

Training needs assessment summary: One-on-one interviews

July 2014

Background

To collect information about ATOD training needs across Minnesota, Wilder Research, ADAD, and the SPF SIG Advisory Council administered a statewide survey to 189 individuals in late 2013 and conducted 29 one-on-one interviews with representatives from diverse cultural groups in spring 2014. Both of these tools asked respondents about their preferences and needs around training topics and formats and the one-on-one interviews also asked about ways to engage specific cultural groups.

Overall one-on-one interview results

There were 29 interviews completed. These interviews were conducted with representatives from the following communities:

- African American (n=1)
- American Indian (n=4)
- Deaf/Hard of Hearing (n=1)
- East African (n=2)
- Hmong (n=2)
- Military (n=5)
- Rural adults and youth (n=4)
- West African (n=1)
- Youth-serving organizations (n=9)

In addition, the Advisory Council prioritized the Latino and LGBTQ communities, but no interviews were conducted with these communities.

All completed interviews are included in these overall results, regardless of the community represented. In addition, the communities for which four or more interviews were conducted also have their own snapshot of results at the end of this handout.

Prevention context

On a scale from 1 – Not at all important to 5 – Very important, most respondents said that addressing alcohol and drug use is “very important” to them (76%). The remaining participants rated it as a 3 or 4 (overall average = 4.7).

On the same scale, participants believe that community leaders would rate addressing alcohol and drug use between a 2 and a 5 (overall average = 3.76).

Respondents said that alcohol and drug use is important because of high prevalence rates and the connection between substance use and other issues, such as crime, suicide, or school difficulties.

Prevention vision

When asked what they would like to see happen in alcohol or drug prevention, respondents shared:

- Improved prevention efforts, particularly more culturally-specific and proactive prevention
- Increased education/awareness
- Better integration with other issues (e.g., mental health and child welfare)
- Improved community collaboration
- Improved cultural connectedness

Prevention barriers

Respondents identified the following barriers or challenges in implementing prevention efforts:

- Community members are unaware of the size or importance of substance use issues
- There is a culture of ATOD use in their community
- It is hard to know where to start or where to direct efforts
- There are many competing priorities in the community
- The community has limited resources to use for prevention
- There is a lack of culturally-specific programs available, especially evidence-based programs or programs in different languages
- Communities do not have dedicated leadership or a coordinator to drive efforts

Community assets that support prevention

Respondents shared strengths and resources their communities already have in place that would help prevention efforts. These include:

- Supportive stakeholders, such as community members, schools, law enforcement, and youth programs
- Existing coalitions or collaboratives that are already working on prevention or that could be mobilized to work on prevention
- A history of prevention programs or policies
- Strong treatment and/or recovery programs
- Cultural assets, such as cultural traditions, cultural connectedness, culturally-specific services, or cultural norms that do not support substance use

Training and technical assistance interests

1. Training and technical assistance topics, by instrument

| Training or technical assistance topic | One-on-ones (N=27-29) | | Statewide survey (N=125-156) | |
|---|--------------------------|---------------------|---------------------------------|---------------------|
| | Very interested | Somewhat interested | Very interested | Somewhat interested |
| Noticing and stopping risky behavior. | 69% | 28% | 63% | 29% |
| Promoting healthy activities instead of using alcohol or drugs. | 69% | 21% | 67% | 27% |
| Understanding what works and what doesn't work in prevention. | 66% | 31% | NA | NA |
| Identifying culturally-specific prevention programs. | 66% | 28% | 42% | 47% |
| Learning how the brain works in alcohol or drug prevention. | 62% | 24% | 62% | 29% |
| Using social media in prevention. | 55% | 34% | 49% | 38% |
| Strategic planning for alcohol or drug prevention. | 55% | 31% | 31% | 52% |
| Using and changing laws, policies, and regulations for alcohol and drug prevention. | 52% | 41% | 40% | 41% |
| Understanding and using data for community prevention work. | 52% | 33% | 39% | 42% |
| Promoting or publicizing prevention programs or activities. | 48% | 48% | 40% | 45% |
| Gathering data about my community's prevention needs. | 48% | 21% | NA | NA |
| Understanding the differences between prevention and treatment. | 45% | 45% | NA | NA |
| Adapting evidence-based programs for my community. | 45% | 38% | NA | NA |
| Evaluating alcohol or drug prevention programs and activities. | 39% | 46% | 27% | 50% |
| Keeping prevention coalitions working. | 38% | 52% | 37% | 41% |
| Building prevention coalitions. | 36% | 43% | 22% | 45% |
| Grant writing for prevention programs. | 34% | 48% | 32% | 42% |
| Fundraising for prevention programs. | 28% | 45% | 32% | 42% |

2. Interest in specific substances, by instrument

| Substance | One-on-ones: Percent naming as an interest (N=29) | Statewide survey: Percent rating as "very interested" (N=151-156) |
|------------------------------|---|---|
| Marijuana | 67% | 54% |
| Prescription drugs | 43% | 60% |
| Alcohol | 40% | 57% |
| Heroin/Opiates | 37% | 56% |
| Synthetic drugs | 27% | 58% |
| Meth | 13% | 41% |
| Tobacco (e.g., e-cigarettes) | 10% | 32% |

Ways to engage potential training and technical assistance recipients

Logistics

Many participants offered logistical suggestions to help engage people from their community, including:

- Bring trainings or technical assistance to a convenient location in their community
- Offer face-to-face sessions in order to build relationships
- Use webinars or web-based tools to make trainings more accessible, when appropriate
- Keep the cost low, make it free, or offer financial assistance for participants
- Require the training for certification or funding or offer incentives to attend
- Attach the training to existing events (i.e., meetings or celebrations) in the community
- Offer food and schedule trainings around meals, such as lunch and learns or dinner
- Keep the training short

Focus

Some participants also recommended particular foci for the trainings, including:

- Relationship-based trainings, especially face-to-face trainings with opportunities for networking and relationship-building during the training planning
- Culturally-specific trainings, including trainings that integrate cultural traditions and are given in the appropriate language(s)
- Meaningful trainings tailored to the community and promotion of why the training is beneficial to community members
- Respectful trainings that honor the wisdom and expertise of community members

Promotion

Participants also suggested promoting the training through the following avenues:

- Word of mouth, especially through trusted community leaders or sector representatives
- Email, including participants' and partner organizations' listservs

One-on-one interview snapshots

American Indian community

Four respondents represented the American Indian community in Minnesota. Here are the key themes from these respondents:

Prevention context

- All four said that addressing alcohol and drug use is “very important” to them
- Three of four said it is “very important” to community leaders

Respondents said that alcohol and drug use is ***important because***:

- It’s a “crisis” and “epidemic” in their community
- It leads to negative consequences like suicide and jail

Their ***vision for prevention*** includes:

- Greater emphasis on culture as protective
- Changing cultural norms that support alcohol and drug use
- Improving the social context that leads to alcohol and drug use, such as decreasing poverty, out of home placements, and Adverse Childhood Experiences

Prevention ***barriers*** include:

- Intergenerational community norms supporting alcohol and drug use
- Community members may not be aware of the importance of this issue
- The size of the problem makes it overwhelming

Community ***assets*** that could support prevention are:

- Vibrant cultural traditions
- Community leaders and members who care about this issue
- Access to alcohol and drug treatment and recovery supports

Training and technical assistance needs and interests

Respondents are most interested in these ***training/TA topics***:

- Identifying culturally-specific prevention programs
- Learning how the brain works in alcohol or drug prevention
- Grant writing for prevention programs
- Marijuana
- Heroin/opiates

These factors will make trainings/TA more ***appealing*** in this community:

- Face-to-face interactions
- Partnering with community leaders
- Trusted presenters who respect the culture
- Tailored to the community
- Ongoing support/training
- Local opportunities
- Providing child care and food
- Promoted through social media and word of mouth

Additional information

- Relationships are very important and trust must be built
- It is important to listen to community members
- There is a history of trauma and practices imposed upon tribal communities that need to be considered
- Each tribe is different, so what works with one may not work with others
- However, some tribes are used to working together, so efforts could be coordinated

Military community

Five respondents represented the Military community in Minnesota. Here are the key themes from these respondents:

Prevention context

On a scale from 1 – Not at all important to 5 – Very important:

- Respondents personally rated addressing alcohol or drug use as a 4 or 5 in their community (average = 4.8)
- They thought community leaders would rate addressing alcohol or drug use between a 2 and 5 (average = 3.4)

Respondents said that alcohol and drug use prevention is ***important because***:

- There are high rates of use
- Most of the focus has been on treatment or recovery, not prevention
- Substance use can affect performance, which can be dangerous

Their ***vision for prevention*** includes:

- More effective prevention efforts, including more program coordinators, better alternatives to substance use, and increased consequences for use
- Increased awareness of the dangers of alcohol or drug use

Prevention ***barriers*** include:

- A pervasive culture of substance use
- Denial among community members and leaders that it is an issue
- High stress during deployments and reintegration following deployments
- Other pressing issues, such as those related to specific missions
- Members are geographically dispersed or only convened occasionally

Community ***assets*** that could support prevention are:

- JSAP Prevention Coordinators
- Strong alcohol and drug treatment services
- A history of trying different prevention efforts

Training and technical assistance needs and interests

Respondents are most interested in these ***training/TA topics***:

- Prescription drugs
- Marijuana
- Understanding the differences between prevention and treatment
- Noticing and stopping risky behavior
- Understanding what works and what doesn't work in prevention
- Adapting evidence-based practices for the community

These factors will make trainings/TA more ***appealing*** in this community:

- Web-based resources/trainings
- Collaborating with leaders/partner organizations to present at and promote events
- Attaching efforts to existing meetings or events
- Offering incentives for participating
- Making trainings interactive

Rural communities

Four respondents represented rural communities in Minnesota. Here are the key themes from these respondents:

Prevention context

On a scale from 1 – Not at all important to 5 – Very important:

- All respondents personally rated addressing alcohol or drug use “very important”
- They thought community leaders would rate addressing alcohol or drug use between a 3 and 4 (average = 3.25)

Respondents said that alcohol and drug use is ***important because***:

- There is a culture of intergenerational substance abuse

Their ***vision for prevention*** includes:

- Increased awareness of and interest in substance use prevention
- More effective prevention efforts, including stronger policies and more accessible information for parents

Prevention ***barriers*** include:

- Other priority issues, such as bullying and suicide
- A pervasive cultural norm of substance use
- A lack of consistent community leader support
- Transportation difficulties

Community ***assets*** that could support prevention are:

- Existing coalitions or collaboratives that can be mobilized
- Supportive and engaged schools
- A history of prevention efforts
- Strong connections between community sectors

Training and technical assistance needs and interests

Respondents are most interested in these ***training/TA topics***:

- Understanding what works and what doesn't work in prevention
- Strategic planning for prevention
- Keeping prevention coalitions working
- Noticing and stopping risky behaviors
- Marijuana
- Meth
- Synthetic drugs

These factors will make trainings/TA more ***appealing*** in this community:

- Local, on-site training
- Webinars
- Partnering with community organizations to present and promote trainings
- Opportunities for networking

Youth-serving organizations

Nine respondents represented youth-serving organizations in Minnesota. Here are the key themes from these respondents:

Prevention context

On a scale from 1 – Not at all important to 5 – Very important:

- Respondents personally rated addressing alcohol or drug use as a 3, 4, or 5 in their community (average = 4.4)
- They thought community leaders would rate addressing alcohol or drug use between a 2 and 5 (average = 3.8)

Respondents said that alcohol and drug use is ***important because***:

- It is connected to the work they currently do with youth

Their ***vision for prevention*** includes:

- Improved prevention efforts, such as more programming, greater consistency, or more proactive strategies
- Decreased youth alcohol and drug use
- Increased education and awareness about the dangers of substance use
- A shift to community norms that better support prevention

Prevention ***barriers*** include:

- Other priorities the need to be addressed with limited resources
- Community leaders and community members do not believe this is an important issue
- It is difficult to reduce the effects of peer pressure
- A lack of funding for coordination

Community ***assets*** that could support prevention are:

- Existing coalitions or collaboratives that can be mobilized
- Supportive and engaged schools
- A history of effective youth programming
- Supportive community members
- Strong connections between sectors in the community

Training and technical assistance needs and interests

Respondents are most interested in these ***training/TA topics***:

- Marijuana
- Heroin/opiates
- Prescription drugs
- Promoting healthy activities instead of using alcohol or drugs
- Understanding what works and what doesn't work in prevention
- Noticing and stopping risky behavior

These factors will make trainings/TA more ***appealing*** in this community:

- Local, on-site training
- Webinars
- Low cost or financial assistance available
- Short trainings with childcare or food available, depending on the time
- Offering incentives or making the trainings required for funding