



Pocahontas County Comprehensive Community Prevention Plan

**Pocahontas County Youth
The Snowshoe Foundation
Pocahontas County Family Resource Network
Pocahontas County Free Libraries
Mountain Quest Institute
The Center for Sustainable Communities
Pocahontas County Health Department
Pocahontas County Board of Education
Pocahontas County Chamber of Commerce
Pocahontas County Gear Up Project
Pocahontas County Ministerial Association
Pocahontas Pharmacy
Pocahontas County Convention & Visitors Bureau
Pocahontas County Magistrate's Office
Pocahontas County Parks & Recreation
Seneca Health Services
Mountain Valley Regional Tobacco Coalition
Pocahontas County Department of Health and Human Resources
Pendleton County Bank**

**Pocahontas County, West Virginia
January, 2007**

*Pocahontas County Prevention Coalition
Working Together For A Safe And Drug Free Community*

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POCAHONTAS COUNTY
PREVENTION COALITION

Pocahontas County Prevention Coalition Mission

To implement and facilitate school, family and community partnerships and to promote a safe and drug-free lifestyle for the well being of all county residents.

Goals

The Pocahontas County Prevention Coalition (the Coalition) has five (5) primary goals that were identified through analyzing the data, review of identified risk factors and community readiness assessment. These goals are the focus of this county prevention plan.

1. Increase community partnerships and public relations that target the use of underage drinking and the use of illegal drugs.
2. Educate and enable Pocahontas County youth to reject illegal drugs, alcohol and tobacco (ATOD).
3. Increase individual, parental or caregiver education and support regarding underage drinking.
4. Improve the coordination and collaboration among all sectors of the community with regard to underage drinking and the use of illegal drugs.
5. Maintain a clearinghouse of ATOD education, information, resources and drug/alcohol and other prevention issues.

History of the Pocahontas County Prevention Coalition

Rich in natural resources, Pocahontas County, West Virginia is a desirable place to live, and the quality of life is just one of many factors that contribute to our reputation. At the same time, the reality is that we struggle with many of the same problems facing every community-both urban and rural. Building a safe, vibrant and healthy community involves understanding the problems, finding common ground and working together to find solutions.

One commonality that brought several community leaders together was the issue around preventing and reducing the use of drugs and alcohol. The Coalition was formed in response to these concerns, and to specifically address the drug/alcohol problem in Pocahontas County. As a result, these community leaders congregated additional stakeholders to find innovative solutions to address the issues and harms related to alcohol and other drug use among Pocahontas County's population.

During 2006, the Coalition successfully partnered with many different community agencies/businesses in order to collaborate to increase awareness, and to create a comprehensive community prevention plan. The partner agencies are listed below.

- ❖ Pocahontas County Youth: Renee Burks, Amber Ramos and Heidi Beverage
- ❖ Pocahontas County Family Resource Network
- ❖ Pocahontas County Free Libraries
- ❖ Mountain Quest Institute
- ❖ The Snowshoe Foundation
- ❖ Pocahontas County Health Department
- ❖ Pocahontas County Board of Education
- ❖ Pocahontas County Chamber of Commerce
- ❖ The Center for Sustainable Communities
- ❖ Pocahontas County Ministerial Association
- ❖ Pocahontas County Parks and Recreation
- ❖ Seneca Health Services
- ❖ Pocahontas Pharmacy
- ❖ Pocahontas County Convention & Visitors Bureau
- ❖ The Pocahontas County Department of Health and Human Resources
- ❖ Mountain Valley Regional Tobacco Prevention Coalition
- ❖ Pocahontas County Magistrate Office
- ❖ Pendleton County Bank

The youth members are all three currently enrolled in school. Renee Burks is a freshman at West Virginia University majoring in Pharmacology and has been a member of the Coalition since its inception. Both Amber Ramos and Heidi Beverage are seniors at Pocahontas County High School.

The Snowshoe Foundation is a not for profit foundation that is designed to enhance the quality of life in our local communities through assisting local organizations and/or individuals in areas of health, human services, education, recreation, the arts, culture and the environment, with an emphasis on children, youth and family programs.

The Pocahontas County Family Resource Network (FRN) is a planning and coordinating body that maintains a neutral role in the community and whose outcomes include: safe communities, stable homes, healthy and educated people, a skilled workforce and children ready for school. These goals are achieved by the partnering of parents, consumers, providers and community leaders through the improvement of services, and the meeting of new needs. The Pocahontas FRN representative, Karen Larsen, has been instrumental in creating and implementing events that include community baby showers, women's health education and back to school events.

The Center for Sustainable Communities (CSC) was formed in December, 2005 to collaborate with communities (local, state, national, global) to achieve and sustain a high quality of life for all citizens through learning, growth and knowledge sharing. The organizations activities include research, development, networking, white papers, publications, teaching/learning and professional services. During the past year CSC has hosted a town hall meeting on underage drinking, sponsored a teach-in at the Pocahontas County middle schools and presented a full day of awareness training to the Pocahontas County High School students.

Mountain Quest Institute is a research and learning center dedicated to working with individuals, groups and organizations to achieve growth, understanding and high performance in this age of change, uncertainty and complexity. In every way possible, MQI attempts to exemplify in the process of research and implementation of research the same behaviors the process of knowledge management represents. Knowledge Management has taught us that a single individual, or several individuals, do not always have the knowledge at their fingertips that they need. Mountain Quest established their own Knowledge Associate Network which provides the opportunity for face-to-face and virtual interaction with other leaders in the KM field as well as thought leaders and practitioners in related fields. The MQI living network includes the following areas of expertise: organizational development, human development, human and organizational systems, information and document management, organizational memory, information architecture, social change, social psychology, management and leadership, systems engineering, enterprise management, engineering management, engineering law, decision-support systems, education systems, intelligence, security management, business and network development, program management, physics, technical management, nuclear engineering, strategic planning, total quality, system dynamics.

The Coalition has met six (6) times over the last year, and has had many sub-committee meetings in order to address detailed concerns and actions. The Coalition has also held two countywide meetings at which all members of the community were invited to participate in the planning process.

Part I: County Coalition Capacity/Readiness

One of the first tasks of the Coalition was to address our community readiness, and to recognize that the success of our coalition depends upon the enthusiasm of community members to get involved and supply the leadership necessary to determinedly work toward reaching our goals. Pocahontas County had only a vague awareness of the problems in most cases.

The Coalition held bi-monthly meetings and brought together individuals from many different areas of the community. Members have engaged in dialogue with one another and have begun to establish their own collaborative relationships. Small group and one on one discussions have frequently taken place, as well as the informal meetings with Coalition members present. Coalition Project Directors have attended the FRN meetings on a regular basis and also offered support with other community projects and met with local law enforcement, substance abuse professionals, school personnel, and youth and 4H groups.

Pocahontas County Readiness Assessment indicated community tolerance and little knowledge of the current substance/alcohol use/abuse problem within the county. In order to address this and to extend information through many different ways, the Coalition prevention plan includes many different venues of information sharing; through the Internet, youth, parents, and workforce. It also uses different outlets through which to network such as public media, one on one discussions, individual mailers, and small group projects and at the worksite. The Coalition will also work with community partners and leaders to leverage, access, manage and distribute resources for implementation and provide assistance to community partners with training, data management, resource reporting, evaluation and other assistance.

Because Pocahontas County readiness assessment indicated a tolerance readiness score, the coalition decided that it would engage in capacity building to increase organizational and coalition effectiveness by sustaining the partners, strategies, learning, infrastructure and

resources that have been put into place during the planning year. In support of the implementation of the proposed models as well as considering community readiness, we identified many of the resources, strengths and other valuable assets the coalition partners brought to the table in order to sustain the countywide plan.

- The membership includes the Pocahontas Pharmacy, which has been instrumental in providing some important information with regard to pharmaceuticals, their adverse affects and the past, current and projected use of narcotics in our community.
- The Family Resource Network has provided and will provide information and subject matter expertise for implementation programs.
- Seneca Health Services have insight and expertise with current substance abuse data as well as an understanding of causes and effects.
- Pocahontas County Chamber of Commerce brings the county workforce to the table, which offers many different perspectives of the issues and needs of the community.
- Youth are an important part of the prevention process and offer an insight into youth behaviors related to consumption and consequences.
- The Snowshoe Foundation is a not for profit arm of Snowshoe Mountain, Inc. which is a multi million dollar resort and destination. The Foundation also has annual fundraisers for the community; which provide funding for many community projects. This provides the Coalition with fiscal strengths.
- The Pocahontas County Board of Education provides continuing support of all grant initiatives, as well as providing time with students and teachers in order to implement model programs and strategies as well as create awareness.
- Mountain Quest Institute is a research and learning center with senior researchers in human development and human and organizational systems. They are also experts in organizational and change management, education and learning and knowledge mobilization. They will primarily support this project by serving in an advisory capacity. Where it makes sense, the institute will provide facilities for meetings and educational sessions.
- The Pocahontas County Health Department brings knowledge of adverse health effects of substance use/abuse.
- The Pocahontas County Free Libraries have immediate access to reference materials and provide facilities for meetings as well as personnel support for coalition activities, and have committed to remaining open after school hours and on weekends to support the use of the facilities by the county youth.
- The Pocahontas County Ministerial Association provides access to the religious community, as well as a tunnel through which to pass information along to that population.
- The Pocahontas County Gear Up Project will provide additional services/support to the coalition by working with county youth to promote learning and making good choices.
- The Pocahontas County Magistrate is working closely with agencies to establishing creative ways to the prevention of underage alcohol use.

- Pendleton County Bank has agreed to offer fiscal support by providing a line of credit to the Snowshoe Foundation in order to implement programs.
- Increased coalition membership and collaboration by building common goals, establishing trust and sense of community bonding.

Part II: Community Data Gathering/Analyzing Risk Factors

With the assistance of the Prevention Resource Center, the Coalition collected and analyzed statistical data. There were over 20 resources used to compile this data, which included interviews, community surveys, holding brainstorming sessions at a coalition meeting and other community meetings, and gathering community resource information from other agencies such as the Family Resource Network.

After a close analysis of the data, the Coalition identified these notable risk factors that are arranged by domains and are specific to Pocahontas County.

COMMUNITY	INDIVIDUAL/PEER
<ul style="list-style-type: none"> ❖ <i>Availability of Drugs/Alcohol</i> ❖ <i>Looseness of legal system</i> ❖ <i>Community norms favorable toward drug/alcohol use</i> ❖ <i>Low neighborhood attachment and county-wide organization</i> ❖ <i>Economic hardship</i> ❖ <i>Lack of strong social institutions</i> ❖ <i>Community perception of problem</i> ❖ <i>Limited resources for a widespread problem</i> ❖ <i>Limited parent and family support programs</i> ❖ <i>Sustainability of current programs</i> 	<ul style="list-style-type: none"> ❖ <i>Friends that engage in the use of alcohol/substances</i> ❖ <i>Early initiation of use</i> ❖ <i>Perception of peer approval</i> ❖ <i>Perception of little or no harm in the consumption of alcohol</i> ❖ <i>Youth begin consuming alcohol at a young age</i>
FAMILY	SCHOOL
<ul style="list-style-type: none"> ❖ <i>Perception of parental approval</i> ❖ <i>Lack of transportation</i> ❖ <i>Family members with a history of alcohol or other drug use</i> ❖ <i>Lack of clear rules and consequences regarding the use of alcohol and other drugs.</i> ❖ <i>Parent use of alcohol/drugs</i> ❖ <i>High level of adult illiteracy</i> 	<ul style="list-style-type: none"> ❖ <i>High dropout rate</i> ❖ <i>Lack of student involvement in school related activities</i> ❖ <i>Lack of parental involvement</i> ❖ <i>Lack of parental support</i>

A summary of statistical data is provided in the following pages.

Part IV: Data

Demographics

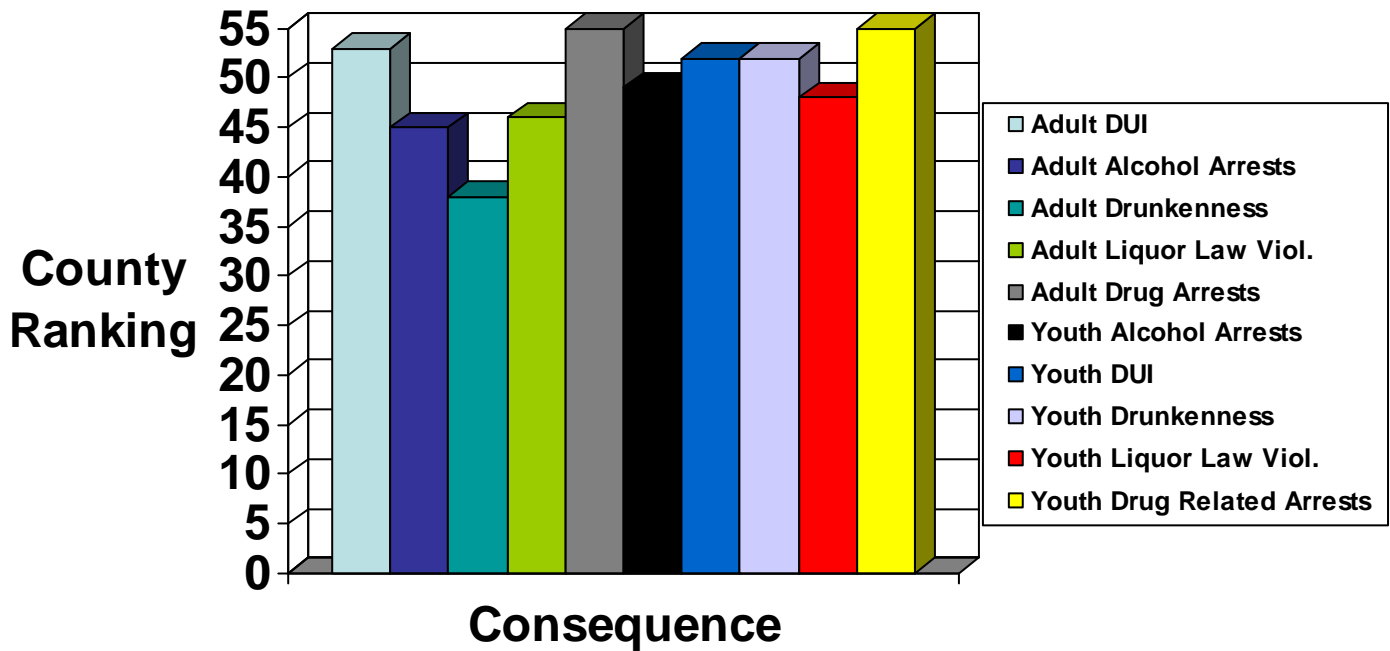
Pocahontas County is one of the least populated counties in West Virginia with slightly above 9,000 people dispersed across 943 square miles. In relation to other counties, two factors significant to issues described below are that the population is the sparsest in terms of square miles and it has the highest percentage of males. In addition, Pocahontas County's population is showing a steady decrease, losing roughly .71 percent more people each year than the state norm. Although Pocahontas County does have a minimal non-white population (1.4 percent), it is only 1.1 percent higher than the least non white populated county and 11.4 percent less than the highest, making it the county with the highest percentage of white males. Simultaneously, the population below poverty is within 1 percent of the state norm and the percentage of children below poverty is within 1 percent of the state norm. Although the poverty levels don't appear to be outside the immediate normal range of the state average, some statistics tell a different story. According to the Child Well Being Profiles (Compiled under the direction of the West Virginia KIDS COUNT Fund), 23.2 percent of Pocahontas youth under 18 live in poverty. The percentage of adults and children receiving TANF or ADC is lower than the state average, with .3 percent of adults (norm=.9 percent) and 2.5 percent of children (norm=6.1) receiving assistance. 7.9 percent of adults are receiving food stamps which is 1.3 percent below the state average and 19.9 percent of children receive food stamps which is 3.3 percent less than the state average. More than half (55.7 percent) of students in Pocahontas County are eligible to receive a free or reduced lunch, which is actually 5.6 percent higher than the state average. According to the National Center for Educational Statistics, the percentages of elementary or middle school students eligible for free or reduced lunches are: Green Bank Elementary /Middle School, 53.19%; Marlinton Elementary, 41%; Marlinton Middle School, 60.24%, and Hillsboro Elementary School, 71.43%. Per capita data shows an average income of \$21,340 personal income, below the state average of \$22,800. In addition, the county has a high rate of unemployment at 7.6 percent, 1.8 percent higher than the state norm.

A contributing factor to this conflicting data would appear to be the bounded communities surrounding Snowshoe Mountain Resort and the National Radio Astronomy Observatory. These two communities, comprising approximately one-sixth of the county's population, have average incomes/assets above the state average. One example is exhibited in the data above relating to free/reduced lunch statistics. In Green Bank, there are over 18% less students that qualify for free/reduced lunch than those students attending Hillsboro Elementary. In another example, according to the 2000 United States Census, the median value of owner occupied housing units in Pocahontas County was \$64,000.00, however, in the Snowshoe area the starting price for a comparable house is \$250,000.00. What this indicates is that the remainder of the population, covering roughly 80 percent of the 943 square miles in the county, is embedded below the state norm. As has been repeatedly demonstrated throughout this narrative, this wide geographic dispersion creates barriers to social service delivery and prevention infrastructure development, substantially different from any other county in the state.

Consequence

Pocahontas County has the highest percentage of both adult and youth drug related arrests in the state of West Virginia. Adult arrests in the county are 7.57 per 1,000 people as compared to the state average of 2.08 per 1,000 people. Similarly, youth arrests in the county are 2.59 per 1,000 people as compared to the state average of 0.26 per 1,000 people (WVPRC). A youth response to the underage substance abuse survey provides a perceived insight to this crisis, “Well, there is nothing good parents can do. The local authorities arrest the people who provide drugs and stuff but the most they get is a fine.” This is confirmed through a conversation with a Probation Officer from Pocahontas County who indicated the problem is so severe that many drug cases normally referred to the Superior Court were being heard by the county Magistrate due to extremely high case loads, and therefore, the penalties were not as severe.

Pocahontas County Consequence State Ranking



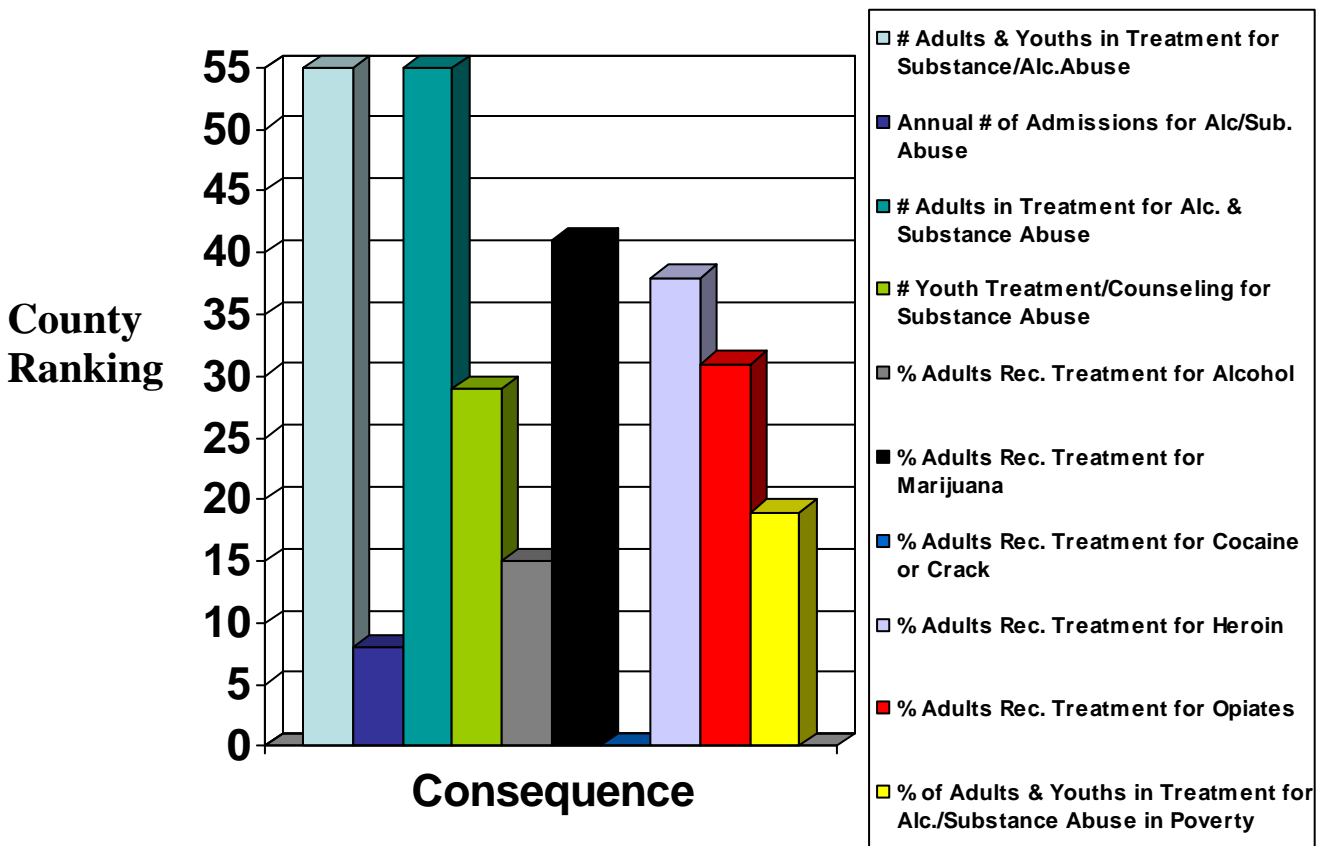
In the graph on the previous page, 55 represents the number of counties in the State of West Virginia. The consequence bar indicates the ranking of Pocahontas County out of 55 counties. For example, the yellow bar indicates that Pocahontas County is ranked 55th out of 55 counties in West Virginia in terms of percentage of youth drug related arrests per 1,000 population.

These arrest rates are indicative of the large abuse issues in the county, laying the groundwork for other drug related arrests, personal injury, and high mortality rates. In fact, according to the Child Well Being Profiles (Compiled under the direction of the West Virginia KIDS COUNT Fund), Pocahontas County has an extremely high juvenile delinquency case rate, 36.7 per 1,000 youths under 18 years of age. What is even more alarming is that between 1990 and 2003, Pocahontas County Juvenile delinquency case rate increased by 90.2 percent, while the state of West Virginia actually saw a decrease overall. This is a clear indicator that the juvenile delinquency crisis in Pocahontas County has significantly increased over the past decade

even with unarguable information that a large part of juvenile delinquency is directly associated to drug and alcohol use. Although it cannot be claimed that substance abuse causes delinquent behavior or delinquency causes alcohol and other drug use, the two behaviors are strongly correlated and often bring about school and family problems. Further, these issues are closely related to child abuse or neglect, lost jobs, accidents, spread of infections, criminal behaviors, violence and homicide.

The data indicate that Pocahontas County has the highest rate of adults and youths in treatment for alcohol and/or substance abuse in the state (7.83 per 1,000 population), yet the annual number of admissions for alcohol and substance abuse treatment is not indicative of the number of people in treatment, with only 1.9 per thousand people being admitted annually (WVPRC). This would seem to infer that there are a large number of long term abusers and a small number of existing abusers currently seeking treatment. According to a web-site aimed at social betterment, drug rehabilitation is a multi- phase, multi-faceted, long term process and patients who stay in a drug rehab longer than 3 months typically have better outcomes than those who stay less time.

Pocahontas County Treatment State Ranking



The assumption above that there are a large number of long term abusers and a small number of existing abusers currently seeking treatment is supported by additional indicated data showing that the number of adults in treatment for alcohol and substance abuse is the highest in the state with 5.58 adults per thousand reporting having received treatment or counseling for substance use (WVPRC). **This is more than double the state average.** Of the adults in treatment, 63.64 percent acknowledge that alcohol is the primary substance for which they are receiving treatment. In addition, 18.8 percent list marijuana, 1.82 percent listed heroin, and 7.27 percent list other opiates or synthetics such as methamphetamine as the primary substance of abuse. The percentage of these people that are in poverty is 58.57.

In the graph on the previous page, 55 represents the number of counties in the State of West Virginia. The consequence bar indicates that Pocahontas County ranks 55th out of 55 counties in West Virginia in terms of the items described in the box below. For example, the light blue bar indicates that Pocahontas County is ranked 55th and has the highest percentage of adults and youths in treatment for substance/alcohol abuse.

The drug and/or substance related mortality rate is exceptionally high in Pocahontas County compared with other West Virginia Counties, at 28.89 per 100,000 (WVPRC). According to the United Nations Office on Drugs and Crime (UNODC), the substances most commonly associated with drug-related deaths are heroin and other opiates, cocaine, barbiturates and amphetamine-type stimulants, notable methamphetamine. The negative impact of drug abuse on health is obvious, scientifically established and documented.

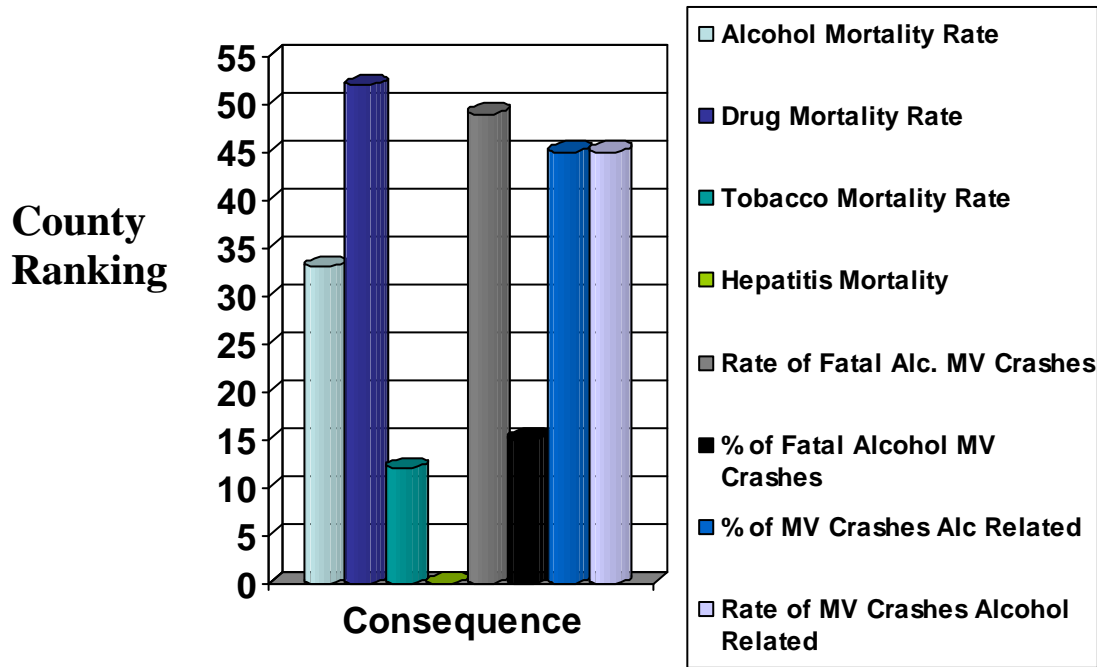
The youth alcohol related arrests are sixth highest in the state, with 2.4 kids per 1,000 being arrested. The youth DUI arrests are the third highest in the state with .37 arrests per 1,000, and the youth drunkenness arrests are third highest with .27 per 1,000. The youth liquor law violation arrests are 1.85 per 1,000 and rank seventh highest in the state (WVPRC). During the Pocahontas County Drug Survey (compiled by the Family Resource Network) 33% of high school seniors acknowledged that in the last 30 days of taking the survey, they had ridden in a vehicle driven by someone who had been drinking.

During the three year period ending in 2003, 10.2 adults per thousand were arrested for alcohol related offenses. This is higher than the state norm by almost 20%. Of those arrests, the adult DUI arrests are the most significant being the second highest in the state, with 7.15 per thousand adults which is 40% above the state norm. Adult liquor law violation arrests are ninth highest in the state, with 2.2 people per 1,000 being arrested for this offense (WVPRC).

The percent of motor vehicle crashes that are alcohol related in Pocahontas County is 11.27 percent, almost 4 percent above the state average. This is at a rate of 2.33 per 1,000 crashes that have been caused as a result of the ingestion of alcohol. The percent of fatal motor vehicle crashes that are alcohol related is 36.9 percent at a rate of 13.08 per 100,000, the sixth worst in the state. The age group contributing to the highest percentage of fatal motor vehicle crashes where at least one person died is ages 30-54 (WVPRC).

In the graph on the following page, 55 represents the total number of counties in the State of West Virginia. The consequence bar indicates the ranking of Pocahontas County out of 55 counties. For example, the purple bar indicates that Pocahontas County is ranked 52nd out of 55 counties in terms of the magnitude of the consequences of each item described in the box. Thus, compared to other counties in the state, Pocahontas County has one of the highest levels of drug mortality rates.

Pocahontas County Injury/Mortality State Ranking

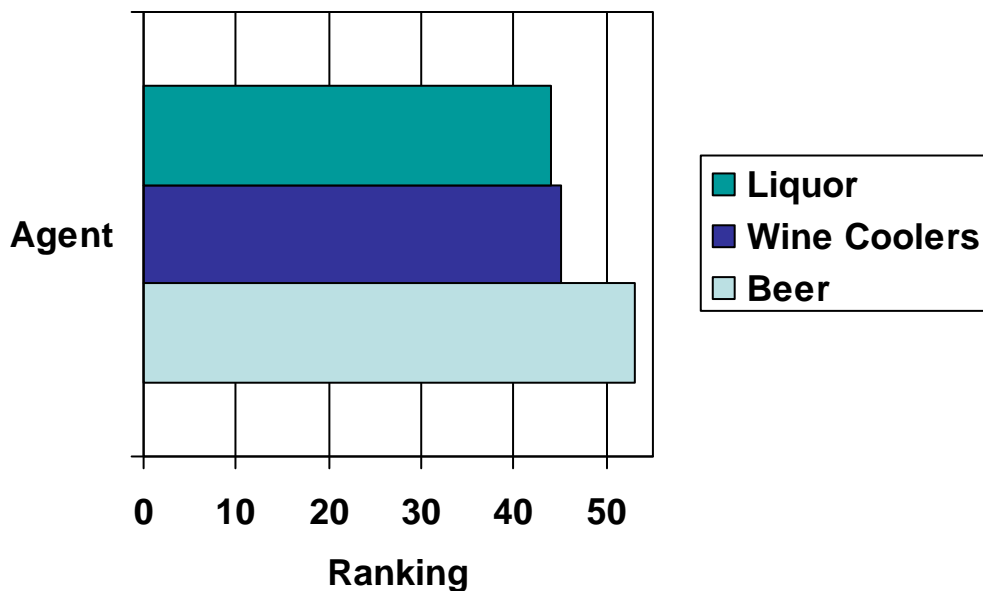


Consumption

During the Pride Survey, 34.3 percent (5 percent higher than the state average) of youths in grades 8 and 11 acknowledged using alcohol, and the following drinks: beer (32.8 percent), wine coolers (21.9 percent), and liquor (23.4 percent). All three consumption patterns are higher than the state average with youth consumption of beer being the second highest in the state. In fact, according to the Pride survey, almost half of students in grades 9-12 admit to using alcohol each and every month, and most began drinking when they were between the ages of 10-13. In all cases, this can be directly correlated to the youth perception of only some or no harm in the use of alcohol, clearly demonstrating that youth perception has an affect on actual use patterns. In addition, the Pride survey shows that youths indicated beer, wine coolers and liquor are easier to obtain in Pocahontas County than in other counties, and over two-thirds of students acknowledge in the questionnaire that they have never been caught for the use of alcohol or drugs. Surveyed youths in grades 7-12 that reported binge drinking alcohol were 37.2 percent, 2.5 percent higher than the state average. Concurrently, 62.2 percent of surveyed youths expressed a lack of perception of risk in binge drinking (Pride Survey). According to the National Institute on Alcohol Abuse and Alcoholism (NIAAA), children who begin drinking before the age of 15 have a four times greater chance of becoming an alcoholic than those who begin at 21, the legal drinking age; yet, according to the PRIDE Survey, 42.2 percent of ninth graders in Pocahontas County admit to consuming alcohol every month. This correlation points out the need for additional educational venues for these youth and demonstrates a lack of understanding of the association of binge drinking with injuries, motor vehicle crashes, violence, chronic liver disease and other chronic and acute conditions.

Influence of youth participation in the indulgence of alcohol is also a significant dynamic. Although families have a powerful influence on shaping the attitudes, values and behavioral patterns of children and thus preventing substance abuse, peer groups often prove to have an even stronger influence. For example, according to the 2006 World Drug Report completed by the United Nations Office on Drugs and Crime (UNODC), data show that significantly more young people (17%) were likely to be current users of marijuana when a few, some, or all of their friends used marijuana. The UNODC data also indicate that the negative influence of peers seems to increase when parents abdicate their traditional supervisory roles. During the PRIDE survey, Pocahontas County youth held the perception that less than 21 percent of their friends would disapprove of the consumption of alcohol which means that 4 out of 5 friends approve. An even more noteworthy statistic is that only a little more than half of twelfth grade students perceive that their parents disapprove or would disapprove of their consumption of alcohol. This perceived acceptance of the use of alcohol clearly supports the source that indicates over half of the high school seniors in Pocahontas County use alcohol at least once a month and around one-third use alcohol at home. The UNODC also acknowledges that while the family itself can be the source of drug and alcohol problems, it can also be a potential force for prevention and treatment. Additionally, the family unit as a whole has a clear interest in preventing individual family members from falling prey to drug abuse, and thus could become a powerful ally of government and community prevention programs.

Pocahontas County Youth Alcohol Use State Ranking



The graph above indicates that Pocahontas County youth consume higher levels of beer than liquor and wine coolers and rank 53rd, 45th and 44th, respectively, in amount of use when compared to other counties in the state. (Pride Survey, 2004)

The number of persons aged 18-25 who acknowledged to using alcohol during the 30 days prior to the survey was 52.92 percent while the percentage that reported to engaging in binge drinking was 38.30 percent. These numbers are discouraging and indicate that even young

adults are insensitive to the fact that excessive drinking has numerous chronic and acute health effects such as liver cirrhosis, pancreatitis, high blood pressure and psychological disorders. Even in the next age bracket, 37.86 percent of persons 26 years and older reported using alcohol while 17.65 percent acknowledged to still participating in binge drinking.

Pocahontas County has a higher than state norm rate of pregnant women who use alcohol during pregnancy, at a rate of .58 percent, .10 percent higher than the average. Pregnant women in the county also use tobacco at a higher rate (30.53 percent) than the state norm (26.03 percent) (WVPRC). Clearly, there has been a historic inability to communicate and create understanding of the direct links between substance use and complications with pregnancy and the potential long term effects on the children.

Indicated in the Pride Survey, 45.6 percent of Pocahontas County High School Seniors acknowledged using marijuana during the past year, and 19.3 percent admit to using it each month. The Pocahontas County High School Drug Survey (FRN) indicates that roughly 50 percent of students in grades 9-12 have used marijuana at least once. This far exceeds the data following that show a decrease in use by the time the student reaches the age at which they should graduate from high school. The marijuana use among persons 18 to 25 is slightly below the state norm at 11.20 percent; however, that same group expressed a lack of perception of great risk than the state norm. Similarly, the use of any illicit drug (including marijuana) by that same group is slightly lower than the state norm at 14.98 percent, and the use of illicit drugs (excluding marijuana) is 6.44 percent, again slightly less than the state norm. In the same age bracket, cocaine use is 4.4 percent, higher than the state average of 4.13 percent. In the older than 26 years age bracket, the use of illicit drugs, other than cocaine is slightly lower than the state average, however, the use of cocaine is .73 percent, higher than the state average of .71 percent (WVPRC). According to the latest data from NHSDA, the national mean age at first use of tobacco is 15.4, alcohol 16.3, and marijuana 17.

Youth illicit drug use as a whole is lower than the state average of 19.7 percent, with 15.6 percent of eighth and eleventh graders reporting they have used any illicit drug at least once a month prior to the Pride survey. In agreement, the use of specific substances by youth also fell under the state average. However, 3.7 percent of youth reported using inhalants, above the state norm of 3.5 percent. According to a teen drug abuse website, easy access to chemicals makes “huffing” inhalants a popular alternative for teens. Additionally, the youth of today abuse potentially toxic substances because of the feeling of euphoria associated with inhalants. Stephen Dewey, an inhalant researcher at the U.S. Department of Energy in Brookhaven New York, reported that many parents and school teachers don’t even realize how dangerous these products are. Many kids turn to inhalants as a cheap and easy way to get high; yet huffing can easily turn into a fatal mistake. Inhalants can trigger a dangerously irregular heartbeat and sniffing highly concentrated amounts of the chemicals in solvents or aerosol sprays can directly induce heart failure and death, even in the first time user.

In other Pride Survey data, the perceptions of youth that there was only some or no harm in using uppers, downers, and inhalants (drugs easily accessible to this group according to the Pride survey) were higher than the state averages. According to an article published on January 26, 2000 by Court TV, “Illegal drug use among adolescents in small town and rural America is reaching alarming proportions. Eighth-graders in rural America are 104 percent likelier than those in urban centers to use amphetamines.” And, the National Rural Health Association confirms that drug usage is more prevalent among youth in rural areas than anywhere else in the

United States, according to the 2001 National Household Survey on Drug Abuse released by the Department of Health and Human Services.

Another issue appears to be the ease of obtaining cocaine in Pocahontas County, which is higher than the state average (WVPRC). Roughly 40 percent of high school students indicated that they have been offered drugs of some kind at school (PCHS Drug Survey, FRN). If this data is connected to the data obtained from 18 to 25 year olds, indicating that cocaine use in the county is 4.4 percent (higher than the state average), a pattern emerges indicating potential for increased abuse. There are significant physical, mental and social problems associated with cocaine use, abuse and addiction. In 2001, the social cost of cocaine consumption was estimated to be \$62.6 billion – the third largest cost for any drug after both tobacco and alcohol.

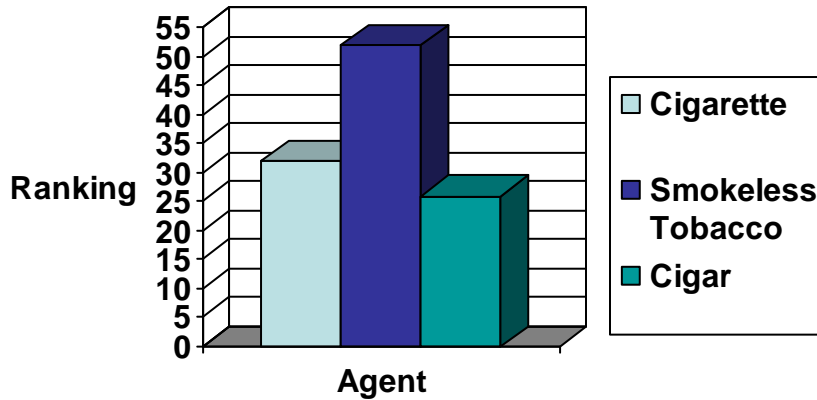
A related concern is the growing epidemic involving prescription medication. In 1997, 15 of the top 20 abused drugs reported from the Drug Abuse Warning Network were pharmaceutical controlled substances. In 2001, 8 of the top 13 were RX drugs. Between 1992 and 2003, while the U.S. population increased 14 percent, the number of people abusing controlled prescription drugs jumped 94 percent – twice the increase in the number of people abusing marijuana, five times the number abusing cocaine, and 60 times the increase in the number abusing heroin. The abuse of prescription narcotics usually involves pills/medication prescribed to treat pain or other associated health issues by a reputable physician. The risk of using narcotics is that people, even without a history of addiction, can become addicted in a short period of time. Sometimes, patients begin with the prescribed dose and go on to use more than the prescribed dose. Some individuals who are addicted to prescription narcotics make frequent trips to many different doctors and hospitals to get a supply of the drugs. Others find that their doctor is not properly supervising and authorizes refills repeatedly, allowing them to slip into addiction. And still, others see doctors, get prescriptions and sell them to addicts or monetary gain. In fact, one Pocahontas County physician has posted a sign in his office indicating that he will no longer prescribe pain medication to patients. This is in response to the overwhelming number of patients making appointments in order to obtain narcotic prescription medication.

According to DEA Congressional Testimony entered into public record on July 22, 2004, the Internet has enabled drug dealers from around the country to enter directly into every home in the United States that has access to the World Wide Web. Extremely dangerous, addictive, and potentially life-threatening drugs are now sold via the Internet by multimillion dollar organizations. These drugs are sold with very little monitoring, and available to almost anyone in our community with a computer, including youth. What makes this frightening, is that there is currently no way to monitor these activities.

Pocahontas County youth tobacco use is the third highest in the state at 36.5 percent, well above the state mean of 26.6 percent. Of those, 25.2 percent report using cigarettes, 18.4 percent report using smokeless tobacco and 6.7 percent report using cigars. While youth use of any tobacco product cannot be ignored, the significant problem area is the use of smokeless tobacco, which is 10.4 percent above the state average. Simultaneously, lack of youth perception of awareness of harm associated with using tobacco products was considerably higher than the state average. In Pocahontas County, youth indicate that smokeless tobacco and cigars are fairly or very easy to get. These patterns represent significant future health problems as these youth move into adult roles, with subsequent financial implications to West Virginia health care and insurance systems. Two very real examples include the social costs per year of tobacco use in the United States were estimated to be \$177.2 billion in 2001 and, careless smoking is the leading cause of fatal fires in the United States.

The graph below indicates that (according to the PRIDE Survey) Pocahontas County youth consume more smokeless tobacco than cigarettes and cigars, ranking 52nd, 32nd and 26th, respectively, in amount of use when compared to other counties in the state.

Pocahontas County Youth Tobacco Use



While, according to data, cigarette use in Pocahontas County by adults is below the state average, current cigarette smoking by persons 18-25 is among the highest in the state at 49.48 percent, with the state mean at 45.82 percent. Similarly, the use of any tobacco product is 57.47 percent, well above the state mean of 54.43 percent. Persons 26 & older report usages of cigarettes and tobacco products below the state mean, while expressing a higher lack of perception of great risk than the state mean. Again, it is clear that Pocahontas County faces a future health problem with the heavy use of tobacco products by the youth and young adults, ignoring the fact that more than 400,000 deaths in the U.S. each year are attributed to cigarette smoking (the leading preventable cause of death).

For many tobacco users in Pocahontas County, the incentive is driven by the cultural acceptance of tobacco use. For example, smokeless tobacco is used more often in rural areas than in the urban areas and an observable social norm for high school males in rural farming communities, such as Pocahontas County, is a can of chewing tobacco in the back pocket of their blue jeans. During a study that was conducted in four rural communities of West Virginia (American Journal of Drug and Alcohol Abuse, Feb., 2000) it was concluded that youths who live in rural areas are at greater risk for using tobacco products than their non-rural counterparts.

Other Significant Factors

Geographic Dispersion

As this analysis continues, we begin to recognize the unique problems facing Pocahontas County as one of the largest counties in the state with the largest geographically dispersed population. This problem is compounded by the low level of income for a large

part of the county, the limited social and law enforcement resources, and the high availability of alcohol/substances. Pocahontas County has the most alcohol sales outlets in West Virginia, with 5.73 outlets for every 1,000 people. The state average is 2.6 per 1,000.

Dropout/Literacy Rate

According to the Child Well Being Profiles (Compiled under the direction of the West Virginia KIDS COUNT Fund), the high school dropout rate in Pocahontas County is among the worst in the state. Again, West Virginia has shown an overall decrease in the high school dropout rate over the last decade while Pocahontas County dropouts increased by 45.8%. It is clear that the Pocahontas County dropout rate has not been reduced even though early withdrawal from high school is associated with the use of drugs and alcohol. The percentage of elementary and middle school students reported being present at school on a daily basis is 93.8% which is less than the state average by .4 percent (Pride Survey).

Consistent with the data above are the concerning countywide statistics compiled by the United States Census Bureau, that only 70.9 percent of Pocahontas County residents (over 25 years of age) are high school graduates. Additionally, only 11.8 percent possess a Bachelor’s degree or higher. This is indicative of the minimal educational and learning opportunities for the residents of Pocahontas County. Unfortunately, this also contributes to the lack of positive adult role models available to help guide the county youth, and to provide effective assistance and advice relative to preventing the use of alcohol and drugs.

Activity Participation

The following is a synopsis of youth that report the following events **rarely** or **seldomly** take place in their lives (Pride Survey):

	Pocahontas	West Virginia Average
Participate in community activities	65.2%	55.4%
Attend church or synagogue	44.4%	37.1%
Participate in school activities	35%	31.1%

The per pupil expenditures in the Pocahontas County Public School System is \$7,087, which is slightly above the state average of \$6,962 (WVPRC). Despite this investment, 35 percent of youths reported that they rarely or seldomly participated in school activities, 3.9 percent higher than the state average (Pride Survey). According to parental input, the cost of youth participating in school sponsored events is prohibitive for many families. Each sport/activity requires direct funding from the family as well as the purchase of required uniform accessories and/or equipment. In addition, each family is required to provide transportation to and from facilities, which in an extensive rural setting, becomes a major time and financial burden. This coupled with the fact that 22 percent of the counties’ children are in single parent households, is a direct contributor to the lack of activity participation.

Similar to the statistics regarding public school activity participation, 65.2 percent of youths reported that they rarely or seldomly participated in community activities (9.8 percent higher than the state average). In like manner, 44.4 percent rarely or seldomly attend church or synagogue (7.3 percent higher than the state average). In addition, youth do not perceive that there are activities in which they can participate. (Pride Survey)

According to the Partnership for a Drug-Free America news release (4/26/99), teenagers whose parents talk to them regularly about the dangers of drugs are 42 percent less likely to use drugs than those whose parents don't, yet in Pocahontas County, only 1 in 3 teens reported having these conversations.

Again, what appear to come into play here are the difficulties arising from a youth population dispersed across this 943 square-mile county. In a county where all caregivers, whether one or two, must be actively engaged in economic support, difficulties arise in the oversight of youth and the transportation of youth to various activities that might provide a better alternative to the use of alcohol and/or drugs.

Educational System

Moving beyond the difficulties associated with school activity participation, 11.6 percent of youth report that they are in trouble at school often or a lot. This ranks third in the state, 3.9 percent above the state average. The number of youth who report participating in gang activities often or a lot is 17 percent (2 percent above the state average). Even more alarming, 45.5 percent of students admit to having threatened other students one or more times. This is 2.4 percent more than the state average and undoubtedly demonstrates the Pride Survey statistic that almost 100 percent of youths are aware that there is not a security officer at Pocahontas County High School, and that law enforcement reaction would be delayed due to the response distance. This pattern continues as 25.9 percent of students report that they are in trouble with the police in general, .4 percent more than the state average (Pride Survey). According to The Bureau of Justice Statistics, cognitive and behavioral problems experienced by alcohol- and drug- using youth may interfere with their academic performance and also present obstacles to learning for their classmates

More than half of seventh through twelfth grade students surveyed (Pride Survey) also indicated a lack of knowledge of any student assistance program available to them. In fact, only roughly 10 percent of Pocahontas County High School students participated in a student assistance program, most of which acknowledge that they found the assistance program to be helpful. Clearly, there is an issue with the availability of these programs to the entire student population, and the availability of accessible assistance resources for the county youth as well as the student assistance services delivery system.

It is apparent that the youth need additional positive outlets for their energy and internal learning tools that would help them value their lives more fully.

Child Abuse & Neglect

In 2002, there were 66 open Children's Protective Services cases in Pocahontas County. Approximately 20 percent of the children in Pocahontas County are reported neglected (FRN Annual Report). Child abuse and neglect has been directly linked to the use of alcohol, drugs or both by the parents as well as establishing a pattern of use by the child.

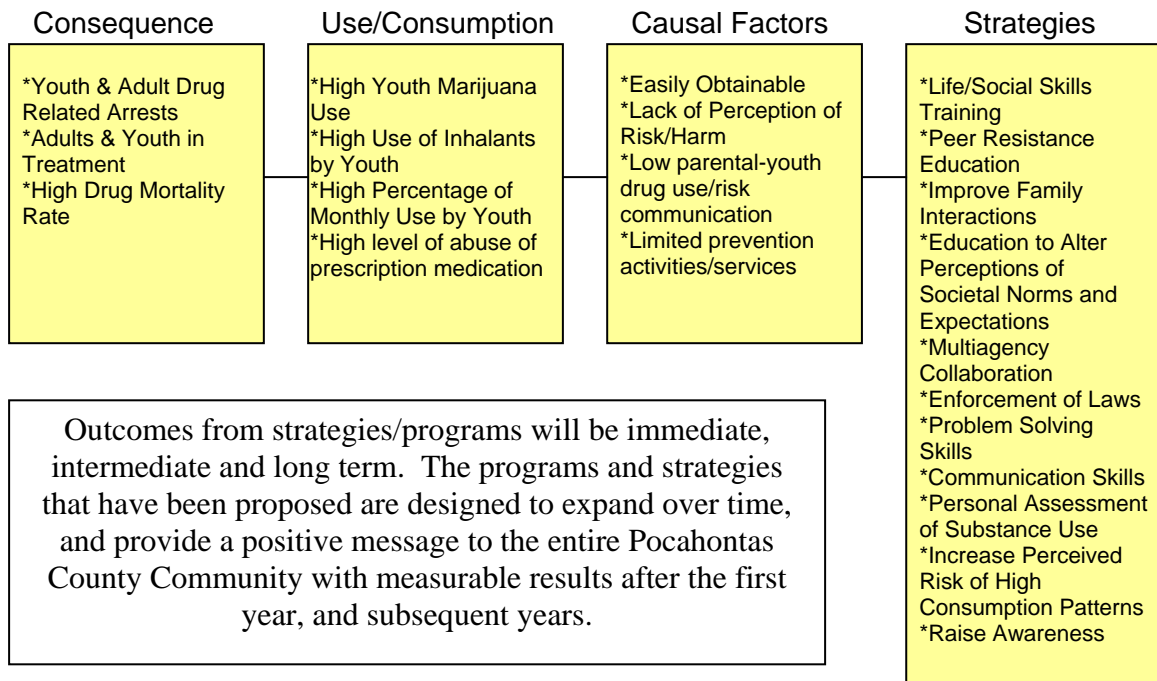
As has been demonstrated over and over again, Pocahontas County faces significant issues with drugs and alcohol, as well as the causal factors, and the delivery of services. For one reason or another, it appears that in this rural community, there are never enough resources or outlets for these issues to be resolved. Pocahontas County is in need of a more cooperative, collaborative and communicative system that is capable of sustaining and growing with the changing needs of this community.

Part VI: Implementation Models Driving Strategies

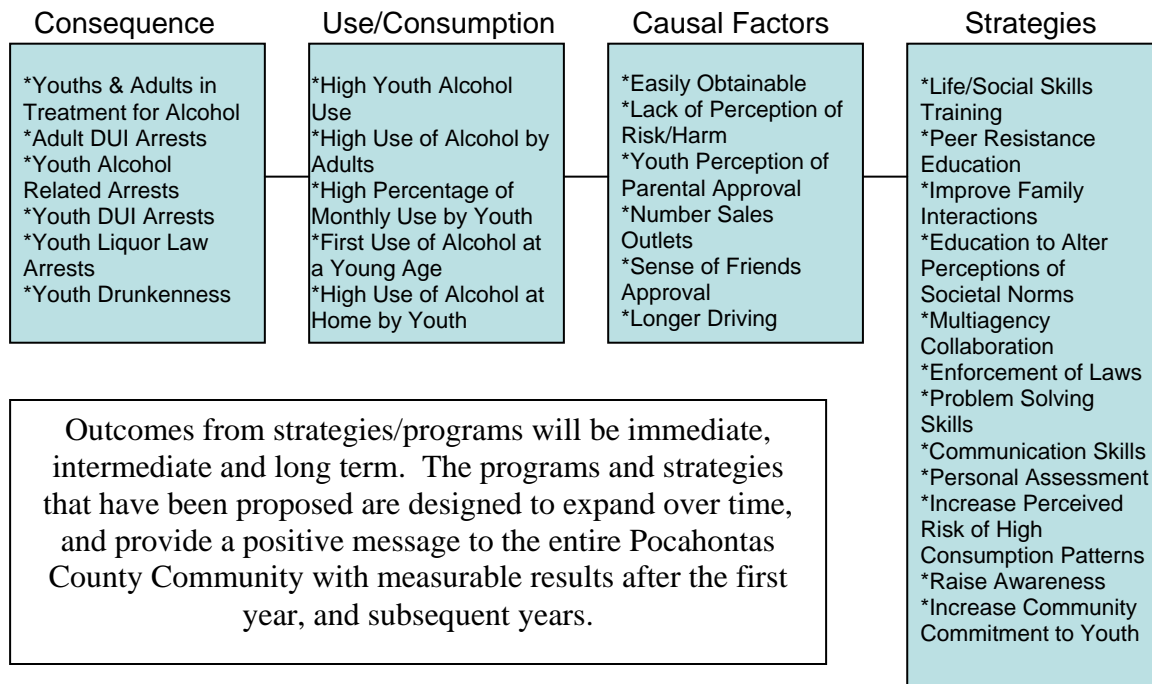
The Pocahontas County Prevention Coalition (in conjunction with The Snowshoe Foundation and The Center for Sustainable Communities) will serve the community by sustaining a community prevention plan through coordinating and working with community partners and the project director to leverage, access, manage and distribute resources for implementation.

The Pocahontas County Prevention Coalition has defined the desired outcomes and has identified model programs and best practices to implement and support the strategies noted that best reach the intended audience and address the mediating factors that have been identified in the logic models. The model program research completed by the Coalition for Models 1, 2, 3, and 4 below was extracted from SAMHSA’s Science-Based Prevention Programs and Principles, and all are considered to be model programs and appeal to a universal audience, which is appropriate to the Pocahontas County community readiness score. Model program #5 is taken from the Mountain Quest Institute and is a condensed version of the model implemented in the Department of the Navy and currently being implemented by the government of Canada in its Knowledge Impact on society initiative in the social sciences and humanities.

Pocahontas County Logic Model - Drugs



Pocahontas County Logic Model - Alcohol



Model #1: Keep a Clear Mind

Keep a Clear Mind (KACM) is a take-home drug education program for upper elementary school students, 8 to 12 years of age, and their parents. It is designed to influence known risk factors for late substance use by helping children develop specific skills to refuse and avoid the use of “gateway” drugs. Some of the expected outcomes are: (SAMHSA Model Programs)

- ❖ Reductions in behaviors related to risk factors
- ❖ Improvements in behaviors related to protective factors
- ❖ Increased student ability to resist peer pressure to use tobacco, alcohol and marijuana
- ❖ Increased student recognition of the harmful effects of tobacco, alcohol and marijuana
- ❖ Helps students identify and choose positive alternatives to substance abuse
- ❖ Helps parents become effective drug educators

Based on Pocahontas County’s mediating factors, the KACM directly addresses peer refusal skills, favorable attitudes toward substance use, favorable family attitudes about substance use and susceptibility to negative peer pressure. In addition, it promotes family interactions and communication skills between students and their parents.

Evaluation components specific to the model program Keep a Clear Mind will be used. Published studies have evaluated the effectiveness and additional evaluation of the program’s results is currently under way.

Model #2: STARS for Families

STARS for Families (Start Taking Alcohol Risks Seriously) is a health promotion program designed for preventing alcohol use among middle school and junior high school youth. All prevention strategies are matched to the specific stages of initiating alcohol use and the risk and protective factors of individual children. Some of the expected outcomes of this program include: (SAMHSA Model Programs)

- ❖ Decreases in substance use
- ❖ Reductions in negative attitudes/behaviors
- ❖ Improvements in positive attitudes/behaviors
- ❖ Increased resistance skills

Based on Pocahontas County's mediating factors, STARS for Families specifically targets the prevention of early alcohol use, specifically postponement of alcohol use until adulthood, which has been identified in the assessment as a causal factor in the consumption patterns of county youth. In addition, it promotes family interaction and conversation as well as provides parents with information about county prevention efforts and key facts about alcohol risk and protective factors.

Evaluation components specific to STARS for Families will be utilized. Two research studies have been conducted that tested the program's feasibility and efficacy in physical examinations for school sports teams.

Model #3: Communities Mobilizing for Change on Alcohol

Communities Mobilizing for Change on Alcohol (CMCA) is a community-organizing program designed to reduce adolescents' (13 to 20 years of age) access to alcohol by changing community policies and practices. It seeks both to effectively limit the access to alcohol of people under legal drinking age and to communicate a clear message to the community that underage drinking is inappropriate and unacceptable. It employs a range of social organizing techniques to address legal, institutional, social, and health issues in order to reduce youth alcohol use by eliminating illegal alcohol sales to youth by retailers and by obstructing the provision of alcohol to youth by adults. It involves community members in seeking and achieving changes in local public policies and the practices of community institutions that can affect youths' access to alcohol. Some of the expected outcomes from this program include: (SAMHSA Model Programs)

- ❖ Decreases in substance use
- ❖ Reductions in negative attitudes/behaviors
- ❖ Community mobilization
- ❖ Reduces youth access to alcohol
- ❖ Improves the health of the community

Based on Pocahontas County's mediating factors, Communities Mobilizing for a Change on Alcohol specifically targets the prevention of early alcohol use, specifically postponement of

alcohol use until adulthood, which has been identified in the assessment as a causal factor in the consumption patterns of county youth.

Evaluation components specific to Communities Mobilizing for a Change on Alcohol will be utilized.

Model #4: The Healthy Workplace

The Healthy Workplace program is a set of five workplace substance abuse prevention interventions that reduce unsafe drinking, illegal drug use, and prescription drug abuse, as well as improves the health practices of young adult and adult workers. It focuses on the mainstream of workers who are not yet substance dependent, and who still have the power to make choices about their use of substances. It is based on social learning theory – that we learn and develop our behaviors by observing and modeling the behaviors, attitudes, and emotional reactions of others. Cast in a health promotion framework and rooted in social-cognitive principles of behavior change, the program integrates substance abuse prevention material into popular health promotion programs. This defuses the stigma that accompanies substance abuse, thus removing barriers to help seeking behavior. The program: (SAMHSA Model Programs)

- ❖ Raises awareness of the benefits of healthful practices
- ❖ Highlights the hazards of using alcohol, tobacco, and illegal drugs and misusing legal drugs
- ❖ Teaches employees specific techniques for improving health and reducing use of substances

The program uses carefully constructed videos of raise self-efficacy and provide models for how healthful practices can be embraced and substance abuse reduced. Participants will learn how to assess their own substance use patterns and behaviors, reduce and control alcohol intake, develop strategies for lowering stress, plan alternative pleasurable activities and establish healthy fitness and nutritional behaviors. (SAMHSA Model Programs) Based on Pocahontas County’s mediating factors, the Healthy Workplace allows a prevention message to be distributed to the predominantly “blue collar” workforce throughout the sparsely disbursed county population. It addresses a message of the prevention of excessive alcohol use, use of marijuana and the use of illegal prescription medication which have been identified as problems based on the consumption and consequence patterns in Pocahontas County. In addition, the coalition has developed strategies to engage business participation by offering lunch, information about monetary savings to businesses by embracing a healthy workplace through the drug-free program, and by the emerging interest in the Pocahontas County community surrounding the prevention of excessive use of alcohol or illegal substances.

Evaluation components specific to The Healthy Workplace will be utilized.

Model #5: The Knowledge Mobilization Program

The Knowledge Mobilization Program (Kmb) is comprised of specific focused processes that support the effective creation, movement and tailoring of knowledge from its source to its application in the community such that consequent actions are effective and beneficial and permit action learning. The bounded knowledge to be mobilized is focused on prevention and the provision of alternative paths for youths, and through learning and shared understanding building the individual and community knowledge infrastructure for sustainable prevention. Knowledge empowers people. Expected outcomes include:

- ❖ Raised awareness of community issues and opportunities.
- ❖ Increased interactions among community members around a common theme, building a closer sense—and support—of community.
- ❖ Increase community commitment to youth education.

The Kmb program combines social marketing and action learning to influence behaviors that improve the well-being, health and contribution to society of community members.

Part V: Strategies Supporting Implementation

The strategies following have been developed to directly address the risk factors and gaps in services that have been identified and are in support the proven five model programs described above.

COMMUNITY STRATEGY

- Write a quarterly article for the county newspaper addressing the importance of increasing drug prevention efforts, and provide the community with tips on how to become involved in prevention.
- Design a community coalition website, and publish URL in all media campaigns as well as invite other community prevention groups to put their information on the site (i.e. FRN, Health Dept., Youth Center, etc.) and update information relative to model programs.
- Emphasize to county businesses the costs to employers of workers that abuse substances, and assist them in developing a drug free workplace by providing them with necessary tools.
- Build an Interfaith Prevention Program that works primarily with faith and religious groups throughout the county, building alliances and partnerships.
- Hire a qualified part-time community organizer for Model 3: Communities Mobilizing for Change on Alcohol. (Model #3)
- Form a local strategy team, develop a specific organizing strategy, select alcohol policy and enforcement targets, and mobilize citizens of the community to push for identified targets in support of Model (Model #3).
- Use coalition partners and/or trainers (part-time) to deliver facilitated interactive

small-group sessions at organizational offices or community locations to share information to work groups. (Model #4)

- Provide video-tapes, workbooks and handouts selected for specific needs of workgroups. Materials are focused around five levels of interventions: “Say Yes!”, Working People, Make the Connection, Prime Life 2000, and Power Tools. (Model #4)
- Partner with music groups throughout the county to ensure early exposure to and appreciation of music, which can activate some of the same reward systems that are stimulated by addictive drugs.

INDIVIDUAL/PEER STRATEGY

- Encourage and teach youth how to access anti-alcohol/drug messages such as posters, articles, and instant messages so they may place them at their schools, in school newsletters, share during announcements and post on personal web pages.
- Hire a part-time health care consultant. The health care provider delivers a brief annual health consultation, on an individual basis, to seventh and eighth graders concerning how to avoid alcohol use. Search through third-agers for qualified health care provider. (Model #2)

FAMILY STRATEGY

- Create and disseminate a parent resource toolkit comprised of: Information on what drugs look like, their street names and their effects, information on what to do if you find drugs, suggestions on how to talk to your child about drugs and alcohol, local resources and contact information.
- Support/disseminate information/collaborate with regard to existing youth empowerment programs. (4H, Athletic Clubs, High Rocks, Pocahontas Woods, etc.)
- Initiate and support prevention through art program in concert with educational art classes throughout Pocahontas County, including any applicable adult education venues.
- Place some of these projects on billboards, t-shirts or in other public media in order to raise awareness, while promoting community involvement.
- Mail ten facts postcards in sets of one or two per week to parents for ten weeks. (Model #2)
- Family take-home lessons. Parents and guardians are provided with four weekly take-home prevention activities they can complete with their children and return. Feedback from parents. Incentives provided to students for returned lessons. (Model #2)

SCHOOL STRATEGY

- Train a designated group of high school student representatives to utilize information from anti-drug/anti-alcohol list-serves that will in turn provide them with tips and tools on how to increase their prevention efforts at their schools.
- Coordinate at least four (4) activities within the county schools to address prevention

efforts

- Disseminate take-home lessons to fourth and fifth graders on tobacco, alcohol, marijuana and drug refusal with incentives (classroom rewards) for completion of the lessons (Model #1)
- Prepare and disseminate parent newsletters on tobacco, alcohol, marijuana and drug refusal to fourth and fifth graders. (Model #1)

STRATEGY MOBILIZATION

- Use coalition members to design a knowledge mobilization strategy combining events, publications, tools and sustainability factors. Examples might include publications such as fact sheets, interpretative materials and resource toolkits; events such as a town hall or knowledge fair; meta-tools such as stories and match-making; and sustainability tools such as a web blog or virtual learning opportunities. (Model #5)
- Distribute press releases to launch the campaign encouraging media to air as many public service announcements as possible.
- Set up informational booths at county events (health fair, festivals, etc.)
- Develop and distribute informational brochure designed to appeal to the rural population.
- Produce a video production showing the disturbing effects of drinking and driving, and then disseminate the video to interested community groups.
- Facilitate speaking engagements in the community that specifically address underage drinking.

In order to ensure success, the Coalition took a proactive approach to ensure the sustainability of both the partnership itself and the implementation of the plan. Listed, are Coalition goals that will enhance the current capacity.

- Identify and obtain additional sources of funding through government grants.
- Identify local businesses/not for profits to collaborate different funding sources.
- Engage in fundraising activities in order to support community projects.
- Maintain membership in the National Community Anti-Drug Coalition Institute to receive training relative to program sustainability.
- Develop an evaluation plan in order to map out the direction of the coalition and document progress and outcomes.
- Community coalition partners will participate in on-line training courses designed around substance/alcohol use, community coalitions or sustainability.
- Create a community awareness of issues and/or opportunities for participation in prevention activities.
- Review the plan on a bi-annual basis with the assistance of the project coordinator.
- Hold quarterly meetings to assess program strengths, weaknesses, opportunities and threats
- Collect new data to compare potential changes in the risk factors.
- Provide several forums for feedback from all county stakeholders (ie. website, questionnaire's)

- Collect anecdotes from all sources of stakeholder participation (all county websites, newspaper, personal stories, etc.)
- Conduct after-action reviews during community meetings.

Part VII: Evaluation/Assessment of Implementation

Assessment is the process of using measures or indicators to judge progress toward achieving predetermined goals, including efficiency, quality, outcomes and the effectiveness of specific actions and activities in terms of their contribution to the overall objective. (Bennet, 2006). The Pocahontas County Prevention Coalition is still in the start-up phase, and the goals are to generate interest and support, so there is a high value on measures that demonstrate interest such as anecdotes and levels of participation. (O'Dell, 2001)

As a part of the assessment or evaluation of the implementation strategies, the Coalition will

- ❖ Review the plan on a bi-annual basis with the assistance of the project coordinator.
- ❖ Hold quarterly meetings to assess program strengths, weaknesses, opportunities and threats, and report to Coalition.
- ❖ Collect new data to compare potential changes in the risk factors through surveys, questionnaires and blog feedback and compile annually to report to Coalition.
- ❖ Provide several forums for feedback from all county stakeholders (ie. website, questionnaire's) and compile feedback for report annually to Coalition.
- ❖ Collect and compile anecdotes from all sources of stakeholder and report to Coalition annually on participation and feedback (all county websites, newspaper, personal stories, etc.)
- ❖ Conduct after-action reviews during community meetings.
- ❖ Participate in and provide information for a Community Level Instrument that is intended to document community partner activities and the implementation of prevention strategies.
- ❖ Collect information/data for community level national outcome measures. This data will be mapped and reported to the Center for Substance Abuse Prevention.

The Coalition evaluation plan relies on a mixed methods approach, and brings together both quantitative and qualitative methods. This will increase the soundness of our findings by allowing us to examine the same experience/event in diverse ways.

Data collected by the Coalition or individuals, will follow an informed consent process if necessary and all personnel collecting data will review the Guide to Informed Consent at: <http://www.fda.gov/oc/ohrt/irbs/informedconsent.html> as well as http://www.cms.hhs.gov/HIPAAGenInfo/01_Overview.asp#TopOfPage which provides an overview to the HIPPA laws and information. Whenever possible, the Coalition will utilize extant data which will provide a cost effective alternative while allowing the Coalition to grow in other domains.

The implementation models and strategies proposed cut across the population of Pocahontas County in a variety of ways. They address community, individual/peer, family and school groups. They focus on upper elementary, junior high and high school youth as well as touching adults in the workforce. Finally, the models and strategies are universal,

geared toward a wide-spread stakeholder group, with planned knowledge mobilization activities that will provide opportunities for interactions across age and economic boundaries. These interactions among community members will begin to weave the community together around a common theme that directly impacts all of their lives.

Summary Thoughts

Pocahontas County is a beautiful place to live, and the natural environment is just one of many factors that contribute to our reputation. At the same time, the reality is that we struggle with the destructive consequences resulting from the consumption of alcohol and illegal substances, and have few community resources to muster a response. Pocahontas County exceeded the state average in 17 of 33 indicators, identifying Pocahontas as one of the top ten, high need counties.

The Pocahontas County Prevention Coalition has committed its resources to planning for and building a safe, vibrant and healthy community. This involves identifying and understanding our problems, finding common ground, and working together to find solutions. The strengths of our coalition members, community educators, parents, business owners and substance abuse professionals resulted in an aggressive prevention plan which will help create an environment where every person is supported by our efforts. Our mission statement is to implement and facilitate school, family and community partnerships and to promote a safe and drug-free lifestyle for the well-being of all county residents.

To lead our community in the desired direction requires a connectedness of choices. This means that decisions made by the Coalition are clearly based not only on a defined direction for the future, but made in a cohesive fashion based on an understanding of both why that direction is desirable and the role that each individual decision plays with respect to immediate objectives and how well they support the shared vision. The Pocahontas County Prevention Coalition will succeed by realizing that the theoretical force behind this connectedness of choices is a common set of beliefs and values nurtured through knowledge and sharing across trusted networks. These interactions among community members will begin to weave the community together around a common theme that directly impacts all of their lives.

The unique relationships and networks developed over time between the Coalition, community leaders and community members of all ages will provide a foundation for trust and respect that supports the seeding of new ideas. This trust will be, in Pocahontas County, a valuable, almost sacred, capital.

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