Background

This project was conducted as part of the Strategic Prevention Framework Statewide Incentive Grant (SPF SIG) awarded to the Minnesota Department of Human Services, Alcohol and Drug Abuse Division in 2008. Seven community-based organizations and local government agencies are using the 5-step SPF process to select, implement and evaluate effective, culturally appropriate, and sustainable prevention activities to address the issues of underage drinking and binge drinking among youth (grades 6-12) and young adults (ages 18-25). See poster presentation #309622 for more information about Minnesota’s SPF SIG process. As part of the planning phase, coalitions worked to identify a high-risk subpopulation, a population of youth and/or young adults within their community who are at higher risk of substance abuse.

The Process

Each coalition identified a “high-risk subpopulation” that is at higher risk for underage and binge drinking.

Review possible sub-populations at higher risk

First, coalitions reviewed lists from published literature of youth and young adults experiencing specific risk factors that may put them at higher risk of alcohol abuse.

Coalitions examined state data for subgroups that reported the highest rates of past 30-day alcohol use and binge drinking. The coalitions also examined qualitative data from community leaders about community leaders’ perceptions of which subpopulations were at higher risk of underage or binge drinking in their community and the reasons why.

Select target population

Once data were obtained from all possible subpopulations, coalitions identified three to explore further. The prioritized one high-risk subpopulation, based on the:
- size of the population,
- data available about the population’s rate of alcohol abuse,
- community’s capacity to serve the population, and
- ethical considerations in working with the population.

Determine data needs

To find out more about the selected high-risk subpopulation, Wilder Research provided each coalition a recommendation on appropriate data collection methods based on the ethical and practical considerations:
- Potential risks to the population of conducting direct data collection.
- Extent national data or literature was available.
- Whether information could be best obtained from the population directly or “experts” in the field.
- Whether the population could be easily identified and surveyed, and whether they were likely to share information in a group setting or meet as a group.

Collect, analyze and report data

Wilder Research worked with each coalition to either collect data or the coalition in collecting their own data. Options for collecting data included:
- Direct data collection with the target population (surveys or focus groups)
- Literature review
- Key informant interviews with people knowledgeable about the target population
- Secondary data analysis

Wilder analyzed and reported on data collected or provided consultation so coalitions could conduct those tasks themselves.

Develop implementation strategies

Coalitions are using the information gathered to help determine strategies for serving their selected high-risk subpopulation. They have until June 2015 to determine and implement selected strategies.
Examples

Second generation immigrant youth and young adults

This community has seen a large increase in immigrant families and is concerned immigrant youth/young adults abuse alcohol at higher rates than their parents because they have been “acculturated” into American norms.

Data collection challenges and strategy

Research goal: Identify how much and how often second generation immigrants use alcohol and how culture and acculturation influence their use of alcohol.

Research method: The coalition held three focus groups with the Sudanese, Somali, and Hispanic communities (15 youth and young adults total).

Focus groups with immigrant youth and young adults were chosen because:

- Second generation immigrants may be more likely to speak English, making direct data collection less costly.
- Youth/young adults may be easier to reach through group events/activities geared toward their cultural group.
- Their parents/elders are unlikely to be able to speak to experience of the next generation.

Key findings

- Hispanic families tend to be very close knit and alcohol use is acceptable among adults (18+) at birthday parties, baptisms, and other family gatherings. Some parents allow their underage children to drink.
- The Muslim religion prohibits alcohol use, making drinking “taboo” in the Somali and Sudanese communities. As such, community members (youth and adults) that use alcohol are usually separated from their families and communities or use alcohol secretly.
- Alcohol may be more accessible to youth here than it was in their home countries.

Youth and young adults with mental health concerns

Both national and local data sources indicate mental health concerns and alcohol abuse often co-occur.

Data collection challenges and strategy

Research goal: Identify services available in the community to serve those with mental health issues and gaps in services.

Research method: Wilder Research conducted interviews with 11 key informants identified by the coalition.

Direct data collection with youth and young adults with mental health concerns was considered impractical and potentially unethical because:

- They may be undiagnosed or unlikely to identify themselves as having mental health issues for fear of being stigmatized by their peers.
- Mental health issues can make it more challenging for youth and young adults to participate in surveys or focus groups.
- Consent forms would need to be obtained from parents, and possibly medical professionals.
- Direct data collection could cause more harm to this already vulnerable population.

Key findings

Key informants believe youth and young adults with mental health concerns . . .

- Have higher rates of substance use
- Primarily use substances to self-medicate or fit in with their peers.

Underlying mental health concerns need to be appropriately diagnosed and treated in order to help prevent substance abuse among this population. Potential strategies include identifying students with potential mental health issues in later elementary ages and providing low-cost services or better insurance to make mental health services more affordable.