

One-on-One Conversation Guide

PLEASE DETACH THIS SHEET AND SUBMIT IT TO THE P&I COORDINATOR

Conversation completed by: _____ Conversation date: _____

Participant Background

Note: Please complete as much of this information as possible before meeting with the participant and please wait to update any remaining information until the end of the conversation.

Name: _____

Community sector (select only one sector):

- | | |
|---|--|
| <input type="checkbox"/> Business | <input type="checkbox"/> Schools |
| <input type="checkbox"/> Civic and volunteer groups | <input type="checkbox"/> Spiritual or fraternal organizations |
| <input type="checkbox"/> Healthcare professionals | <input type="checkbox"/> State/Local/Tribal government agency |
| <input type="checkbox"/> Justice/Corrections | <input type="checkbox"/> Youth serving organizations |
| <input type="checkbox"/> Law enforcement | <input type="checkbox"/> Other prevention organizations |
| <input type="checkbox"/> Media | <input type="checkbox"/> Underrepresented/High-risk sub-pop 1: |
| <input type="checkbox"/> Parents | <input type="checkbox"/> _____
Underrepresented/High-risk sub-pop 2:
_____ |

Organizational affiliation: _____

Home phone number: _____

Work phone number: _____

E-mail address: _____

Preferred contact method: _____

Please copy the participant's responses to the following questions from the conversation:

Was this participant familiar with the coalition prior to the conversation? Yes No

Is this participant interested in becoming involved with the coalition? Yes No

Would this participant like to be added to the mailing/newsletter list? Yes No

In what ways would this participant be willing to help in the coalition's efforts?

Are there other people who this participant thinks could be involved in the coalition?

Name	Organization	Email address/Phone number
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE DETACH THIS SHEET AND SUBMIT IT TO THE P&I COORDINATOR

This page has been intentionally left blank.

One-on-One Conversation Guide

One-to-One Conversation Protocol

Participant's sector: _____

Introduction

I am here to talk to you today on behalf of the [coalition name].

First, I would like to give you some information about this conversation and the coalition, and then I would like to learn a little more about your opinions about the coalition's goals, efforts, and impacts on the community.

The coalition was established in: _____

The coalition's Mission Statement is: _____

The coalition includes members from all sectors of the community including: _____

The coalition is wrapping up a project with the Minnesota Department of Human Services Alcohol and Drug Abuse Division with the goal of reducing youth substance use, particularly youth alcohol use. Part of this project includes conducting up to 100 one-on-one conversations to gain a better understanding of the opinions of community stakeholders and see what impacts the project has made on the community. You were identified by a member of the coalition as a key community member in [community] to talk to about reducing youth substance abuse.

Our coalition will use the information gathered to help guide our work as we grow and continue to address youth substance use in our community. While your responses are confidential, they will be shared with the Planning and Implementation Coordinator, and possibly with the Department of Human Services for the purposes of planning and evaluation. Don't worry if you're not an expert on these issues, I just want to hear your opinions. Do you have any questions before we get started?

One-on-One Conversation Guide

Conversation questions

First, I would like to learn what you think about underage alcohol use in [community].

- 1) On a scale from 1 to 5, with 1 being “not at all a problem” and 5 being “a major problem,” how much of a problem do you think underage alcohol use is in [community]?

1 – Not at all a problem 2 3 4 5- A major problem

- a. And how much of a problem do you think most adults in [community] think underage alcohol use is?

1 – Not at all a problem 2 3 4 5- A major problem

- b. Why do you think most adults would respond this way?

- 2) How much of a problem do you think underage alcohol use is in [community] compared to other communities in Minnesota? Would you say it is “more of a problem”, “about the same,” or “less of a problem”?

More of a problem About the same Less of a problem

- a. Please tell me about why you chose that rating.

- 3) Using a scale from 1 to 5, with 1 being “not at all important” and 5 being “very important,” how important is reducing underage alcohol use **to you**?

1 – Not at all important 2 3 4 5- Very Important

- a. Please tell me about why you chose that rating.

One-on-One Conversation Guide

4) Using a scale from 1 to 5, with 1 being “not at all important” and 5 being “very important,” how important do you think reducing underage alcohol use is to **most leaders** in your community?

- 1 – Not at all important
 2
 3
 4
 5- Very Important

a. Please tell me about why you chose that rating.

5) Now just for this question, I want you to think about 9th -12th grade students specifically, what percentage of 9th – 12th grade students in our community do you think drink in a typical month?

_____ %

a. What leads you to believe this?

6) According to results from the Minnesota Student Survey (which is given to students in 5th, 8th, 9th, and 11th grades every three years) some youth are choosing to drink in this community; why do you think we have underage drinking in [community]?

Now I’m going to ask about the community’s efforts to reduce underage alcohol use.

7) Different communities are using different approaches to preventing alcohol use among youth. In our community, do you know of any changes that have taken place in the last four years in the following areas:

	Yes, I am aware of changes in this area	No, I am not aware of any changes in this area
a. Laws about underage alcohol use?	<input type="checkbox"/>	<input type="checkbox"/>
b. Laws about providing alcohol to minors?	<input type="checkbox"/>	<input type="checkbox"/>
c. The extent to which alcohol laws are enforced?	<input type="checkbox"/>	<input type="checkbox"/>
d. The way bars and restaurants serve alcohol?	<input type="checkbox"/>	<input type="checkbox"/>

One-on-One Conversation Guide

	Yes, I am aware of changes in this area	No, I am not aware of any changes in this area
e. Programs about alcohol prevention at school?	<input type="checkbox"/>	<input type="checkbox"/>
f. Media messages about alcohol prevention?	<input type="checkbox"/>	<input type="checkbox"/>

8) Are you aware of any other efforts currently taking place in [community] to reduce underage alcohol use or underage access to alcohol?

- Yes
 No (SKIP TO Q11)

a. If so, please describe these efforts.

9) On a scale from 1 to 5, with 1 being “not at all effective” and 5 being “very effective,” how effective do you think your community’s efforts to reduce alcohol use among youth have been?

- 1 – Not at all effective
 2
 3
 4
 5- Very effective

a. Please tell me about why you chose that rating. _____

10) Using a scale from 1 to 5, with 1 being “not at all aware” and 5 being “very aware,” how aware of these efforts are most adults in the community?

- 1 – Not at all aware
 2
 3
 4
 5- Very aware

a. And why do you think this? _____

11) What else do you think could be done to address underage alcohol use in [community]?

12) What do you see as barriers to reducing youth alcohol use in [community]?

One-on-One Conversation Guide

13) Do you think the changes you've seen in alcohol prevention will be sustainable after the project with the Minnesota Department of Human Services ends?

- 1 – Yes No I haven't seen any changes (SKIP TO Q14)

a. And why do you think this?

14) What do you want to see happen in alcohol prevention in [community] in the future?

Before we finish, I would like to ask you about your interest in the coalition.

15) Were you familiar with the coalition before this conversation? Yes No

16) Are you interested in becoming involved with the coalition? Yes No

17) Would you like to be added to coalition mailing/newsletter list? Yes No

18) Are there other people who you think could be involved in the coalition or do you have recommendations for additional people that we could talk to?

Name	Organization	Email address/Phone number
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

19) Is there anything else you would like to share?

One-on-One Conversation Guide

Thank you for your time!

[NOTE: The conversation is complete. Please fill in any additional contact information on the cover sheet. After you leave, please fill out the next sheet to compile your feedback.]

One-on-One Conversation Guide

CONVERSATION REFLECTIONS

As quickly as possible after the conversation, please take a few minutes to reflect on the conversation and respond to the questions below. Your responses to these questions will help you fill in the *Synthesis Form* later.

What were the common themes that came up during this conversation?

What was most surprising?

What most closely fit with what you expected to hear?

What was new information, if any?

What were the two or three most important things you learned?
