Attachment 7

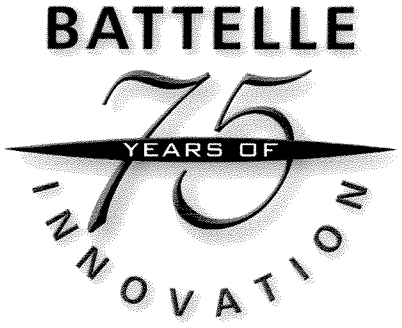
Feasibility Study

DRAFT

REPORT ON THE FEASIBILITY OF ACCESSING SCHOOL-BASED SUBSTANCE ABUSE DATA FOR THE DRUG FREE COMMUNITIES SUPPORT PROGRAM NATIONAL EVALUATION

January 19, 2007

By:



In Collaboration With

The Association for the Study and
Development of Community
444 N. Frederick Avenue
Suite 315
Gaithersburg, MD 20877

Table of Contents

1. Background and Introduction

The Drug Free Communities (DFC) Support Program is a community-based substance abuse prevention effort funded by The Executive Office of the President, Office of National Drug Control Policy (ONDCP) and managed by the Substance Abuse and Mental Health Services Administration (SAMHSA). The DFC National Evaluation is conducted by the Battelle Institute in collaboration with the Association for the Study and Development of Community (ASDC). The goal of the National Evaluation is to assess the effectiveness of substance abuse prevention coalitions ("DFC coalitions"), and as such, school-based data provide the best and most reliable source of information. The National Evaluation intends in this study to determine substance abuse trends among youth in grades 6 to 12 at the local, state, and national levels by combining data collected by the DFC coalitions with substance abuse data collected from the 50 states and the District of Columbia. The DFC National Evaluation is specifically interested in questionnaires that capture the four core measures for youth substance abuse. These measures are: 1) past 30–day use, 2) average age of onset, 3) perception of risk, and 4) perception of parental disapproval, for alcohol, tobacco, and marijuana.

The DFC National Evaluation relies on data provided by DFC Support Program grantees to address the core measures. Grantees are required by ONDCP to collect and report data on the Government Performance and Results Act (GPRA) core measures for youth substance abuse every two years, minimally, and for at least two middle or high school grades. Preliminary analysis of the grantees' data indicates that a significant number of grantees are unable to provide complete or reliable community- or school-level data that meet the GPRA requirements. Concerns about the quality, consistency, and reliability of the data provided by the grantees have been raised by the Battelle Institute, External Review Group for the National Evaluation, and the Office of Management and Budget. To address these concerns, the Battelle Institute conducted a feasibility assessment as part of its scope of work to determine if consistent and reliable community- and school-level data on the four core measures could be collected from more reliable sources at the state and national levels.

Between May and July 2006 ASDC, on behalf of the Battelle Institute, conducted telephone interviews with state data managers and/or administrators of school-based surveys that target students in 6^{th} through 12^{th} grades from 50 states and the District of Columbia. These contacts were identified by a representative of each state's principal substance abuse prevention agency. This report describes the data collection process, findings, challenges, and recommendations for accessing the required data directly from states and other sources in order to improve the quality of data available to the DFC National Evaluation.

2. Goals of Feasibility Assessment

The goals of the feasibility assessment are to:

- Determine if all 50 states and the District of Columbia collect complete and reliable community- and school-level data on youth substance abuse that capture the four core measures for alcohol, tobacco and marijuana; and
- Determine if the data can be made available to the DFC National Evaluation.

The Battelle Institute identified key individuals responsible for administering surveys about substance abuse to 6th through 12th grade students in all 50 states and the District of Columbia. Team members interviewed these key individuals by telephone, using a protocol based on the following six questions:

1. What agencies and individuals are responsible for collection of data on substance use among youth in your state?
2. What instruments do states use to collect this information?

If the instrument properly captures the required core measures, then:

3. How consistent is data collection across state(s) for this instrument (i.e., what geographic areas are covered or not covered)?
4. What is the smallest geographic level of the data that can be reliably provided to the DFC National Evaluation (e.g., school, school district, county)?
5. How frequently is data collected from the same geographic area?
6. What next steps, if any, can be used to acquire data for use in the DFC National Evaluation?

3. Data Collection Method

The Battelle Institute interviewed 102 survey administrators and/or managers from 50 states and the District of Columbia. Original contacts were identified by a representative (usually the director) of the state's principal substance abuse prevention agency. In 15 cases, the contact identified by the state representative was not the appropriate one. There were 51 additional contacts whose input was needed to get the full picture of the surveys administered in each state. In some instances the original interviewee was responsible for administration and logistics, but a methodologist within the agency was responsible for data analysis and data management. There were 35 cases[1] where the data analysis and management was handled by an independent consultant (e.g., University of Washington, PRIDE Institute, Bach-Harrison) or a company designated by the funding agency (e.g., Westat manages data for states and local areas affiliated with the National Youth Risk Behavior Survey).

[1] States can have more than one questionnaire and therefore, may have more than one manager or analyst.

4. Findings

4.1 Available Questionnaires

A variety of questionnaires about substance abuse among youth are used in each state. Some are standardized, validated instruments that have been used to capture substance abuse information for several years; others have been tailored to the standards that a state or locale has to meet. Below is a brief description of questionnaires most commonly cited by state data administrators/managers:

State-Specific Questionnaires

Most states (n=29) develop their own youth substance abuse questionnaires to address specific community needs or access information specific to their communities. These questionnaires are usually adapted from existing instruments, such as the Youth Risk Behavior Survey (YRBS) questionnaire or the Communities That Care (CTC) Youth Survey questionnaire. In adapting an existing questionnaire, a state might replace general questions with state- or community-specific questions and/or remove a set of questions that community stakeholders might consider too sensitive (e.g., sexual behavior questions).

National Youth Risk Behavior Survey

The Centers for Disease Control and Prevention (CDC) is responsible for the administration and analysis of the National Youth Risk Behavior Survey (YRBS) data in 49 states and the District of Columbia, and 23 local areas (cities, counties, and municipalities) (National Center for Chronic Disease Prevention and Health Promotion, 2006). The YRBS monitors priority health risk behaviors that contribute to the leading causes of death, disability, and social problems among youth and adults in the United States. Conducted every two years during the spring semester, the survey provides data that is representative of students in grades 9 through 12 in public and private schools throughout the United States (National Center for Disease Prevention and Health Promotion, 2005). See Appendix A for the complete list of states and cities participating in the National YRBS.

Communities That Care (CTC) Youth Survey

The CTC Youth Survey consists of 350 self-report items which are hypothesized to measure 21 risk factors and 11 protective factors as well as current levels of substance abuse, violence, and delinquency (Arthur, Hawkins, Pollard, Catalano, & Baglioni, 2002). The CTC Survey is designed for students in grades 6 to 12 and helps communities identify the risk and protective factors that pose the most significant challenges and opportunities for the community.

PRIDE Risk and Protective Factors Survey

PRIDE Risk and Protective Factors Survey questionnaire, a shortened version of the CTC Youth Survey instrument was created in 2005 by the International Survey Associates.

The questionnaire was created in response to local schools' and coalitions' request for a shorter version of the CTC Youth Survey instrument. The PRIDE Risk and Protective Factors Survey questionnaire contains the risk and protective factor items that show the strongest correlation to drug use. The survey is administered in several states and communities, including some with DFC coalitions.

Youth Tobacco Survey

The Youth Tobacco Survey (YTS) is a surveillance tool to measure change in prevalence of current cigarette smoking and other key indicators of youth tobacco use. The YTS questionnaire covers cigarette smoking and other tobacco use among young people; knowledge and attitudes of young people towards cigarette smoking; role of the media and advertising on young people's use of cigarettes; access to cigarettes; tobacco-related school curricula; environmental tobacco smoke; and cessation of cigarette smoking. Several states administer a state-specific YTS to middle and high school youth, using either standard YTS questions or questions tailored to local communities. The inconsistent design and use of the YTS across states made it difficult to determine the extent to which the survey addresses the four core GPRA measures. Further, the Battelle Institute was not able to access copies of the YTS for most states.

Center for Substance Abuse Prevention's (CSAP) Substance Abuse Risk and Protective Factor Survey

The Substance Abuse Risk and Protective Factor Survey (SARPF) is a broad-based questionnaire used to assess student attitudes, perceptions, and behaviors regarding the use of alcohol, tobacco and other drugs (ATOD). SARPF asks basically the same questions as the CTC Youth Survey. It is a self-contained, classroom-administered questionnaire designed to: 1) measure levels of ATOD use among middle and high school students; and 2) measure risk and protective factors in four social domains (community, school, family, and individual/peer).

Bach-Harrison Youth Survey

The Bach-Harrison Youth Survey, also known as the Prevention Needs Assessment (PNA) Risk and Protective Factor Youth Survey, measures the need for prevention services among youth in the areas of substance abuse, delinquency, antisocial behavior, and violence (Bach-Harrison, 2006). The questions on the survey questionnaire ask youth about the factors that place them at risk for substance use and other problem behaviors along with the factors that offer them protection from problem behaviors. The survey questionnaire also inquires about the use of alcohol, tobacco, and other drugs and participation in various antisocial behaviors.

Frequency of Questionnaire Use By States

Of the questionnaires administered by the states and the District of Columbia:

- 49 states and the District of Columbia administer the National YRBS,
- 25 states administer YTS,
- 17 states administer the Prevention Needs Assessment,
- 10 states administer the PRIDE Risk and Protective Factors Survey, and
- 8 states administer CTC,
- 7 states administer Smart Track,
- 2 states administer SARPF, and
- 29 states administer state specific questionnaires (e.g., Illinois Youth Survey, Maryland Adolescent Survey).

Table 1 shows the total number and percentage of the most commonly reported questionnaires across the 50 states and the District of Columbia. This study identified a total of 41 school-based substance abuse questionnaires being administered in 50 states and the District of Columbia. Twenty-two states have sub-areas (e.g., cities or counties) that participate in the National YRBS, and are not included in this study's analysis. This is also true for the District of Columbia. Appendix A lists the questionnaires administered in each state.

Table 1: Questionnaires Administered Across States and the District of Columbia

	Youth Risk Behavior Survey	Youth Tobacco Survey	Prevention Needs Assessment	PRIDE Risk and Protective Factors Survey	Communities That Care Youth Survey	Smart Track	Substance Abuse Risk and Protective Factor Survey	State- Specific
Total States[2]	**50**	**25**	**17**	**10**	**8**	**7**	**2**	**29**
Percentage by State[3]	**98%**	**49%**	**33%**	**20%**	**16%**	**14%**	**4%**	**57%**

[2] *Total states* for all charts includes all 50 states and the District of Columbia.
[3] *Percentage by state* for all charts was calculated using a denominator of 51 which includes the 50 states and the District of Columbia.

4.2 Data Utility

The quality of the school-based substance abuse data is as important as its availability to the DFC National Evaluation. In order to determine the utility or usefulness of the data from each state the following issues were investigated:

- Adequate coverage of core measures (past 30–day use, average age of onset, perception of risk, and perception of parental disapproval for alcohol, tobacco, and marijuana);
- Frequency of data collection;
- Data collection by grade; and
- Unit of analysis.

Adequate Coverage of Core Measures

DFC Support Program grantees are required by ONDCP to collect information on the four core GPRA measures, as described previously. This study set out to determine the extent to which these core measures are adequately addressed in questionnaires administered in the 50 states and the District of Columbia, and the geographic level for which the data are available (e.g., school, school district, county, municipality). Questionnaires were reviewed to see if they included questions related to the four core measures for the three substances of interest, and whether these questions were asked in a manner compatible with the GPRA requirements and the National Evaluation's standards.

Forty-three states administered questionnaires that capture "past 30 day use" for alcohol, while 44 capture this core measure for tobacco and 43 for marijuana. Forty-one states capture the "average age of onset" for alcohol and marijuana, while 43 capture this core measure for tobacco. For "perception of risk," 40 states have questionnaires that capture this measure for alcohol, tobacco, and for marijuana. Finally, 39, 40, and 38 states have questionnaires that capture "perception of parental disapproval" for alcohol, tobacco, and marijuana respectively. States that use the CTC Youth Survey, PRIDE Risk and Protective Factors Survey, or the SARPF Survey capture all four core measures for alcohol, tobacco and marijuana. The National YRBS covers only "average age of onset" and "past 30-day use" for the three substances. Table 2 specifies the extent to which the above questionnaires cover the core measures.

The YTS is included in Table 2 even though its questions vary significantly across states in relation to the core measures covered, including states that go beyond tobacco related questions to include questions about alcohol and marijuana. The YTS in the table represents the usual YTS tobacco related questions. State specific surveys are included in Table 2 for the same reason.

Table 2. Core Measures by Questionnaire [a]

	Past 30-Day Use			Age of Onset			Perception of Risk			Parental Disapproval		
	Alco	Tob	Mar	Alco	Tob	Mar	Alco	Tob	Mar	Alco	Tob	Mar
CTC	●	●	●	●	●	●	●	●	●	●	●	●
Prevention Needs Assessment	●	●	●	●	●	●	●	●	●	●	●	●
PRIDE	●	●	●	●	●	●	●	●	●	●	●	●
SARPF	●	●	●	●	●	●	●	●	●	●	●	●
Smart Track	●	●	●				●	●	●			
YRBS	●	●	●	●	●	●						
YTS		○			○			○			○	
State Surveys	○	○	○	○	○	○	○	○	○	○	○	○
Other	○	○	○	○	○	○	○	○	○	○	○	○

[a] Open circles indicate variance among questionnaires capturing core measures. Closed circles indicate data collection is standardized by questionnaire.

Data Collection by Grade

States administer a variety of school-based substance abuse questionnaires targeting youth in grades 6 through 12. Some questionnaires are administered across all grades, while others assess alternating middle and high school grades (i.e., grades 6, 8, 10, and 12) or specific grades in middle and high school (e.g., grades 8 and 11 or only grades 9 through 12). High school grades are more frequently surveyed than middle school grades. Table 3 shows the total and percentage of states that collect data from students in grades six to 12.

Table 3: Number and Percentage of States that Collect Data from Students in Grades Six to 12 (n=41)

	Grades						
	6	7	8	9	10	11	12
Total States	36	25	39	28	37	28	38
Percentage of States	88%	61%	95%	68%	90%	68%	93%

Frequency of Data Collection

The DFC National Evaluation is interested in the frequency of data collection in order to track substance abuse trends among youth. The DFC National Evaluation requires data reporting at least every two years. All states and the District of Columbia administer questionnaires at least every two years or more frequently, depending on the agency administering the questionnaire, state mandates, and community or school district requests.

In several states, surveys are intentionally administered every other year such that all relevant data are captured consistently. For example, in Maryland, the National YRBS is administered in 2001, 2003, 2005, and so on, while the Maryland Adolescent Survey is surveyed in 2000, 2002, 2004, 2006, and so on. In some states, one questionnaire could be administered annually, while another one biennially (e.g., in Arkansas, the YTS is administered each year and the National YRBS every other year). Appendix B lists the frequency of survey administration by state.

Unit of Analysis

DFC coalitions are intended to impact local target areas (e.g., school, school district), and as such, the DFC National Evaluation requires data that can be analyzed at the same levels targeted by DFC coalitions. This study identified the smallest geographical unit of analysis available from each state. Some states have data available at more than one geographic level (e.g., school and county levels), others have data only at one level. Table 4 indicates the smallest unit of data available by state.

Thirty-eight states and the District of Columbia collect data at the school level, while three states collect data at the county level and no states collect data at the school district or municipality levels (e.g. city, town). Additionally, one state has data available in the "other" category (e.g., individual classroom). Appendix C lists state specific data availability by unit.

Table 4: Sub-state Level Data Collection (n=43)

	School	School District	County	Municipality	Other[+]
Total States	**39**	**0**	**3**	**0**	**1**

[+] Other could be health district, region, program level, or individual classroom level.

4.3 Availability And Quality Of Data

In 35 states and the District of Columbia, data from questionnaires administered statewide can potentially be made available from state or local data managers and analyzed for the DFC National Evaluation. In most cases the data are owned by a state agency and can be accessed through formal or informal agreements. In two of three cases, the data are owned by the participating communities (e.g., school district). The Battelle Institute, on behalf of ONDCP would need to request the data directly from the school district; release of the data could be subject to policies in place or at the discretion of the heads of the school districts. In cases where data cannot be released, the Battelle Institute, on behalf of ONDCP might negotiate with data managers to run specific analyses. Twenty-nine states and the District of Columbia can provide the DFC National Evaluation with raw data and two states can provide data in aggregate form. Table 5 shows the total and percentage of states for which data are available in raw or aggregate form.

Table 5: Data Availability and Raw/Aggregate Status (n=51)

	Data Available		Data Form	
	Yes	Unknown	Raw	Aggregate
Total States	**36**	**15**	**30**	**2**
Percentage of States	**71%**	**29%**	**59%**	**4%**

The majority of the school-based substance abuse data available from states are stored and analyzed in a data management package that is compatible with DFC National Evaluation management packages (e.g., SPSS, SAS, Excel).

Feasibility of Using Sub-State Level Data

Sub-state level (e.g., school, school district, county, and municipality) data are most useful to the DFC National Evaluation, as discussed previously. With these data the National Evaluation can compare trends in substance abuse outcomes between states with and without DFC coalitions, using the four core measures. Forty-four states collect this information statewide at the sub-state level, and can make the information available (40 for the entire state and four for parts of its state).

States that do not collect information statewide do so for various reasons. For example, a school district might decide not to participate in a particular survey because of concerns that the results would portray the community in a negative light. Funding issues can also limit the administration of the survey across the state (i.e., a state might receive a small grant to administer the survey only in one or two areas). Some communities decline to

administer a certain survey to protect students from additional surveys and overburdened teachers and school staff from additional responsibilities.

Table 6a and 6b present the key findings of this study. In order for state collected data to be adequate for use in the DFC National Evaluation it must be compatible with the core measures used in the DFC National Evaluation, be collected every two years of more frequently, be administer to youth in grades 6-12, be available for use by others, and be able to be analyzed at sub-state areas contiguous to DFC coalition target areas. Representatives from 38 states have reported that their states could meet these criteria for all areas throughout their state. The District of Columbia has data on two of the four core measures available city-wide through the National YRBS. As noted previously, not all states have all sub-state areas available for analysis by the DFC National Evaluation. Four states have been reported to have local community data available for some parts of their state. The analysis of the adequacy of data from these states is presented in Table 6b.

Tables 6a and 6b demonstrate that state collected data can not be used instead of grantee provided data in an evaluation that would include DFC coalitions from all 50 states and the District of Columbia. Although 38 states reported coverage of all four core measures, this data would not be able to capture the efforts of all DFC grantees which operate across the nation. Without getting an official approval at the state level there is no guarantee that state representatives can deliver the information reported as available in the format reported.

Table 6a: States with Adequate Core Measures (Total state with sub-areas) n=44

	Past 30 day use			Age of onset			Perception of risk			Perception of parental disapproval		
	A	T	M	A	T	M	A	T	M	A	T	M
States with total coverage of sub-state units	43	44	43	41	43	41	40	40	40	39	40	38
Data collected every two years or less	28	29	28	27	29	27	26	26	26	26	27	25
Grades:												
6	36	36	36	34	35	34	33	33	33	32	35	31
7	25	25	25	25	25	25	23	23	23	22	24	21
8	38	39	38	37	39	37	36	36	36	35	37	34
9	27	28	27	25	27	25	24	24	24	23	26	22
10	36	37	36	35	37	35	34	34	34	33	35	32
11	27	28	27	27	28	26	25	25	25	24	26	23
12	35	37	35	37	38	37	34	34	34	33	36	32

[+] This table illustrates states administering statewide questionnaires.

Table 6b: States with Adequate Core Measures (Part of state with sub-areas) n=13

	Past 30 day use			Age of onset			Perception of risk			Perception of parental disapproval		
	A	T	M	A	T	M	A	T	M	A	T	M
States with partial coverage of sub-state units	13	13	13	8	8	8	13	13	13	8	8	8
Data collected every two years or less	2	2	2	2	2	2	2	2	2	2	2	2
Grades:												
6	7	7	7	2	2	2	7	7	7	2	2	2
7	6	6	6	1	1	1	6	6	6	1	1	1
8	8	8	8	3	3	3	8	8	8	3	3	3
9	6	6	6	1	1	1	6	6	6	1	1	1
10	8	8	8	3	3	3	8	8	8	3	3	3
11	6	6	6	1	1	1	6	6	6	1	1	1
12	8	8	8	3	3	3	8	8	8	3	3	3

[+] This table illustrates states administering questionnaires to partial regions of the state.

State Level Data

Although availability of sub-state level data is most relevant to the National Evaluation, the National YRBS, which is available at the state level is unique in the context of the other surveys. One advantage of the YRBS data is that the Battelle Institute, on behalf of ONDCP, can access it from the CDC without going to states individually. Because 49 states and the District of Columbia, and 23 locales send their data to the CDC for management and analysis, it is more efficient to access this dataset.

Details about the National YRBS include:

- The National YRBS collects information on two of the four core measures—past 30 day use and average age of onset for alcohol, tobacco, and marijuana.
- The National YRBS does not include measures of perception of risk or perception of parental disapproval for the three substances. Some participating states have added these measures to their instruments in order to capture all the core measures for all three substances.
- The dataset provided by the CDC includes information about responses to all risk behavior questions, some of which could be used to compare substance abuse and other behaviors by race/ethnicity and grade.

- The National YRBS has been administered every other year since 1991; however, the frequency and quality of data varies from state to state where some states (e.g., Alabama, Utah) have administered the YRBS consistently every other year since 1991, while others sporadically (e.g., 1991 and 2005 in Maryland and 2003 and 2005 in Oklahoma).

- The National YRBS data set includes weighted and unweighted data. For the National YRBS, weighted results means that the questionnaire got an overall response rate of at least 60%. These results are representative of all students surveyed in grades 9 to 12. Unweighted data represent only the students who completed the questionnaire and are not representative of the population of interest. CDC does not include unweighted data in its analyses.

- Data from 1991 until 2005 can be made available to the DFC National Evaluation. Data collected before 2005 are only available if the state has given permission. The CDC requires states participating in the National YRBS to administer the questionnaire to Grades 9 to 12 statewide. However, a few participating states administer the YRBS to grades 6 to 8 as well.

- The National YRBS is collected at the school level. However, when the states send the school-level data to the CDC, all school identifiers are removed. Data are only available at the state level. The DFC National Evaluation is interested in data in units smaller than the state level (i.e., school, school district, county and municipality) in order to combine with or compare it to DFC coalition data. Because all identifiers are removed, the DFC National Evaluation would not be able to do within state comparisons.

- The DFC National Evaluation could use the state-level data to make comparisons between states or conduct analyses by region (e.g. northeast, southwest). Also, the National Evaluation might consider city/county comparisons using data from the 23 YRBS participants in local communities.

- The CDC will share the YRBS code book and the full data set by state (for states that have given signed permission) with the DFC National Evaluation, making it relatively easy to access and use the data.

- YRBS is also available online where the Battelle Institute can access state-level data by race, gender and grade.

5. Feasibility Study Results: Issues and Challenges

Several important issues and challenges came about as a result of this feasibility study:

- **Adequate data are not available from all states and therefore not all DFC coalitions could be included in the same investigation using state collected data.** The primary design of the DFC National Evaluation and GPRA reporting require data on all DFC program grantees and their communities. Therefore, under current conditions, the use of state collected data or sources other than grantees is not feasible at this time.

- **Data from the National YRBS is only available at the state level**. The National YRBS is collected at the school level, but school identifiers are removed when states send the data to the CDC. The data can be used to compare states or region; otherwise, it has limited use to the DFC National Evaluation (i.e. as a comparison for core measure trends. The National Evaluation could also consider city/county comparisons using the data from the 23 YRBS participants in local communities for secondary analysis purposes. However, the YRBS only adequately includes two of the four core measures.

- **Some states administer different questionnaires to different populations in their states, some with overlapping participants**. The use of multiple questions would be another data coordination and cleaning task if state collected data was to be used.

- **Frequency of data collection across and within states is so varied that only comparisons of trends would be possible**. Dates of data collection and the intervals between them are inconsistent (e.g., two or three years apart). Having diverse data collection times limits the opportunity to look at absolute changes (i.e., a net change between two times) in local, state and youth substance abuse. The National Evaluation would have to compare trends instead, requiring the collection of multiple data points. Comparing trends would allow the evaluation to indicate how many DFC coalitions report change, the average change they report, and difference in trends between DFC communities and national, state, or local communities. However, the evaluation would not be able to quantify the actual net change that DFC coalitions have on their communities from 2004 to 2009. Grantee provided data faces the same challenge.

6. Recommendations

1. **The DFC National Evaluation could consider accessing substance abuse outcomes from states based on the findings of the feasibility study for verifying accuracy of grantee-provided data, filling in where grantees are missing data, and conducting secondary studies of DFC communities.** Verifying accuracy would help determine the quality of data provided by checking the submissions of some grantees with the data collected from states. In addition, state data may be used to fill in values for grantees that do not provide data. Secondary data could be collected on a sub-group of grantees and possibly comparison communities to investigate differences between DFC and non-DFC communities. This data would be secondary because the current goals and plan for the DFC Program Evaluation call for reporting on all grantees, which is not possible with state reported data. Even though type of access, core measure coverage, frequency, and diversity of questionnaires vary by state, there are potential uses of these data for DFC National Evaluation purposes. These ideas could be discussed with the DFC National Evaluation External Review Group. However, currently there are no evaluation funds allocated to obtain additional state data.

2. **CDC can be encouraged to update the national YRBS instrument so that it captures all four core measures.** Currently the National YRBS asks average age of onset and past 30-day use for alcohol, tobacco and marijuana for students in grades 9 through 12. It does not ask the perception of risk or the perception of parental disapproval questions.

3. **Investigate the feasibility of using other surveys to access data from the states for which sub-state area data is not available, such as the PRIDE Risk and Protective Factors Survey and the American Drug and Alcohol Survey.** Recent versions of the questionnaires used in these school-based surveys meet all the criteria for use in the DFC National Evaluation. The American Drug and Alcohol Survey (ADAS) developed and managed by the Rocky Mountain Behavioral Science Institute, Inc., is an example of a questionnaire administered in several communities around the country. ADAS has surveyed more than 1.5 million students in 47 states since 1987 and it recently was updated to capture the four core measures for alcohol, tobacco, and marijuana. The PRIDE Institute survey regularly collects data from 8,000 school districts. The PRIDE Institute has expressed interest in working closely with ONDCP and Battelle Institute in providing data for the DFC National Evaluation.

4. **ONDCP should consider how to develop a national substance abuse surveillance and data system to address the fragmentation, inconsistencies, and barriers accessing quality data by local communities**. Substance abuse data lags behind other public health and law enforcement data (e.g., Unified Crime Reporting) in regards to standards for measurement of vital statistics such as the core measures. The

lack of availability of these data for sub-state areas is another major problem. While 44 states have data available to be analyzed at these smaller units, the investigators in this feasibility study found that these data are not easily available to community-based groups, such as DFC coalitions. This observation is confirmed through the technical assistance requests of DFC grantees to the Battelle Institute team. If community-based prevention efforts are central to the national drug control strategy, the elimination of this barrier is essential.

References

Arthur, M. W., Hawkins, J. D., Pollard, J. A., Catalano, R. F., & Baglioni, A. J. (2002). Measuring risk and protective factors for substance use, delinquency, and other adolescent problem behaviors: The Communities That Care Youth Survey. *Evaluation Review, 26*(6), 575-601.

Bach Harrison, L.L.C.(2006). *Prevention Needs Assessment Youth Survey.* Accessed January 19, 2007 http://www.bach-harrison.com/BhResources/PnaSurvey.aspx.

National Center for Disease Prevention and Health Promotion (2005). *Youth Risk Behavior Surveillance System Survey Participation Map, 2005.* Retrieved July 21, 2006 from http://www.cdc.gov/HealthyYouth/YRBS/map.htm

National Center for Chronic Disease Prevention and Health Promotion (2006). *Youth Risk Behavior Surveillance System-United States 2005*. Retrieved August 7, 2006 from http://www.cdc.gov/mmwr/PDF/SS/SS5505.pdf

Appendix A

Comprehensive List of Questionnaires Administered by State

State	YRBS[4]	YTS[5]	PNA[6]	PRIDE[7]	CTC[8]	Smart Track	SARPF[9]	Other
Alabama	●	--	--	●	--	--	--	--
Alaska	●	--	●	--	--	--	--	--
Arizona	●	--	●	--	--	--	--	• Arizona Youth Survey
Arkansas	●	●	●	--	●	--	--	--
California	●	●	--	--	--	--	--	• California Healthy Kids Survey • California Student Survey
Colorado	●	--	--	--	●	●	--	• Healthy Kids Colorado Survey (Middle & High School)
Connecticut	●	--	--	--	--	--	●	• Monitoring the Future • School Health Survey
Delaware	●	●	--	--	--	--	--	• Delaware Secondary School Student Assessment and Survey
District of Columbia	●	--	--	--	--	--	--	--
Florida	●	●	--	--	●	--	--	• Florida Youth Substance Abuse Survey
Georgia	●	●	●	●	--	●	--	• Department of Education instrument • Tobacco Health Survey
Hawaii	●	●	--	--	--	--	●	--

[4] Youth Risk Behavior Survey
[5] Youth Tobacco Survey
[6] Prevention Needs Assessment
[7] Pride Institute Risk and Protective Factors Survey
[8] Communities That Care
[9] CSAP Substance Abuse Risk and Protective Factor Student Survey

State	YRBS[4]	YTS[5]	PNA[6]	PRIDE[7]	CTC[8]	Smart Track	SARPF[9]	Other
Idaho	●	●	--	--	--	--	--	• Substance Abuse Survey
Illinois	●	●	--	--	--	--	--	• Illinois Youth Survey
Indiana	●	●	--	--	--	--	--	• Afternoons R.O.C.K. in Indiana • Alcohol Tobacco & Other Drugs
Iowa	●	--	--	--	--	--	--	• Iowa Youth Survey
Kansas	●	●	--	--	●	--	--	--
Kentucky	●	--	●	●	--	--	--	• ADAS • Kentucky Incentives for Prevention Survey
Louisiana	●	--	●	--	●	●	--	--
Maine	●	--	--	--	--	--	--	• Maine Youth Drug and Alcohol Survey/YTS
Maryland	●	●	--	--	--	--	--	• Maryland Adolescent Survey
Massachusetts	●	--	●	--	--	--	--	• Massachusetts Youth Health Survey
Michigan	●	--	●	--	--	--	--	--
Minnesota	--	--	--	--	--	--	--	• Minnesota Student Survey
Mississippi	●	●	--	●	--	●	--	--
Missouri	●	--	--	--	--	--	--	• Missouri Student Survey
Montana	●	--	●	--	--	--	--	--
Nebraska	●	●	●	●	--	--	--	• Nebraska Risk & Protective Factor Survey
Nevada	●	--	--	--	--	--	--	--
New Hampshire	●	--	--	--	--	--	--	--
New Jersey	●	--	--	●	●	--	--	• Middle & High School Survey
New Mexico	●	●	--	--	--	--	--	• Youth Risk & Resiliency Survey
New York	●	--	●	●	●	●	--	• OASAS School Survey
North Carolina	●	--	--	--	--	--	--	--
North Dakota	●	●	--	--	--	--	--	--
Ohio	●	●	--	--	--	--	--	--
Oklahoma	●	●	●	--	●	--	--	--
Oregon	●	--	--	--	--	--	--	• Oregon Healthy Teen Survey

State	YRBS[4]	YTS[5]	PNA[6]	PRIDE[7]	CTC[8]	Smart Track	SARPF[9]	Other
Pennsylvania	●	●	--	--	--	--	--	• Pennsylvania Youth Survey
Rhode Island	●	●	--	--	--	--	--	• Survey Assessment for Learning & Teaching
South Carolina	●	●	--	--	--	●	--	• South Carolina Youth Survey
South Dakota	●	--	--	--	--	--	--	--
Tennessee	●	●	●	--	--	--	--	--
Texas	●	--	●	●	--	●	--	• Texas School Survey of Substance Abuse
Utah	●	●	●	--	--	--	--	--
Vermont	●	●	--	--	--	--	--	• Youth Health Survey
Virginia	●	●	●	●	--	--	--	• Virginia Community Youth Survey
Washington	●	--	--	--	--	--	--	• Healthy Youth Survey
West Virginia	●	--	--	●	--	--	--	--
Wisconsin	●	●	--	--	--	--	--	--
Wyoming	●	--	●	--	--	--	--	--
Total States & DC	**50**	**25**	**17**	**10**	**8**	**7**	**2**	**29**
Percentage by State[10]	**98%**	**49%**	**33%**	**20%**	**16%**	**14%**	**4%**	**57%**

[10] The percentage was calculated using a denominator of 51 which includes the 50 states and the District of Columbia.

Appendix B

Frequency of Survey Administration by State

State	Year Began	Frequency (n=41)			
		Once a Year	Every 2 Years	Every 3 to 5 Years	Another Interval
Alabama	2002	--	--	--	--
Alaska	--	--	--	--	--
Arizona	2002	--	●	--	--
Arkansas	2002	●	--	--	--
California	1985	●	●	--	--
Colorado	1993	--	●	--	--
Connecticut	1995	--	--	--	●
Delaware	1989	●	●	--	--
District of Columbia	1991	--	●	--	--
Florida	1998	●	--	--	--
Georgia	1991	●	●	--	--
Hawaii	1984	--	●	--	--
Idaho	1996	--	●	--	--
Illinois	1990	--	●	--	--
Indiana	1991	●	--	--	●
Iowa	1975	--	--	●	--
Kansas	1995	●	--	--	--
Kentucky	--	--	--	--	--
Louisiana	1998	--	●	--	--
Maine	1995	--	●	--	--
Maryland	1992	--	●	--	--
Massachusetts	2004	--	●	--	--
Michigan	--	--	●	--	--
Minnesota	1989	--	--	●	--
Mississippi	2000	●	--	--	--
Missouri	2000	--	●	--	--
Montana	1998	--	●	--	--
Nebraska	2003	--	●	--	--
Nevada	--	--	--	--	--

State	Year Began	Frequency (n=41)			
		Once a Year	Every 2 Years	Every 3 to 5 Years	Another Interval
New Hampshire	--	--	--	--	--
New Jersey	1995	●	●	--	--
New Mexico	1999	--	●	--	--
New York	1990	--	●	●	
North Carolina	--	--	--	--	--
North Dakota	--	--	--	--	--
Ohio	1993	--	--	--	--
Oklahoma	2004	--	●	--	--
Oregon	1994	●	--	--	--
Pennsylvania	1989	--	●	--	--
Rhode Island	2001	--	●	--	--
South Carolina	--	--	--	--	--
South Dakota	--	--	--	--	--
Tennessee	--	--	--	--	--
Texas	1988	●	--	--	--
Utah	1995	--	●	--	--
Vermont	1993	--	●	--	--
Virginia	2000	--	●	--	--
Washington	1988	--	●	--	--
West Virginia	2003	--	●	--	--
Wisconsin	--	--	--	--	--
Wyoming	2001	--	●	--	--
Total States	N/A	**11**	**29**	**3**	**2**
Percentage of States	N/A	**27%**	**71%**	**7%**	**5%**

Appendix C

Data Availability, Data Format, and Smallest Unit of Available Data by State

State	Data Available (n=51)		Data Format (n=51)		Smallest Unit of Available Data by State (n=43)		
	Yes	Unknown	Raw	Aggregate	School	County	Other
Alabama	--	●	--	--	●	--	--
Alaska	--	●	--	--	●	--	--
Arizona	●	--	●	--	●	--	--
Arkansas	●	--	--	●	●	--	--
California	●	--	●	--	●	--	--
Colorado	●	--	●	--	●	--	--
Connecticut	●	--	●	--	●	--	--
Delaware	●	--	●	--	--	--	●
District of Columbia	●	--	●	--	●	--	--
Florida	●	--	●	--	--	●	--
Georgia	●	--	●	--	●	--	--
Hawaii	●	--	--	●	●	--	--
Idaho	●	--	●	--	●	--	--
Illinois	●	--	--	--	--	●	--
Indiana	●	--	●	--	●	--	--
Iowa	●	--	●	--	●	--	--
Kansas	●	--	●	--	●	--	--
Kentucky	--	●	--	--	●	--	--
Louisiana	●	--	●	--	●	--	--
Maine	●	--	--	--	●	--	--
Maryland	--	●	--	--	--	--	--
Massachusetts	●	--	●	--	●	--	--
Michigan	--	●	--	--	●	--	--
Minnesota	●	--	●	--	●	--	--
Mississippi	●	--	●	--	●	--	--
Missouri	●	--	●	--	●	--	--
Montana	●	--	●	--	●	--	--

State	Data Available (n=51)		Data Format (n=51)		Smallest Unit of Available Data by State (n=43)		
	Yes	Unknown	Raw	Aggregate	School	County	Other
Nebraska	●	--	●	--	●	--	--
Nevada	--	●	--	--	--	--	--
New Hampshire	--	●	--	--	--	--	--
New Jersey	●	--	●	--	--	●	--
New Mexico	●	--	●	--	●	--	--
New York	●	--	●	--	●	--	--
North Carolina	--	●	--	--	--	--	--
North Dakota	--	●	--	--	--	--	--
Ohio	--	●	--	--	--	--	--
Oklahoma	●	--	●	--	●	--	--
Oregon	--	●	--	--	●	--	--
Pennsylvania	●	--	●	--	●	--	--
Rhode Island	●	--	●	--	●	--	--
South Carolina	--	●	--	--	●	--	--
South Dakota	--	●	--	--	--	--	--
Tennessee	--	●	--	--	●	--	--
Texas	●	--	●	--	●	--	--
Utah	●	--	●	--	●	--	--
Vermont	●	--	●	--	●	--	--
Virginia	●	--	●	--	●	--	--
Washington	●	--	●	--	●	--	--
West Virginia	●	--	--	--	●	--	--
Wisconsin	--	●	--	--	--	--	--
Wyoming	●	--	--	--	●	--	--
Total States	36	15	30	2	39	3	1
Percentage of States	71%	29%	59%	4%	91%	7%	2%