

Coalition training needs: Region 4

Please take a few minutes to help your Regional Prevention Coordinator (RPC) understand the training and technical assistance needs of coalitions in your region. This survey is intended to provide your RPC with information to help plan effective trainings and technical assistance for coalition members such as you. Your responses will be kept confidential and will be used for planning purposes only. This survey uses the term ATOD to refer to Alcohol, Tobacco, and Other Drugs. Thank you for your time!

Before we begin, what is the name of your ATOD prevention coalition? _____

1. Which sector do you think you **most** represent by being part of the coalition?

Please select one response.

- | | |
|---|--|
| <input type="checkbox"/> ¹ Business | <input type="checkbox"/> ⁸ Healthcare professionals |
| <input type="checkbox"/> ² Media | <input type="checkbox"/> ⁹ State, local, tribal government |
| <input type="checkbox"/> ³ School | <input type="checkbox"/> ¹⁰ Civic volunteer group |
| <input type="checkbox"/> ⁴ Youth-serving organization | <input type="checkbox"/> ¹¹ Youth |
| <input type="checkbox"/> ⁵ Law enforcement | <input type="checkbox"/> ¹³ Parent |
| <input type="checkbox"/> ⁶ Spiritual or fraternal organization | <input type="checkbox"/> ¹⁴ Other prevention organization |
| <input type="checkbox"/> ⁷ Justice/corrections | <input type="checkbox"/> ¹⁵ Specific cultural group (specify) _____ |

2. Which of the following are target population(s) for the work of your coalition? (Check all that apply)

- ¹ Children (11 and under)
- ² Teenagers (12 to 18)
- ³ Young adults (19 to 21)
- ⁴ Parents
- ⁵ Specific cultural group (specify): _____
- ⁶ Other (specify): _____
- ⁷ None
- ⁹ Not applicable

3a. Which Minnesota **counties** do your coalition serve? Check all that apply.

Region 4

- | | | |
|---|--|---|
| <input type="checkbox"/> ¹ Benton | <input type="checkbox"/> ⁵ Mille Lacs | <input type="checkbox"/> ⁹ Stearns |
| <input type="checkbox"/> ² Chisago | <input type="checkbox"/> ⁶ Morrison | <input type="checkbox"/> ¹⁰ Wright |
| <input type="checkbox"/> ³ Isanti | <input type="checkbox"/> ⁷ Pine | |
| <input type="checkbox"/> ⁴ Kanabec | <input type="checkbox"/> ⁸ Sherburne | |

3b. Which Minnesota **reservations**, if any, does your coalition serve? Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> ¹ White Earth | <input type="checkbox"/> ⁷ Mille Lacs |
| <input type="checkbox"/> ² Leech Lake/Cass Lake | <input type="checkbox"/> ⁸ Upper Sioux |
| <input type="checkbox"/> ³ Red Lake | <input type="checkbox"/> ⁹ Lower Sioux |
| <input type="checkbox"/> ⁴ Bois Fort | <input type="checkbox"/> ¹⁰ Shakopee Mdewakanton |
| <input type="checkbox"/> ⁵ Grand Portage | <input type="checkbox"/> ¹¹ Prairie Island |
| <input type="checkbox"/> ⁶ Fond du Lac | |

4a. Please indicate your level of interest in building your skills and knowledge in the following **coalition building and strengthening topics**.

	Very interested	Somewhat interested	Not interested
a. Engaging and retaining youth coalition members	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
b. Engaging and retaining adult coalition members	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
c. Engaging and retaining representatives from underserved or high risk populations	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
d. Supporting and collaborating with youth groups	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
e. Understanding coalition basics – creating vision, mission, bylaws	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
f. Identifying and supporting leadership within the coalition	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
g. Managing and resolving conflict	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
h. Building consensus and facilitating meetings effectively	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³

4b. Please list any other **coalition building and strengthening topics** you would be interested in learning more about:

5a. Please indicate your interest in developing skills and knowledge in the following topics related to **increasing the strength and sustainability of prevention work in your community**.

	Very interested	Somewhat interested	Not interested
a. Assessing community readiness for ATOD prevention	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
b. Assessing community needs for ATOD prevention	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
c. Strategic planning for ATOD prevention	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
d. Grant writing and fundraising for ATOD programs	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
e. Promoting or publicizing ATOD programs or activities	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
f. Understanding and using data for community ATOD prevention work	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
g. Measuring outcomes	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
h. Facilitating environmental strategies (social host ordinances, responsible beverage server training, etc)	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
i. Communicating prevention messages to the community	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
j. Sustaining coalition activities when current funding ends.	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³

5b. Please list any other topics related to **increasing the strength and sustainability of prevention work in your community** you would be interested in learning more about:

6. Have you completed the multi-day Substance Abuse Prevention Skills Training (SAPST)?

¹ Yes ² No ⁸ Don't know

7. How interested are you in completing SAPST to become a Certified Prevention Professional (CPP)?

¹ Very interested ² Somewhat interested ³ Not interested ⁴ Already certified

8. Please list any **other** training topics that you would be interested in related to prevention and coalition building skills or knowledge (we'd love to hear any ideas you have).

9. Please list any specific trainings or speakers that you would like to see available in your region.

10. What types of training formats are you most likely to attend? Check all that apply.

	Very likely	Somewhat likely	Not likely
a. Single day in-person group training (no lodging)	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
b. Multiple day in-person group training (overnight lodging)	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
c. Interactive Television (ITV)	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
d. Webinars (online)	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
e. Independent learning (with 1:1 assistance)	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
f. Evening sessions (e.g. 1 hour classes after work)	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
g. "Lunch and Learn" (over lunch hosted locally)	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
h. "Brunch and Learn" (over breakfast hosted locally)	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³
i. Training just prior to or after our regular coalition meeting	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³

11. Thinking about your schedule. Which months of the year generally work the best for you to attend trainings or allow you the time to engage in training activities? (Select all that apply.)
- | | | |
|--|--|---|
| <input type="checkbox"/> ¹ January | <input type="checkbox"/> ⁵ May | <input type="checkbox"/> ⁹ September |
| <input type="checkbox"/> ² February | <input type="checkbox"/> ⁶ June | <input type="checkbox"/> ¹⁰ October |
| <input type="checkbox"/> ³ March | <input type="checkbox"/> ⁷ July | <input type="checkbox"/> ¹¹ November |
| <input type="checkbox"/> ⁴ April | <input type="checkbox"/> ⁸ August | <input type="checkbox"/> ¹² December |
12. If training you are interested in attending were offered, what Minnesota cities would you travel to so that you could attend that training? (Select all that apply.)
- | | | |
|---|--|---|
| <input type="checkbox"/> ¹ Hinckley | <input type="checkbox"/> ⁵ Clearwater | <input type="checkbox"/> ⁹ Other |
| <input type="checkbox"/> ² Becker | <input type="checkbox"/> ⁶ Zimmerman | (_____) |
| <input type="checkbox"/> ³ Big Lake | <input type="checkbox"/> ⁷ Saint Cloud | |
| <input type="checkbox"/> ⁴ Elk River | <input type="checkbox"/> ⁸ North Branch | |
13. What is the best way to inform you of upcoming trainings or presentations in your region?
- ¹ Direct U.S. mail
 - ² Personal email
 - ³ Personal phone call or meeting
 - ⁴ Announcement/discussion at regular coalition meeting
 - ⁵ Website
 - ⁶ Blog
 - ⁷ Electronic newsletter
 - ⁸ Other monthly electronic communication
 - ⁹ Other? (Please specify: _____)
14. What can the Regional Prevention Coordinator do to better serve your coalition? (Please comment on desired services or outreach.)
- _____
- _____
- _____
15. Please provide any additional comments you may have on ATOD prevention in your region or statewide.
- _____
- _____
- _____

If you would like to directly follow-up about any of the topics covered in this survey, please visit the Region Prevention Coordinators' web site at: www.rpcm.org

Questions about the survey? Contact Amy Leite Bennett at Wilder Research
651-280-2661 or 1-800-328-2972 or email: amy.leite@wilder.org

THANKS!

Thank you for your time! We appreciate you completing this survey.