn't describe themselves in any of these ways
Gender identity	According to the 2019 MSS, 2% of 9th grade students identified as transgender, genderqueer, or genderfluid. Among these students: - 40% identified as male or trans male - 20% as female or trans female - 20% as non-binary - 20% as something else
Disability status	According to the 2019 MSS, 9% of 9th grade students reported receiving special education services as part of an individual education plan. Sixteen percent reported having a physical disability or long-term health problem. According to the ACS, 11% of residents reported having a disability.
Socio-economic status	According to the 2019 MSS, 26% of 9th grade students reported receiving free or reduced-price lunch, and 10% were unsure. Six percent of students reported staying in a shelter, somewhere not intended as a place to live, or someone else's home because they didn't have another place to stay. Seven percent reported having to skip meals in the last 30 days because their family didn't have enough money for food. According to the ACS, the poverty rate is 15%.
Age group	While 22% of the overall population is under age 18 based on ACS data, 35% of Hispanic/Latino residents are under age 18. While the overall poverty rate is 15%, the rate for youth under age 18 is 20%.

Note: While MSS data are available for multiple grades, this example only includes 9th graders.

Worksheet 3: Equitable reach of prevention efforts

Describe the communities that have not been equitably reached with prevention efforts to date.

1. Use data from Worksheet 1 to provide demographic information for the specific populations your coalition plans to engage with.

2. For each population of focus, learn about the historical context—the trauma, oppression, and discrimination faced by each population, historically and currently. It is important to do this homework up front to avoid putting members of this population in a position to educate the coalition. By having this context before engaging with members of the population, it will ensure your coalition members are able to fully understand and appreciate the stories they hear.

   - Identify books, videos, and online training opportunities to learn more about each population of focus.

   - Ask coalition members to sign up for one learning opportunity, and then share back with the full coalition. Or, learn as a group through a book club or viewing a video together followed by discussion.

3. Identify local resources and potential partners. A first step could be conducting a community scan, reviewing existing community health needs assessments, or tapping into existing networks. As you identify gaps, plan to learn more about local resources through key informant interviews and other data collection methods (details on this can be found in the Assessment section of this toolkit).

	[Population A]	**[Population B]**	**[Population C]**
Basic demographics			
Historical context			
Local resources			

Worksheet 3 example:
Equitable reach of prevention efforts[a]

	Hispanic/Latinx	LGBTQ+	Families experiencing generational poverty
Basic demographics	- While 13% of MSS respondents identified as such, school enrollment data show that 20% of students are Hispanic/Latinx - Community partners note that most of these families are Mexican - MN Compass profiles show that a large percentage of Mexican Minnesotans are under age 18 (43%), and that one-quarter speak English less than "very well"	- One in five MSS respondents in 9th grade identified as LGBTQ+ or something other than heterosexual - A recent community health assessment survey of adults found that 4% identified as LGBTQ	- 15% of families live below the poverty line - More than one in four students reported getting free/reduced-price lunch, while school records indicate it's actually 55% - Minnesota Report Card data show that <1% of youth in the senior high are homeless, but 13% of youth attending the Alternative Learning Center are homeless
Historical context	- Hispanic/Latinx community began growing in the county in the 1980s - Traditional primary employers have been the local meat processing plant and area farms	- Local key informants noted a lack of community awareness and acknowledgement of LGBTQ+ residents - Some local school board members have expressed opposition to the MSS questions about sexual orientation	- Families living in poverty have reached out to the local school district for help accessing food supports and medical services for their children - Severe weather and low prices for crops have led to cyclical struggles for farm families
Local resources	- Employers are taking steps to recruit and retain Hispanic/Latinx employees, including providing transportation and educational opportunities - A local nonprofit has received funding from a foundation to help build a welcoming and inclusive environment in the community	- The area's largest school district recently established a Gender and Sexuality Alliance (GSA) - The parent of a bisexual youth who has struggled with vaping joined the coalition and stepped up as a champion for supporting other LGBTQ+ youth	- Area schools are hosting pop-up pantries, and making referrals to local providers offering free and reduced-cost health care services - Several members of the local substance misuse prevention coalition are also part of the Pathways to Prosperity workgroup

[a] Sample—note, each section of this toolkit will build on the previous sections. To maintain a consistent flow, each sample template will include Hispanic/Latinx, LGBTQ+, and families experiencing generational poverty. The intent is not to single out specific groups, but rather to build a prevention planning story. While these may not be your coalition's populations of focus, the focus of this toolkit is on the process!

Case Study:
Lincoln Park Health POWER Project

Through funding from the Blue Cross and Blue Shield Minnesota Center for Prevention, the Lincoln Park Children and Families Collaborative (LPCFC) is supporting community driven solutions to reduce health inequities in the areas of healthy eating, physical activity, and reducing commercial tobacco use. The Health POWER funding allowed a level of flexibility that ensured action plans could be developed over time by community residents rather than by the Collaborative. The Lincoln Park Health POWER Project is intentionally place-based, and built on intentional connections and relationships.

As a first step in this initiative, the LPCFC hired and trained seven residents from the Lincoln Park neighborhood to help conduct a community survey. Importantly, these temporary staff spoke like the residents they were surveying—not like a researcher. A total of 172 community members were surveyed, and lack of access to healthy food was identified as the top problem. Duluth's Lincoln Park neighborhood, now known as the Craft District, has a growing number of breweries but still no grocery store. Revitalization initiatives had turned to neighborhood organizations that could speak on behalf of Lincoln Park residents rather than asking the residents directly—while this checks a box, it does provide an authentic opportunity for engagement. One of the canvassers ended up staying on the LPCFC team.

The survey included a question on interest in community involvement—this was used to invite survey participants to apply for an opportunity to become a community organizer. Community organizing training was delivered by LPCFC, and participants received a stipend of $100 per week throughout the training to fairly compensate them for their time. Participants were also invited to help form a new community coalition which launched in April 2021. Members received coalition building training, and helped make meaning out of the survey data and identify key issues to address.

The coalition, named Rise to Health POWER, is only open to Lincoln Park residents. Members selected a sunflower as their logo because the flower will find any small amount of light available. The LPCFC guides the coalition's work as needed, working to reveal the power that is within each community member. Coalition members receive a $25 per meeting VISA gift card to compensate them for meetings, with the understanding that members do some volunteer work outside of meetings. Members are required to complete activity trackers, and have paid activities approved by LPCFC. The stipend helps level the playing field for community members who are not at the table in a professional role. The LPCFC Director had firsthand experience, joining a board in the past because of the stipend offered and the support it provided early in her career. Some strong leaders have emerged who hadn't ever considered community work as a viable profession.

A second round of community organizing training is being planned for up to 20 people—Lincoln Park residents as well as students and AmeriCorps VISTAs. The new participants will be invited to join the coalition. While the current membership includes teens, and represents a diverse array of racial, socio-economic, and educational backgrounds, the coalition is missing representation from seniors. LPCFC staff hope a transition from Zoom to face-to-face meetings will make it easier to engage seniors who are hardest hit by the lack of a local grocery store.

So far, the coalition has planted a small orchard in a neighborhood park, engaged in community cleanup efforts, and partnered with the Minnesotans for a Smoke-Free Generation Coalition to advocate for T21 and flavored tobacco ordinances. Learn more about the Lincoln Park Health POWER Project: https://www.lpcfc.org/health-power-project/

Case study:
Support with Love

The Austin-based Support with Love group was formed when the parent of a transitioning child reached out to the board member of a local nonprofit agency seeking support. The group, created for LGBTQ+ community members, families, and allies, was established to provide support, to educate, and to build an overall sense of community. The group started small knowing that attendees may ebb and flow, but ensured there was always someone present for each meeting.

Founders of Support with Love turned to nearby Rochester, which has numerous active LGBTQ+ groups. A Rochester library, which had hosted several of the groups, provided insights on how to go about setting up a local group.

Support with Love meetings were promoted via social media, local coffee shops, and organizations that had expressed interested in supporting and participating. The first few in-person meetings were well attended. When the COVID-19 pandemic necessitated back-up plans, group founders collected contact information and conducted surveys about topics of interest. A YouTube video series was launched to spur conversations. One highlight was the YouTube original series State of Pride: (491) State Of Pride - YouTube.

One key priority is supporting youth—first trying to determine how students might want to be supported. To this end, Support with Love was asked to attend a meeting of the Social Justice Committee. Austin's cross-sector Social Justice Committee has subgroups focused on best practices in three areas: policing, education around equity and inclusion, and the LGBTQ+ community. Several community stakeholders are members of both groups, and are working to determine how best to align efforts. Through this meeting, ideas were generated for better reaching local students.

Books were provided to teachers of younger students as a pilot run to see how they would be accepted by students and faculty. The group selected *My Shadow is Pink and Everyone Can Be Purple*. As a first step in getting more involved with higher grade levels, two members of the group were invited to talk with students in an ESL summer program primarily comprised of Hispanic/Latino, Karen, and Sudanese students. They plan to discuss sexual orientation in the BIPOC community and healthy relationships.

The city's Human Rights Commission (HRC) is similarly working to address social justice and promote inclusivity in the Austin community. Hormel Professionals Representing Out United Individuals & Allies (HProud & Allies), a Hormel Foods employee resource group, is partnering with HRC and the Austin library and others to host a 2021 Pride event. A past Pride event, held at the Spam Museum, spurred the continuing June celebrations. Support with Love and community partners are working to raise awareness and show community support for the LGBTQ+, and the growing number of Pride flags in Austin is evidence of that.

Next steps include continuing to increase awareness as well as participation in Support with Love to achieve greater reach in the LGBTQ+ community. In doing this, they hope to find ways to support LGBTQ+ youth who are at risk of substance use and/or suicidal ideation. The goal is to first grow the number of community stakeholders who are willing and able to help take on that work. The Austin Positive Action Coalition will continue to help by monitoring local survey data to assess risk and identify disparities.

Assessment

Assess needs, resources, and readiness with an equity lens

While assessing needs, resources, and readiness, research indicates there are several factors that may be important to consider and address in youth substance use prevention efforts. These include:

■ Social and socioeconomic challenges that disproportionately affect marginalized groups, such as poverty, homelessness, trauma, incarceration, food insecurity, and racism and other forms of discrimination (Blume, 2016; Forrest-Bank & Cueller, 2018; Forster et al., 2019; Hatzenbuehler et al., 2011; Marsiglia et al., 2014; Olson et al., 2017; Pro et al., 2018; Unger et al., 2014).

■ The development of positive cultural, racial, and ethnic identity among targeted youth (Austin, 2004; Bowman Heads et al., 2018; Castro & Gildar, 2013; Fisher et al., 2017; Forrest-Bank & Cueller, 2018; Mokuau, 2002; Olson et al., 2017; Pugh & Bry, 2007; Skewes & Blume, 2015; Unger et al., 2014).

■ Social support, particularly the creation of strong social networks among members of marginalized groups (Juang et al., 2016; Robinson-Perez et al., 2020; Pittman et al., 2019b)

■ Acculturation levels among groups served. Greater levels of acculturation and acculturative stress is linked to higher levels of substance use, and emphasizing the ability to navigate two distinct cultures may be an effective aspect of interventions (Ahmmad & Adkins, 2020; Castro & Gildar, 2013; Conn et al., 2017; Park et al., 2014; Pittman et al., 2019a; Schinke et al., 2015).

■ Social norms and peer influence factors, as they play strong roles in substance use. Prevention efforts may benefit from targeting the norms and influential factors that are most salient to the groups served (Castro & Gildar, 2013; LaBrie et al., 2020; Neighbors et al., 2010; McCabe et al., 2019).

■ Cultural values important to the groups served, as they can ensure the relevancy of interventions and may serve as protective factors (Castro & Gildar, 2013; Blume, 2016).
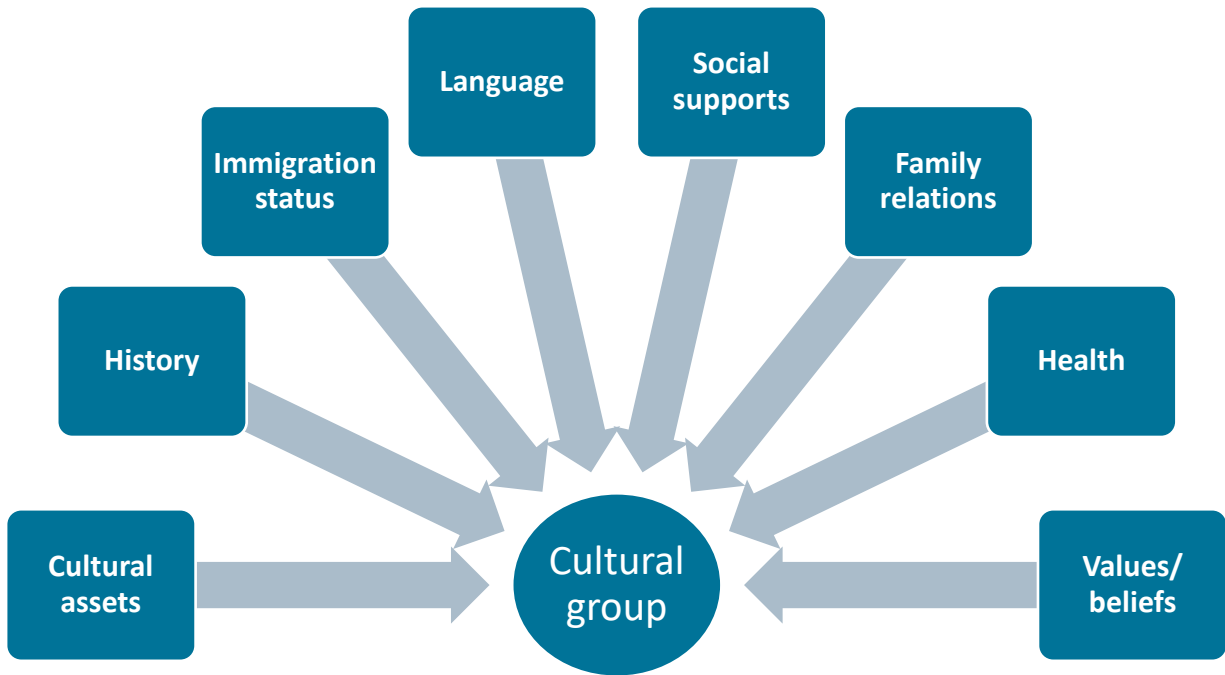
Before you prioritize populations of focus, you'll need to gather existing data, identify data gaps, and collect new data to address those gaps.

⊙◯● Gather existing data

Navigating the Minnesota Department of Education's searchable MSS dashboard

For data on youth under age 18, you can search district- and county-level Minnesota Student Survey data by some demographic groups using the Minnesota Department of Education's Data Reports and Analytics portal. https://public.education.mn.gov/MDEAnalytics/DataTopic.jsp?TOPICID=242

Step 1: Select level—district or county

Step 2: Select the name of the district or county you wish to search

Step 3: Select the MSS year of interest

Step 4: Select the category/topic of interest. Notably, you'll **not** want to select "demographics" this time. While this helps during the pre-assessment to learn about who is in your community, in order to assess data on substance use and relevant risk and protective factors, you'll want to select the corresponding categories. You'll be able to select demographics at Step 7.

Step 5: Select the specific report you would like to run. For example, if you select substance use you can run a report for all substance use indicators or only for a specific substance like alcohol. Similarly, if you select risk factors, you can run a report for all risk factors or only for a specific risk factor like adverse childhood experiences.

Step 6: Select a grade level. You can only select one at a time. If you want to calculate a percentage across grade-levels, you'll need the number of youth from each grade responding with a specific answer and the total number of youth from each grade answering that specific questions. **Note that some questions asked of 9ᵗʰ and 11ᵗʰ graders are not asked of 5ᵗʰ and 8ᵗʰ graders.**

Step 7: Select the demographic group of interest. Like grade level, you can only select one at a time. Note that the demographic options do not include sexual orientation or detailed race/ethnicity categories.

Navigating the Substance Use in MN interactive database

Data on specific racial and ethnic groups may not be available for all communities—especially communities with smaller populations. In such cases, state-level data can be used to learn about differences and disparities in regards to substance use and related risk and protective factors. State-level data on differences and disparities can help inform local planning. For example, if a local assessment reveals a growing Somali population, state-level MSS data can help shed light on which risk and protective factors are most strongly associated with youth substance use specific to Somali youth.

How to:

- **SUMN.org > Data by Topic**. For MSS indicators, select 'by Grade, Race and Gender' to view data for the seven county metro area, Greater Minnesota, and/or the state by race/ethnicity (note—these data do not include the more granular race/ethnicity response options). Select 'by Grade, Sexual Orientation, and Gender' to view statewide data by sexual orientation. sumn.org/data/topic/

- **SUMN.org > Reading Room > By Demographic**. Review community epidemiological profiles and fact sheets to assess data on substance use and relevant risk and protective factors by race/ethnicity, sexual orientation, and gender identity. sumn.org/tools/ReadingRoom.aspx#ByDemographic

Also consider consequence data such as arrests, overdose, hospitalizations, and injuries.

✓ Which populations are experiencing these consequences at greater rates?

✓ Which populations are experiencing more severe consequences?

✓ Are the rates of those negative consequences proportional to the rates of substance use? For example, are African American youth in your school as likely to report marijuana use as other students but more likely to face school disciplinary incidents or arrests for possession?

In addition to finding consequence data on SUMN.org, you can find county-level data on alcohol- and drug-related injuries using the Minnesota Department of Health's Minnesota Injury Data Access System (MIDAS). https://www.health.state.mn.us/communities/injury/midas/index.html

Case Study:
Clay County Collaborative Substance Abuse Committee

The CCC SAC has been working to pass an ordinance fully restricting the sale of all flavored commercial tobacco products in the City of Moorhead. SAC members looked for community stakeholders who could help ensure an equitable process, and equitable health outcomes. An early partner was the Fargo-Moorhead-based Indigenous Association. While a strong advocate for preventing commercial (vs. ceremonial) use of tobacco, flavored tobacco was not a specific priority. SAC then reached out to key partners from the area's small African American community, but those partners were busy with their own equity work. First lesson learned—give all partners time to come to the table on their own terms, and avoid tokenism.

While the COVID-19 pandemic slowed work on the ordinance, it created new partnerships. CCC and Clay County Public Health partnered with the Ethnic Self Help Alliance for Refugee Assistance (ESHARA) to ensure New Americans—a term widely used in the Fargo-Moorhead area—received important information about COVID testing and vaccinations. This work opened up possibilities for collaborating on other health topics. Partnerships were formed with the Afro American Development Association and the South Sudanese Foundation. Both organizations were concerned about youth tobacco use within their communities, and both provided letters of the support for the ordinance along with an offer to speak during a public hearing. Second lesson learned—New Americans comprise multiple communities each with their own cultural beliefs related to tobacco and health. CCC SAC had connected with only two of the eight immigrant population that have settled in Moorhead.

One member of the local Kurdish community expressed concern over restricting sales of tobacco for hookah smoking. SAC members not only realized the importance of outreach to all New American communities, but also the importance of researching the role tobacco has played in each culture. After more thoroughly researching the history of hookah smoking, SAC members circled back to the health data and maintained the stance that hookah is not a safe alternative to smoking cigarettes or using other commercial tobacco products. Third lesson learned—be humble and be willing to listen. While common ground was not achieved, SAC members maintained their stance that all commercial tobacco use puts youth at risk. Further, one member of a community does not represent the views of all members of that community.

When the conversation about the cultural role of hookah was discussed with Somali and Sudanese partners, some initially considered changing their stance. After considering all perspectives, they ultimately endorsed the need for the ordinance. Partners with the South Sudanese Foundation introduced SAC to a Sudanese student at St. Benedict University seeking an internship. She planned, hosted, and presented at a community event to promote support for the ordinance. This event spurred new discussions about the importance of addressing suicide prevention with New Americans, as the student intern works both on the SAC work and on a Clay County Comprehensive Suicide Prevention Grant. Fourth lesson learned—continued collaboration is needed on a variety of health topics, and additional New American communities in the area (e.g., Liberian, Bhutanese) still need to be reached.

⬤ Document review

Gather and review documents covering existing policies, practices, and programs with an equity lens. Policies could include city and county laws and ordinances, as well as school and worksite policies. Ask schools, local public health, or youth-serving organizations for information about their programs for youth and families. If information about community partners' practices are not well-documented, consider asking about these when collecting new data (see the next section!). Reflect on how each policy, practice, and program could be strengthened to improve equity and inclusion.

✓ Who determined or made decisions about the current policies, practices, and programs?

✓ Is equity even mentioned or described?

✓ Are there elements of policies that could impact some populations more negatively than others?

✓ How could existing policies, practices, and programs be improved in order to reduce inequity?

⬤ Collecting new data

Once you've reviewed existing data, and have a better understanding about what you do and do not know about specific populations in your community, it's time to develop a data collection plan. Work with partners with some evaluation knowledge.

✓ Make a list of data gaps. Think big and think outside of the box.

✓ Work with community partners to prioritize data gaps—what is important to know vs. interesting to know.

✓ Develop a matrix to identify data collection methods for each gap. Sensitive questions, such as questions about youth substance misuse, are best collected through anonymous surveys. Importantly, some communities and cultures may view topics like mental health or gender identity as more or less sensitive compared to other communities and cultures. Less sensitive questions, such as perceptions of risk factors for specific cultural groups, could be collected through listening sessions or one-on-one community conversations.

Consider which data collection methods will work with your budget and timeline.

■ Survey or questionnaire. This method involves collecting information from respondents without direct contact, either through a paper or electronic survey. Surveys make it easier to gather information from a large number of people maintain confidentiality. Surveys and questionnaires also allow for comprehensive response options for identity/demographics. Surveys may require multiple translated versions to reach all populations of interest; further, some concepts related to substance use can be challenging to translate.

■ Interviews. This method involves collecting information verbally from informants, using a question and answer format. Interviews can be conducted in-person, over the phone, or via a web platform like Zoom. Interviews can be fairly unstructured to allow for flexibility, or tightly scripted for consistency. The format also allows the interviewer to probe for more detail. Interviews can help build rapport between the interviewer and interviewee, and provide an opportunity for a rich one-on-one conversation. This method can help get at the nuance—the why and how—better than survey data can. One challenge is that interviews can be time-consuming

to schedule and conduct. It is also challenging to analyze and make meaning out of data from a relatively small number of interviews.

- Key informant interviews. Interviews with key community leaders, cultural liaisons, and/or decision makers allow you to hear from individuals who may help your coalition connect with the broader population of focus.

- One-on-one community conversations. While community leaders and decision makers bring an important perspective, conducting interviews with people in a variety of roles can help paint a more complete picture. For example, having one-on-one conversations with people in the Hmong community who identify as parents, teachers, social workers, and business owners can help shed light on youth and family experiences throughout the community. To reach a large number of voices and perspectives, recruit and train multiple interviewers who can each complete at least five conversations. These conversations can be especially helpful for reaching individuals who wouldn't normally attend a meeting, town hall, or listening session.

- Intercept interviews. Brief, two to three question interviews with people at large community events or busy social spaces can serve as a helpful way to quickly gather input from a large number of people on one specific topic of interest. With a handful of volunteers, your coalition can quickly capture responses either with a tablet or other electronic device, or a piece of paper on a clipboard.

◼ Focus groups. This method allows you to interview a small group of participants at the same time. Focus groups ideally include 6-10 participants who are similar to each other in some way to ensure a comfortable and safe discussion, like Somali parents or LGBTQ+ young adults. When planning a focus group, select only 5 to 7 topically themed questions to allow adequate time for all participants to answer. While this method can produce rich findings, it's important to have an experienced facilitator guiding the conversation.

◼ Listening sessions. In comparison to focus groups, listening sessions are helpful for larger groups, which can be broken into rotating small groups using a World Café approach. Similar to focus groups, plan for fewer questions to allow more time for discussion. Different from focus groups, listening sessions elicit a diverse array of unique perspectives. www.theworldcafe.com/key-concepts-resources/world-cafe-method

Minnesota data collection resources can be found at www.evaluatod.org/resources/data_collection.php. One specific tool on this site provides more detail about how and why to select specific data collection methods: www.evaluatod.org/assets/resources/evaluation-guides/datacollection-2-09.pdf

3. SAMPLE DATA COLLECTION PLAN

	Survey	Focus groups	Listening sessions	Key informant interviews	One-on-one community conversations	Intercept interviews
Questions about substance use	x					
Questions about risk and protective factors	x	x	x		x	
Questions about community readiness		x		x	x	x
Questions about existing resources and assets			x	x	x	

Data collection considerations

Invitations. For many immigrant and refugee populations, formal letters requesting participation for a meeting or interview are inappropriate because this is an unfamiliar form of communication. Such requests made in person, by a trusted local person, will be far more effective. At a minimum, a letter or written announcement should be followed by a phone call. Note that immigration status may impact trust.

Translation. It's not always enough to simply translate words, the concepts need to translate properly too. Pilot testing, and back translation, can help ensure that both words and concepts are understandable in non-English languages.

Food and Refreshments. Food and refreshments play an important role in social gatherings. Providing these at meetings are not only culturally appropriate, but will likely facilitate the data collection process. In some cultures, the sharing of food and drink connotes trust. Additionally, ensure that food and drink are appropriate for the cultural group and time. For example, do not serve food between sunrise and sunset during Ramadan or do not serve certain types of meat (e.g., pork or beef) to specific groups.

Transportation and child care. It may also be necessary to provide transportation, child care or reimbursement for such costs. It should be noted that many culture groups are accustomed to bringing their children with them to such semi-formal meetings.

Compensation or reciprocity. Ideally, participants should be paid for the time they give to data collection activities. This may be particularly important since the concept of data gathering is foreign to some immigrant and refugee groups. Not everyone will see the value or benefits of participating. However, they may have respect for a job,

and will do the best they can if they are paid to do the task. Another option would be to provide resources or services in conjunction with data collection activities, such as arranging for health-screening services available at the same site and date.

Time. Concepts of time and corresponding modes of behavior are culturally distinct. In general, it is wise to allow time for arrival and social interaction prior to beginning scheduled activities.

Setting. Identify a safe, comfortable, accessible, neutral location for in-person data collection activities. Some communities may not feel comfortable in a government building due to immigration status or feel comfortable in a local school if they had negative experiences themselves as a youth. Plan to go to worksites or community settings to meet with people rather than asking them to come to you.

Prioritize populations of focus for prevention efforts

Once you've gathered existing data, and collected new data to address gaps, it's time to prioritize populations of focus. Prior to planning, identify the populations of focus: individuals and groups who are directly affected by, involved in, or contribute to the substance use issues you are working to address. These include:

- **Direct populations**. Individuals directly affected by or involved in the priority population. Examples include preventing vaping among all youth age 12 to 18, or preventing binge drinking among all college students age 18 to 25.

- **High-risk populations**. Individuals may be higher risk due to one or more risk factors (e.g., trauma, depression, social anxiety, peer use). Further, some populations have been identified as high-risk due to members of that population experiencing the cumulative impact of multiple risk factors (e.g., LGBTQ, veterans).

- **Populations requiring culturally responsive services**. Populations requiring culturally specific services include sub-sets of the overall population who may require tailored assessment tools, programs, and/or outreach and dissemination strategies in order to ensure prevention efforts reach all community members in an equitable way.

- **Indirect populations.** These individuals play an important role in the conditions that promote or prevent substance misuse. Examples include friends, family members, teachers, coaches, employers, landlords. They can influence the direct population in positive and negative ways.

Worksheet 4: Identifying populations of focus

	[Population A]	[Population B]	[Population C]
Direct			
Indirect			
High-risk			
Needing culturally responsive approach			

Worksheet 4 example: Identifying populations of focus

	Hispanic/Latinx	LGBTQ+	Families experiencing generational poverty
Direct	Yes, all youth included in direct population	Yes, all youth included in direct population	Yes, all youth included in direct population
Indirect	Include Hispanic/Latinx parents Include Hispanic/Latinx community leaders	Include parents of LGBTQ+ youth Include local champions for LGBTQ+ rights	Include community organizations and agencies serving families experiencing poverty
High-risk	Hispanic/Latinx youth report rates of substance use similar to the local average Hispanic/Latinx youth report higher rates of risk factors such as not feeling cared about by community adults and low participation in pro-social activities	While gay and lesbian youth report rates of use similar to heterosexual youth, bisexual and transgender youth report higher rates of use LGBTQ+ youth report higher rates of risk factors like bias-based bullying	Youth reporting missed meals and homelessness report higher rates of risk factors like adverse childhood experiences
Needing culturally responsive approach	Ensure materials and messaging are translated Disseminate materials and messaging through community-specific outlets	Ensure messaging is inclusive of LGBTQ+ youth without further marginalizing them Ensure youth groups are welcoming Use gender pronouns	Coalition-sponsored pro-social activities should be free Provide transportation, child care options, and food at events and meetings

Worksheet 5: Population priorization

Among your **direct population(s)**, which individuals or groups are higher risk?

	[Population A]	[Population B]	[Population C]
What do you know about this population's substance use or risk factors based on national and/or state-level data?			
What do you know about this population's substance use or risk factors based on local data? Do not use anecdotal information.			
To what extent does your community have the capacity (e.g., cultural liaisons, trust, partnerships) to serve this population? Rate your community's capacity on a scale of 1-5 with 1 = no capacity and 5 = lots of capacity.			

Prioritization tips

- Consider both number and percentage/rate when looking at substance use, consequences, or risk and protective factors. An increase from two Pacific Islander students in a school to six is a huge percentage increase, though it only represents four youth.

- Small numbers make it difficult to accurately compare changes in less common behaviors, such as prescription drug misuse rates, to the overall student population.

- When you have a small number of students identifying as transgender, for example, it's not possible to report data about substance use in a way that would maintain confidentiality of those students. If your school only has two students who openly identify as transgender, and one reported past-month marijuana use—reporting those findings could make it easy for school administration to determine which of the two students that is.

- It's important to acknowledge layers of identity, such as Karen youth living in poverty or African American youth who identify as bisexual.

- Consider which comparison groups are most appropriate. For example, if assessing disparities among American Indians and Alaska Natives, is it best to compare to individuals in the services area? Only American Indian/Alaska Native (AI/AN) populations in the surrounding state or region? The national average for all people? The national average for only AI/AN populations?

- Look at disparities based both on current comparison to the local or state average and whether or not disparity gaps are narrowing or widening over time.

Assess monitoring systems for cultural responsivity

It can be challenging to find existing, local-level data to drive substance use prevention efforts—let alone data that is specific to each of the populations in your community needing prevention services and resources. Often, the data simply do not exist. If the data do exist, small sample sizes can make analysis, interpretation, and dissemination difficult.

Ensure that everyone can see themselves in response options on surveys and forms—audit existing tools and pilot test new tools. Use your pre-assessment findings to continually monitor demographic shifts in the community and update tools and monitoring systems accordingly.

- Make sure response options are as inclusive as possible. For example, allow respondents to select all gender identities that apply, including female, male, transgender, non-binary, and/or prefer not to respond rather than simply including female and male. As another example, allow individuals who identify as Black, African or African American to specify African American, Ethiopian, Liberian, Nigerian, and/or Somali. Importantly, model questions and response options are evolving over time.

- Avoid using "other" as a standalone response option. Rather, allow respondents to self-identify with an open text box.

- Do not report findings for demographic groups if the sample size of respondents is too small in order to maintain confidentiality. It's important to strike the right balance between data disaggregation and privacy. Here are some resources:

  - Minnesota Compass—Race data disaggregation: What does it mean? Why does it matter? https://www.mncompass.org/data-insights/articles/race-data-disaggregation-what-does-it-mean-why-does-it-matter

  - Minnesota Department of Education—Frequently Asked Questions: Reporting Student Data on Our Website https://education.mn.gov/MDE/About/MDE086067

  - Washington State Department of Health—Agency Standards for Reporting Data with Small Numbers https://www.doh.wa.gov/portals/1/documents/1500/smallnumbers.pdf

Work towards consistency across sectors and providers—does one agency have separate response options for Asian and Native Hawaiian or Pacific Islander while other local agencies combine them? How does each agency determine race/ethnicity? Self-report and/or family-report is best. Avoid assuming people's race/ethnicity, if possible. If you are unable to ask someone to self-identify, it is best to say "don't know." If a local partner determines someone's race/ethnicity based on best guesses, such as a local law enforcement agency, interpret the data with caution. Whenever possible, compare multiple data sources to see if they are telling the same story.

Provide diversity, equity, and inclusion (DEI) training for coalition members and community stakeholders and prioritize cultural competence

DEI training can play a significant role in ensuring substance use prevention efforts are culturally responsive and achieve diversity, equity, and inclusion goals. Minnesota Compass maintains a searchable directory, which can be used to find DEI trainings and facilitators. Prioritize cultural competence among staff involved with prevention efforts. https://www.mncompass.org/resources/racial-equity-directory

Ensure substance use prevention trainings and resources are accessible to all community stakeholders

■ If you're planning a training or bringing in a speaker, invite community partners to help with the plan to ensure populations of focus know about the opportunity and have a say in the planning. Let the trainers/speakers know about the populations of focus in your community and the potential make up of attendees. Intentionally look for trainers or speakers who represent and/or have experience working with the population of focus.

■ Work with community partners to align educational opportunities with existing events—co-locate events, and bring learning opportunities to community partners rather than asking them to come to you.

■ As with data collection activities, consider invitations, translation, transportation, food and refreshments, child care, and a safe and comfortable setting.

■ Offer opportunities for members of underserved communities to become Certified Prevention Specialists and to Continuing Education Units after their certification. This will help ensure local prevention practitioners are representative of the populations being served.

For further reading, visit the Minnesota Department of Health Resource Library for Advancing Health Equity in Public Health: https://www.health.state.mn.us/communities/practice/resources/equitylibrary/index.html

Develop and implement a communications plan

Communications plans can be helpful at any time—whether before you start the SPF process or throughout the SPF process. When and why might you create a communications plan?

✓ Raising awareness of your coalition and recruiting new members from diverse backgrounds

✓ Raising awareness of your youth group and recruiting new members from diverse backgrounds

✓ Promoting training opportunities to build prevention capacity across all populations of focus

✓ Sharing assessment findings with multiple audiences through a variety of methods

✓ Inviting populations of focus to help make meaning out of assessment findings to inform planning

Worksheet 6: Communications plan template

One template, many uses! Regardless of when and why you create a communications plan, the simple grid below can help.

Audience	Key messages	Delivery method	Responsible people	Timing
Hispanic/Latinx parents and caregivers	Our coalition wants to learn about the needs of local families	Flyers at local business and radio announcements promoting a community gathering	Business sector representative, media consultant, and cultural liaison	Early fall

Find media sources relevant to your population of focus, and work with cultural liaisons to help share information. For example, is there a local radio station serving Spanish-speaking community members, or a local magazine geared towards the local LGBTQ+ community?

What should you consider when you create a communications plan?

✓ Don't assume people will be familiar with your coalition's website

✓ Find out how each population of focus prefers to get information and which platforms they use

✓ Be mindful when communicating with populations of focus and also when communicating about populations of focus

✓ Translate messages as needed and pilot test if possible (e.g., tobacco-free might translate as free tobacco!)

✓ Pilot test messages with populations of focus to ensure data highlighting disparities doesn't further marginalize those populations

Put disparities in context.

When reporting on disparities in substance use rates, avoid reinforcing common narratives that suggest disparities are caused by individual behavior or are inevitably linked to a particular group. Instead, identify and acknowledge the systems and structures that caused the disparities. By presenting data in context, you can help your reader think about causes and potential solutions.

Simply sharing with the broader community that one or two populations of focus use substances at higher rates doesn't provide important context about systems and policies that perpetuate disparities. By acknowledging the family, school, and community systems behind the disparity, you not only bring added meaning to the data, but move closer to solutions.

Narrative change tips include:

- **Order matters.** Lead with values, and explain causes before mentioning effects.

- **Use appropriate comparison groups.** Don't assume white, heterosexual, cis-gender outcomes are the norm. Emphasize both privilege and discrimination.

- **Show solutions, not just problems.** Include examples where solutions are already being implemented.

- Read more on challenging dominant narratives.

- FrameWorks message brief—Talking About Disparities. https://www.frameworksinstitute.org/wp-content/uploads/2020/03/disparitiesmessagebrief.pdf

- FrameWorks article—Order Matters. https://www.frameworksinstitute.org/article/order-matters/

Case study:
Rice County Chemical and Mental Health Coalition

In response to a growing need for diversity in the mental health, chemical health, and social work professions locally, the coalition is in the process of hiring two bilingual Chemical Health Outreach Coordinators, supported by the Rice County Mobile Opioid Support Team, to provide outreach, education, and connection to services in Rice County's Somali and Latinx communities. To complement the outreach program and increase capacity, the project will also create the Rice County Access & Equity Fellowship Program. In partnership with the Northfield Community College Collaborative (NCCC) and HealthFinders Collaborative, interested Rice County bilingual students and/or people of color will receive tuition assistance, academic supports, and help finding opportunities to advance their careers.

The Fellowship will provide each participant with:

- Support to find a postsecondary school and a program

- Last-dollar financial resources to cover any remaining tuition costs for school after financial aid is applied for/exhausted

- Supportive services (from tutoring to academic advising) to help with academic success

- Assistance locating a job, internship, mentorship, or other experiential component in the chemical/mental health field while they complete their schooling.

The initiative was developed when the Rice County Chemical and Mental Health Coalition assessed their equity work across initiatives and found the greatest gaps in chemical health. The coalition first surveyed chemical health providers to learn about who they were serving. When they learned that the clients being served didn't reflect the demographics of the county, they conducted surveys and focus groups with members of the Hispanic and East African populations. They learned that Hispanic individuals and families were struggling, but barriers included stigma, cost of services, and lack of bilingual providers and resources.

Through Minnesota State Opioid Response grants, Rice County has been able to first build the community connections and now build a more diverse workforce. While fellows are working towards their degrees and licensure, the coalition hopes to find them employment opportunities that don't require a license—helping community members fill out paperwork to access services, helping with housing, food insecurity, and employment, and providing support in general.

View the promotional video here: [Career Fellowship - Rice County Chemical and Mental Health Coalition - YouTube](#)

Case study:
Collaboration between the Opioid Prevention and Unified Services (OPUS) Coalition and the Multi Cultural Community Alliance (MCCA)

In Ramsey County, a growing partnership between two coalitions has benefitted both. Multi Cultural Community Alliance (MCCA) brings a focus on cultural outreach, grassroots engagement, and the importance of community connections. OPUS brings the latest research, as well as a policy lens. The partnership began when Asian Media Access (fiscal host of MCCA) reached out to the OPUS coalition when applying for Drug Free Community (DFC) funding to request a letter of support since both would be serving some of the same zip codes. Once MCCA was funded, they invited Minnesota Teen Challenge (the fiscal host for the OPUS coalition) to present to a group of Asian students on vaping risks and tobacco companies' marketing tactics which target communities of color. Since, collaboration between the two coalitions has strengthened.

The OPUS coalition established a Multicultural Resource Action Team to ensure prevention activities are implemented in an equitable, inclusive, and culturally responsive way. The team is working to increase the number and diversity of OPUS members and partners, and to ensure that members and partners feel supported, engaged, recognized, informed, and heard. The need for the team was identified during Year 1 of OPUS' DFC grant as a majority of Ramsey County students are Black, Indigenous, and People of Color. A staff member at MnTC who happened to be connected with the Saint Paul Police Department sergeant who supports the agencies Community Engagement Specialists (CES) introduced the OPUS coordinator. The coordinator met with the entire team including the Sergeant. The team includes full-time specialists who represent the Latino/Native American, African American, East African, and Asian communities and invited them to join OPUS.

MCCA works with Hispanic, American Indian, African American, and Asian communities with focus on the Frogtown neighborhood of St. Paul. The coalition uses a Bicultural Healthy Living approach, learning from different cultures, honoring and building on the strengths of each. While MCCA primarily serves immigrant and refugee communities, members have engaged in meaningful conversations with the Indigenous "host culture." The coalition is examining the cultural factors that have shaped substance use behaviors. As one example, US Army GIs shared cigarettes as a valuable commodity during the Vietnam War—cigarettes continue to hold a high value and are passed around at weddings and other events to show honor to guests. MCCA members are shifting the conversation to identify a healthier way to honor guests and sharing information with community members about tobacco marketing.

OPUS, MCCA, and the CES planned an event for the Somali Community in Ramsey County, and are in the process of planning events for the Karen and Hmong communities. The coalitions are also creating connections with Asian youth enrolled at Hmong Prep Academy, and African American youth enrolled at the High School for Recording Arts.

Here are two resources on tobacco marketing that targets communities of color and LGBTQ+ communities from the Association for Nonsmokers – Minnesota:

- [Beautiful Lie Ugly Truth Home - Beautiful Lie Ugly Truth](#)
- [Home - Don't Discount My Life (dontdiscountmylife.org)](#)

Engage community partners in action planning

■ **Identify stakeholders and community leaders to involve in action planning.** While you have hopefully identified key stakeholders from populations of focus while laying the groundwork and conducting a community assessment, it's important to find stakeholders who can bring important insights to strategic planning. For example, stakeholders familiar with community resources and readiness for prevention efforts and those familiar with examples of strategies that have or have not worked in the past.

■ **Define role(s) and time commitment.** Strategic planning can be a multi-month, multi-step process. Consider ways to compensate key stakeholders and cultural liaisons for their time if they are not operating in a paid role. If decisions will be made by different groups at different points in time, be clear and transparent with each group about what was decided and why. For example, perhaps your coalition prioritized addressing youth alcohol use, vaping, and marijuana use. If community leaders come to the table concerned about meth use among young adults, provide information about funding restrictions (e.g., allowable age groups) and data on local rates of youth drug use which show low rates of meth use among individuals under age 18.

■ **Provide mentorship, guidance, and support for participation.** During planning, use a combination of paired stakeholders, small group, and large group discussions. Avoid using acronyms and prevention jargon. Clearly describe planning steps, and collaboratively determine and define prioritization criteria from the start.

■ **Consider meeting locations and languages used.** As noted in the section on data collection, identify a safe, comfortable, accessible space to meet. Be prepared to translate not only words but also concepts.

■ **Be open to making revisions to action plans if new partners come on board later in the process.** This is especially important if your coalition has already made a number of decisions about work planned with populations of focus that didn't involve members of those populations at the decision-making table.

Compile data on risk and protective factors to guide action planning

Once your coalition has gathered existing data, collected new data, and identified levels of capacity, it's time for your coalition and community partners to review the data and begin planning. Planning involves identifying which risk and protective factors your coalition should address to have the greatest impact on preventing and reducing youth substance use, and also the greatest impact on reducing disparities.

Prioritizing risk and protective factors to address with prevention strategies can benefit from a multi-step process and engagement from a diverse array of community partners. The first step is to **organize your data in a way that makes it easier for stakeholders to review, reflect on, interpret, and compare**. If you created a comprehensive report or needs assessment workbook during the assessment step, formatting risk and protective factor data using a format similar to Worksheet 6 will help stakeholders quickly compare factors in relation to each other.

Worksheet 7: Risk and protective factor inventory

Risk or protective factor	Local rate	State rate	Trend	Resources and readiness

Worksheet 7 example:
Risk and protective factor inventory

Ideally your coalition will review numerous risk and protective factors. This example illustrates the process for two factors than may contribute to a priority like vaping or alcohol use.

Risk or protective factor	Local rate	State rate	Trend	Resources and readiness
Perceived low or no risk of harm from vaping	60%	72%	▲	Schools are on board to implement curriculum
Not feeling safe in your neighborhood	9%	5%	►	Strong political will to address, but lack of sufficient resources. Ongoing efforts have not been effective.

Information about this process is detailed in Demystifying Data: Gathering and Using Local Risk and Protective Factor Data for Prevention, available in recorded webinars, a self-paced online course, and a companion guidance document. https://pttcnetwork.org/centers/global-pttc/products-and-resources?keyword=Demystifying+Data&product_type=All&center=&center_group_selector=&target_audience=All&keywords=All&field_product_language_value=All

Reflecting on risk and protective factors with an equity lens

Adding an equity lens to this process could be achieved in multiple ways. One approach would be to use the process described above to first prioritize risk and protective factors for all youth in the community with the goal of narrowing down the list to five to seven key risk and protective factors. Once this has been achieved, gather data for your coalition's populations of focus for only these priority factors. (caution—while this approach may be more feasible if your coalition has limited capacity for data analysis, you may lose important context.) ⊙●○

Importantly, some populations are more likely to experience multiple risk factors, which can have a cumulative impact on health and well-being. Similarly, protective factors are not equitably distributed among all populations in a community—and multiple protective factors can have a cumulative beneficial impact. Learn more here: sumn.org/~/media/629/Power_of_Protective_Factors_2019.pdf

Another more holistic approach would be to **consider disparities while also considering state comparisons, trends, and resources and readiness**. This elevates disparities to a key prioritization criteria along with rates, state comparisons, and trends.

Risk or protective factor	Local rate	State rate	Trend	Disparities*	Resources and readiness
Perceived low or no risk of harm	60%	72%	▲	Local data for Hispanic/Latino students = 61% Local data for students receiving free or reduced price lunch = 68% State data for LGBTQ+ students = 65%	Local public health is partnering with food pantries to provide information to families on the risks of vaping. School alcohol and drug counselors receive annual diversity training.
Not feeling safe in your neighborhood	9%	5%	►	Local data for Hispanic/Latino students = 12% Local data for students receiving free or reduced price lunch = 10% State data for LGBTQ+ students = 17%	Hispanic/Latino community members voiced concern over local attitudes on immigration status A drop-in center for LGBTQ+ youth and young adults recently opened to provide a safe space

Work with your coalition to answer these guiding prioritization questions:

Which risk and protective factors have the most concerning rates and trends?

Are there adequate resources and readiness in the community to address the most concerning factors?

To what extent do rates of concerning risk and protectives differ for your populations of focus compared to average rates? If you see disparities, are the disparity gaps widening or narrowing over time?

Does your community have the resources and readiness to equitably reach your populations of focus with prevention strategies that would address the most concerning factors?

Strategy selection

Once your coalition has determined which priority risk and protective factors to address with prevention strategies, it's time to start researching which strategies will work best and be the best fit for the community.

There is a lack of research on evidence-based substance use prevention efforts for youth from specific cultural backgrounds. Moreover, while one strategy may be evidence-based for one group, it may not be evidence-based for another. For all efforts, it's important to assess fit, equity issues, and cultural competence within the group the effort is targeting.

To assess whether a particular strategy is culturally appropriate for a particular group, it's helpful to consider three factors: conceptual fit, practical fit, and evidence of effectiveness.

- **Conceptual fit** refers to the extent to which the strategy could reasonably be expected to produce positive outcomes in the risk and protective factors identified.

- **Practical fit** refers to the extent to which the strategy is feasible given the context and existing Resources. An important component of this is whether the strategy is a good fit for your populations of focus given local resources and readiness.

- **Evidence of effectiveness** refers to the strength of existing research assessing the impact of the strategy's effectiveness with the specific groups you plan to serve.

Learn more about strategy selection in Minnesota's Workbook on Evidence-based Prevention, which includes a scoring tool for assessing conceptual fit, practical fit, and evidence of effectiveness. http://www.evaluatod.org/assets/resources/pfs-evaluation-materials/phase-i/mn-evidence-based-practices-workbook2015.pdf

Illustrative examples include:

- Using a substance misuse educational curriculum for youth designed from a white cultural perspective and white cultural values with Somali elders would have very poor **conceptual fit**. Using a culturally grounded intervention based on Somali culture and values designed for Somali elders would have a very strong conceptual fit.

- A strategy that would require extensive cultural adaptations and has little funding, little community buy-in, and a short timeline would have very poor **practical fit**. A strategy with sufficient funding, time, and strong buy-in and engagement from the community would have very strong practical fit.

- A strategy with no existing research (peer-reviewed or otherwise) assessing the impact of using this strategy with the community of focus has no **evidence of its effectiveness**. A strategy that is identified in a federal registry of evidence-based programs as evidence-based for that particular group has very strong evidence.

Resources to find prevention strategies

- ■ Minnesota Prevention Resource Center offers a searchable database of prevention resources by topic and type. https://mnprc.org/resources/

- ■ Washington State's ATHENA Forum provides a searchable Excellence in Prevention Strategy List. The list includes drop-down menus that allow prevention practitioners to refine their search by geography (e.g., rural, suburban, Tribal, urban) and by race/ethnicity of the intended audience. https://www.theathenaforum.org/EBP

- ■ Blueprints for Healthy Youth Development allows users to search certified prevention interventions. Searches can be narrowed by priority risk or protective factor, and by target population which includes age, gender, and race/ethnicity. https://www.blueprintsprograms.org/program-search/

- ■ County Health Rankings & Roadmaps' What Works for Health provides available information about evidence of effectiveness for specific cultural groups from the research literature, and notes the likelihood a specific strategy will have an impact on disparities. Use the site's search field using terms such as LGBT or African-American. https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health

- ■ National Institute of Justice Crime Solutions allows users to search programs by geography, age, gender, race/ethnicity, and targeted population. https://crimesolutions.ojp.gov/topics/drugs-substance-abuse?ID=53#-1

- ■ The Substance Abuse and Mental Health Services Administration hosts a searchable Evidence-Based Practices Resource Center. https://www.samhsa.gov/resource-search/ebp
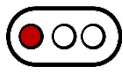
⬤◯◯ Adapting existing strategies vs. developing new strategies

For some populations, there is currently a lack of culturally responsive prevention interventions available to choose from. Historically, panels established to determine criteria for designating programs and practices as evidence-based haven't always ensured diversity among panel members or whether programs and practices have been replicated and evaluated among a diverse array of populations and communities. As appropriate, adapt evidence-based programs, policies, and practices, or implement approaches with practice-based evidence, to meet the needs of populations of focus.

Okamoto and colleagues (2014) identified several approaches to developing prevention interventions that aim to serve a particular cultural group. Descriptions of these approaches, along with their strengths and limitations are outlined in Figure 4.

While taking a culturally grounded approach may be more time- and resource-intensive, it is also the option that allows for the targeted group to serve as key decision makers and for the efforts to be designed from scratch from the group's cultural context. Don't try this alone! Involve subject matter experts when planning for deep adaptations or considering the development of an entirely new program.

4. **Approaches to developing culturally focused prevention interventions**

Approach	Strengths	Limitations
Surface-Structure Cultural Adaptation: involves minor adaptations to wording or images	More efficient and less expensive to develop and implement Based on empirically supported interventions	Often lacks sufficient relevance to the group served May inadvertently exclude cultural constructs significant to the group served
Deep-Structure Cultural Adaptation: substantial adaptations to structure, design, and content	Based on empirically supported intervention concepts Less costly and time-intensive than a culturally grounded approach but more relevant to the group served than the surface-structure adaptation approach Provides opportunity for engaging and obtaining input from the group served	Assumes the core components of the original intervention are applicable to the group served May be challenging to retain effective components of the intervention Limits the extent to which the group served can provide input and guidance on the intervention's development

Source: Adapted from Okamoto et al., 2014

Approach	Strengths	Limitations
Culturally Grounded Prevention: development of entirely new interventions situated within the cultural context of a particular group	The group served is involved in the intervention's development from the start, ensuring cultural relevancy and the inclusion of significant cultural constructs Intervention components are developed "from scratch," providing the opportunity to merge them with cultural components	Time intensive Expensive Difficult to evaluate and replicate

Source: Adapted from Okamoto et al., 2014

Develop action plans

Once your coalition has identified the prevention strategies you plan to implement in order to address prioritized risk and protective factors, it's time to develop action plans. The more you are able to break each strategy down into smaller, concrete action steps, the easier it is to distribute those tasks among the appropriate stakeholders. Ensure your action plans include steps for reaching both the broader target population (e.g., youth and young adults ages 12 to 20), but also steps for reaching your populations of focus.

Worksheet 8: Action plans

Strategy 1:

Action steps	Persons responsible	Timeline

Strategy 2:

Action steps	Persons responsible	Timeline

Strategy 3:

Action steps	Persons responsible	Timeline

Worshet 8 example:
Action plans

Strategy 1: Educate and congratulate

Action steps	Persons responsible	Timeline
Translate educational materials into Spanish	Contracted Hispanic liaison	January
Assemble tobacco compliance check teams	Public health, law enforcement, youth from priority populations	February
Identify establishments to check in largely Hispanic neighborhoods and high poverty neighborhoods	Public health, law enforcement,	February
Conduct tobacco compliance checks	Public health, law enforcement, youth from priority populations	March
Congratulate vendors who pass checks using culturally specific media outlets	Media consultant	May

Strategy 2: Deliver IN DEPTH curriculum

Action steps	Persons responsible	Timeline
Provide teachers with training and curriculum	School administration, coalition coordinator, public health, healthcare	August
Deliver curriculum in all high school health classes	Teachers	September
Conduct a post-survey of knowledge change, skills built, and intentions regarding vaping—include demographic questions to determine whether outcomes varied for populations of focus	Teachers, Evaluator	December
Share evaluation results with youth group focused on vaping prevention	Evaluator	January
Share evaluation results and recommendations with school administration	Youth group	February

Worksheet 8 example:
Action Plans (continued)

Strategy 3: Enhance school policies related to bias-based bullying

Action steps	Persons responsible	Timeline
Conduct an audit of existing school policies	School administration, coalition coordinator, cultural liaisons	June
Research model policies	Coalition coordinator	June
Conduct a review of the research literature on LGBTQ+ youth experiences with bullying	Evaluator, Minnesota Prevention Resource Center	July
Conduct focus groups with Hispanic youth about their experiences with bullying	Evaluator, cultural liaison	July
Hold a town hall meeting to share focus group findings	Coalition coordinator, Evaluator, cultural liaison	September
Revise policies based on youth and community input	School administration, coalition coordinator, cultural liaisons	October
Train school staff on bias-based bullying	Expert consultant	November
Track changes over time in policy violations	School administration, Evaluator	On-going

Monitor reach of strategies on an on-going basis

✓ Do participants at coalition-sponsored events reflect the diversity of your community?

✓ Are coalition events held in a variety of community settings, such as diverse neighborhoods or workplaces with a diverse workforce?

✓ Do youth group members reflect the diversity of students enrolled at the school?

✓ Are families in populations of focus aware of the coalition's activities and events?

Worksheet 9: Monitoring reach

Sit down with your coalition midway through each year and reflect on the reach of prevention efforts.

	[Population A]	[Population B]
Who is being reached?		
Who is not being reached?		
What steps can be taken now to improve reach?		
Who will be responsible?		

Assess quality of engagement and satisfaction to learn, collaborate, and lead on an on-going basis

Community engagement should be regularly assessed to ensure the initiative engages stakeholders authentically and provides meaningful opportunities to be involved. This includes the extent to which members feel like their input is valued and that their tasks fit with their skills, interests, and preferred level of involvement. Community engagement can be assessed using existing tools, such as:

- **Community Engagement Assessment Tool** by Nexus Community Partners: this self-assessment tool involves ranking an initiative's community engagement efforts on a continuum from outreach to full engagement, including the relationship with community members, the purpose and methods of engagement efforts, how ideas are generated, and organizational policies and structures. https://www.nexuscp.org/wp-content/uploads/2017/05/05-CE-Assessment-Tool.pdf

- **Youth Engagement Evaluation Tool** by the Ministry of Children and Family Development, British Columbia: this tool asks users to rate items related to organizational readiness to engage youth, the quality of partnerships between adults and youth involved with the program, leadership and decision-making opportunities for youth, evaluation and research opportunities for youth, and whether the program and staff reflect the youth served. https://www2.gov.bc.ca/assets/gov/family-and-social-supports/data-monitoring--quality-assurance/information-for-service-providers/youth_engagement_toolkit_evaluation_tool.pdf

- **Stakeholder Engagement Measure** by Goodman and colleagues (2019): This measure was published in a peer-reviewed journal article. It includes items categorized into eight principles of community engagement: focus on local relevance and social determinants of health, input from partners, cyclical and iterative process, co-learning and co-benefit for all partners, builds on community strengths and resources, collaborative and equitable partnerships, partner involvement in dissemination, and building trust. These items could be ranked on a scale of 1 (does not describe our program at all) to 5 (very accurately describes our program). https://pubmed.ncbi.nlm.nih.gov/31475370/

- **Partnership for Success Coalition Evaluation** by Wilder Research (2016). This tool asks coalition members about the community environment, coalition leadership, administration, goals, membership, training topics, and recommendations for improving coalition functioning. While this tool was created specifically for Minnesota colleges and universities funded through the PFS initiative, it could easily be customized. www.evaluatod.org/assets/resources/pfs-evaluation-materials/phase-i/coalition-survey/pfs_coalition_survey_2015.pdf

Case study:
Mille Lacs Area Partners for Prevention (MAPP)

In 2017, sixth graders from MAPP's youth group called Onamia Youth (OY)—whose members reflect the roughly 50% American Indian enrollment of the school—conducted an environmental scan of cigarette butts and other tobacco product debris on school property. The youth shared photos of what they found with students and school staff while conducting brief interviews. Interviewees were asked for their reaction to the photos, familiarity with school tobacco policies, recommendations for action steps, and perceived risk of harm from youth tobacco use.

The youth presented their findings to the adult members of MAPP during a coalition meeting. MAPP, in collaboration with the Tribal Statewide Health Improvement Partnership (SHIP) Coordinator, obtained tobacco policy signage for the school written both in Ojibwe and English. The large signs are posted at each entrance, in the parking lots, near the sports fields, and on all community buildings owned by the school. The youth group produced a video documenting their scan, interviews, and resulting signs, and the movie was shared with school administration.

Several of the student leaders involved with this initiative, now in high school, are still actively involved in MAPP's youth group. Community members have expressed appreciation for the dual-language signs, and have recognized the youth leaders.

In addition to the school signage success, OY members trained in improvisational theatre, performed commercial tobacco scenes during an Ojibwe "Winter Storytelling" event at the Mille Lacs Indian Museum. Participating youth received sweatshirts depicting a smudging/migizi scene and the phrase "Use tobacco in a good way." Students in Onamia are allowed to carry traditional tobacco pouches for spiritual or ceremonial use, with permission from the Indian Education Department Coordinator. As such, a local youth survey on substance use was modified to ask about tobacco use other than for spiritual or ceremonial purposes.

Case study:
Renville Alliance for the Prevention of Alcohol & Drugs (RAPAD)

RAPAD has a long history of substance misuse prevention grants—a five year Planning & Implementation State grant, followed by 10 years of a Drug Free Community grant, and most recently a five year Partnerships for Success grant awarded to PACT for Families. PACT for Families and RAPAD have worked to address Hispanic/Latino youth and families' needs through upstream prevention efforts to early intervention for at-risk youth.

One upstream prevention activity was a picnic in a predominantly Hispanic/Latino neighborhood. The picnic, hosted by the City of Olivia, the Renville and Kandiyohi Counties' Statewide Health Improvement Partnership (SHIP) Coordinator, and RAPAD, featured food, music, and representatives from the local hospital, schools, public health, House of Hope, and prevention coalitions. The event provided an opportunity to learn about community needs and raise awareness of existing resources in a familiar and comfortable setting rather than a meeting room. Staff and volunteers went door-to-door in the neighborhood to personally invite families to the picnic.

PACT for Families GUIA program provides support to Hispanic/Latino and Somali youth between the ages of 14 and 22 who are at risk of chemical misuse or mental health concerns. The GUIA coach, who is a member of RAPAD, meets one on one with youth and their families to provide support. The program uses a pro-social approach to engage, empower, and support youth toward creating positive influences in their lives. Families receive support navigating county systems from a coach who reflects their language and culture.

When RAPAD was first awarded the Planning & Implementation grant, they worked to form a youth group in Renville County West Public Schools. A large number of Hispanic/Latino youth signed up and stepped into leadership roles. Youth group members were featured in the local newspaper and on local radio stations. This led to the schools' efforts being recognized among the Hispanic/Latino community, and to recognition of Hispanic/Latino youth leaders among the broader community.

Infuse equity in each step of the Centers for Disease Control and Prevention (CDC) evaluation framework

Similar to the SPF process, the CDC framework involves a step-by-step process framed by a set of underlying standards. Importantly, evaluation should not start *after* assessment, capacity building, planning, and implementation. Evaluation should start from the beginning. Stakeholders should be engaged in the evaluation from the beginning. An evaluation plan, and data collection tools, should be developed before implementation starts. This is especially true for culturally responsive and community-based, participatory evaluation.

The steps include:

- **Engage stakeholders.** Who will be interested in the evaluation findings? Who will benefit from the evaluation findings? This includes those involved in implementing your prevention efforts, those served by your prevention efforts, and those impacted by your prevention efforts. This is the same process described in the Laying the Foundation section of this toolkit. An important step is discussing who will own the resulting evaluation data, who will have access to it, and how they will be able to share it. Developing data sharing agreements and/or memoranda of understanding can help with this process.

- **Describe the program.** What are the intended outcomes for the strategies your coalition plans to implement? This is where your logic model comes into play. A logic model describes the resources and assets you bring to your prevention efforts, the activities planned, and short-, intermediate-, and long-term outcomes expected. Describing the program is especially critical if you've worked with community stakeholders to develop a whole new culturally grounded program. A helpful resource on program theory can be found here: www.evaluatod.org/assets/resources/evaluation-guides/logicmodel-8-09.pdf

- **Focus the evaluation design.** Determine how you will measure what worked well and ways implementation could be improved. Find out which evaluation questions your stakeholders think it's most important to answer. Walk through your logic model and make a plan for how you plan to measure how successfully your strategic plan was implemented and what outcomes emerged as a result. Pay attention to how you'll hear from populations of focus in ways that ensure confidentiality.

- **Gather credible evidence.** Similar to the assessment step, ensure that you are gathering data in culturally responsive ways to adequately demonstrate the value of your prevention interventions from all viewpoints. Pay particular attention to gathering evidence by population of focus in order to measure changes in disparities over time.

- **Justify conclusions.** Engage key stakeholders, cultural liaisons, and community leaders in making meaning out of evaluation results and providing important context for looking at changes in disparities over time.

- **Ensure use and share lessons learned.** As in previous steps throughout the SPF process, develop a communications plan! Don't let your evaluation findings sit on a shelf. Share findings broadly—not only will your community stakeholders benefit, but other communities may benefit as well. This could be as simple as sharing three main takeaways or key findings.

Learn more about each step here: https://www.cdc.gov/eval/steps/index.htm

Develop guiding **process** questions with an equity lens. Process evaluation measures the extent to which you did what you planned to do, and how well you did it. Using a baking example: Did you have a good recipe? Did you follow the recipe exactly? Did you have the necessary ingredients? Did you have prior baking experience?

- Which population was prioritized by the coalition, and how was eligibility for services determined? Were the people you intended to reach ultimately reached to the extent you planned?

- What adaptations were made to prevention strategies?

- How did the coalition work to avoid disparities in the services received by different groups?

- How was cultural responsiveness ensured among staff working with the priority population?

- How did the project build upon or incorporate previous inclusion efforts in the community?

Develop guiding **outcomes** questions with an equity lens. Outcome evaluations measure the extent to which things changed as a result of what you did. Using that same baking example: Did the pie taste good? Did it taste as good as your grandmother's? Did other people also like the pie? What would you do differently to ensure the pie tastes better in the future?

- Who and what was changed and how?

- Did the services have different impacts on various cultural groups?

- Were there unintended consequence due to cultural or ethnic issues/context?

- What were the system-wide changes that ultimately resulted from the program?

- Did the work affect cultural or intergroup relations?

Evaluation standards from the CDC evaluation framework include utility, feasibility, propriety, and accuracy. These standards are especially important when conducting a culturally responsive evaluation.

- **Utility** means the evaluation will serve the information needs of each stakeholder group.

- **Feasibility** means the evaluation plan will be realistic and within a reasonable budget.

- **Propriety** ensures that data collection will be ethical and not burdensome.

- **Accuracy** means that the data collected will be reliable and will truly represent the value of the program or practice.

It's important to hear from populations of focus, but also important to avoid over-burdening them with surveys, interviews and focus groups.

Participatory evaluation

While community engagement should be prioritized throughout every phase of the project, community engagement exists on a continuum. This continuum ranges from the community as advisor, in which the community reviews strategies and tools and provides feedback, to full community based participatory research (CBPR), in which the community leads the project, identifying the research questions and determining strategies. Figure 5 provides an overview of this continuum by project phase.

5.   Approaches to developing culturally focused prevention interventions

Project phase	Community informed: Community as advisor	Community involved: Community as collaborator	Community directed (CBPR): Community as leader
Project planning/decision-making	Advises on project (one-time input, limited decision-making control)	Gives input throughout project and is involved in decision-making	Drives project, sets timelines, defines research question
Data collection	Reviews and gives input to data collection strategies, tools; facilitates connections (e.g., cultural broker or liaison)	Conducts data collection (subcontractors); determines methods and co-creates tools	Develops questions, determines approaches, and makes staffing decisions; gathers information
Data analysis	Identifies questions that need to be answered using additional analyses	Participates in data analysis (e.g., coding or identifying themes), asks for additional analyses/raises new questions, interprets meaning	Plans analysis, conducts or requests analyses/raises new questions, interprets meaning
Reporting/sharing results	Reviews and provides feedback to drafts of reporting materials (of all types)	Helps identify key findings and develops recommendations, determines best modes for reporting	Develops materials/approaches for reporting
Dissemination	Advises on dissemination strategies and key audiences; Receives information	Co-presents findings, helps determine key audiences; shares information	Determines audience(s); presents findings to their identified audiences

⬤ Develop evaluation plan

Which outcomes will you measure?

The first step in developing your evaluation plan is to ensure that your logic model aligns with your strategic plan. For each strategy and activity in your action plan, assign anticipated short-term, intermediate, and long-term outcomes. You likely will not need or want to measure every single outcome in your logic model. However, the outcomes in your logic model should be the ones you prioritize for your evaluation.

It can be helpful to talk through your logic model with community stakeholders—if a proposed activity requires four steps to achieve the short-term outcome, it may be a leap of faith. For example, if the activity is a video for parents posted on Facebook, and the short-term outcome is African American youth learning about how tobacco companies target specific populations, that process assumes African American parents are on your coalition's Facebook page, watched the video, and had a conversation with their children. The outcomes should be clearly, logically, and directly linked to the activities.

Worksheet 10: Logic model components

Problem	Prioritized risk and protective factors	Strategies	Short-term outcomes — changes in knowledge, skills, and attitudes	Intermediate outcomes — changes in behaviors	Long-term outcomes — changes in the system or conditions

Worksheet 10 example:
Logic model components

Problem	Prioritized risk and protective factors	Strategies	Short-term outcomes — changes in knowledge, skills, and attitudes	Intermediate outcomes — changes in behaviors	Long-term outcomes — changes in the system or conditions
Increase in vaping among high school students	Easy retail access	Educate & Congratulate	Increased awareness among retailers of the laws around selling to minors	Reduced number of retailers selling to youth	Reduced number of youth reporting past 30 day vaping
	Low perceived risk of harm	INDEPTH curriculum	Increased youth understanding of nicotine addiction	Reduced number of youth reporting perceived risk of harm	
Significantly higher increase in vaping among LGBTQ youth	Biased-based bullying at school	Enhance school bullying policies	LGBTQ youth feel better protected from bullying at school	LGBTQ youth are less likely to turn to vaping to cope with the stress of bullying	Decrease in the disparities gap for LGBTQ youth vaping
	Feel adults in the community don't care	Encourage businesses to adopt welcoming signage	Increased number of LGBTQ youth reporting that adults in the community care	LGBTQ youth are less likely to turn to vaping due to feeling isolated	

How will you measure each outcome?

You will need to identify the data source(s) for measuring each outcome in your logic model. Like with the assessment, it is helpful to start by identifying existing data sources and the gaps in those sources that you need to fill with new data collection. For the example above you may choose to use the following data sources:

- **Minnesota Student Survey**. Survey findings can be used to measure and monitor changes in past 30 day vaping, retail access to vaping products, perceived risk of harm from vaping, reasons youth were bullied, and feeling that adults in the community care. Students are asked about their sexual orientation and gender identity. The Minnesota Department of Education MSS portal can be used for gender identity, but not yet for sexual orientation.

- **Tobacco compliance check rates**. Track changes over time in the number of retailers failing educational compliance checks.

- **INDEPTH post-survey**. After the last INDEPTH lesson, ask students to complete a survey to evaluate their knowledge change based on the curriculum content.

- **School disciplinary data**. Track changes over time in the number of youth disciplined for biased-based bullying.

- **Community scan**. Using photos and/or a checklist, volunteers can help document welcoming signage in the community. Consider inviting youth to help with this process as well as individuals from the population of focus to help identify the extent to which the signage achieved its purpose.

Disseminate evaluation findings

One template, many uses! Regardless of when and why you create a communications plan, the simple grid below can help. Refer back to the communication plan considerations listed above Worksheet 5 in the Capacity Building section of this toolkit.

Audience	Key messages	Delivery method	Responsible people	Timing

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