



## Hanover Cares

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Annual Evaluation Report  
October 1, 2021 – September 30, 2022

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## Executive Summary

Hanover Cares (Coalition) is actively working to reduce substance misuse and improve mental health in Hanover County, Virginia. The Coalition has committed to addressing issues related to marijuana, opioids, over-the-counter medicines (OTC), suicide prevention/mental health, tobacco/nicotine, underage drinking, and general alcohol, tobacco, and other drug (ATOD) use.

The Coalition contracted with Epiphany Community Services (ECS) to provide evaluation services using the prescribed Centers for Disease Control and Prevention's methodology for coalitions and collaboration. ECS constructed findings with data the Coalition staff entered into the REACHing Software data collection system to create a picture of the Coalition's activities, organizational changes, and key events.

During this reporting period, October 1, 2021 – September 30, 2022, the Coalition entered 903 outputs. The primary area of focus for the Coalition during the past year was general ATOD. In the past year, the Coalition reported:

- Thirty-six (36) services provided to 18,318 individuals, primarily focused on opioids
- Eight hundred six (806) media outputs that created 70,607 media impressions focused on general ATOD and suicide prevention/mental health
- Sixty-one (61) data entries for resources generated, including \$7,556 in volunteer time and \$8,514 in in-kind donations, for a total value of \$16,070

The Coalition had 101 organizational improvements, which involved staff attending conferences and training.

In the past two years, general ATOD appears to have been the focus of the Coalition's work:

- Over a third of the media entries (387 of 934) targeted general ATOD.
- Seventy-nine percent (79%) of the resources generated (56 of 71) were from general ATOD.

The Coalition's successes included:

- Increasing the number of REACH entries from 2021 to 2022 by over six-fold (148 in 2021 to 903 in 2022)
- Adding new focus areas to the logic model in 2022 - OTC and suicide prevention/mental health
- Hiring a new Executive Director
- Delivering "You Are Worthy" resource bags to the fire department, EMS, and local hospital
- Distributing stuffed medication lockboxes and pharmacy bags
- Providing REVIVE training
- Holding focus groups at Mechanicsville, Atlee, and Ashland libraries

Recommendations for the future include:

- Continue to diversify the strategies used. Currently, 2% of the Coalition's efforts use environmental strategies. The use of environmental strategies is critical to creating community-level behavior changes. As the Coalition develops its action plan, attention should be paid to strategy distribution. The Coalition did not report the use of the environmental strategy of modifying/changing policies or physical design in 2022.
- Focus efforts on implementing community actions and changes that target Coalition priorities. There were no community actions or community changes for the current reporting year. Both community actions/changes and environmental strategies are the foundations for creating long-term community change.
- If schedules permit, invite youth members to attend Coalition meetings. The youth voice can add an additional level to the Coalition's comprehensive prevention approach. Additionally, increased youth engagement within the larger Coalition may strengthen the engagement of adult members.
- Continue to develop and nurture partnerships to expand community work. Leverage these partnerships to develop relationships with other community organizations.
- The Coalition has been successful in logging media entries for their chosen areas of focus; however, media outputs were 89% of the outputs generated for the current reporting year. To diversify the Coalition's work and create change in the community, it is recommended that more focus be put on other output types, especially community actions and community changes.
- Review and update existing logic models as needed. The Coalition has done well concentrating on all seven chosen areas of focus in the past year; however, putting more emphasis on the work done around OTC and marijuana would be beneficial.
- Continue to work with Coalition leadership and members to provide training and technical assistance opportunities to build the capacity and infrastructure of the Coalition.

# Introduction

Hanover Cares (Coalition) is actively working to reduce substance misuse and improve mental health in Hanover County, Virginia. During the past year, the Coalition has committed to addressing issues related to marijuana, opioids, over-the-counter medicines (OTC), suicide prevention/mental health, tobacco/nicotine, underage drinking, and general alcohol, tobacco, and other drug (ATOD) use.

The logic model below was created to identify long-term areas of focus, intermediate root causes, and short-term local conditions impacting the Coalition’s focus areas in the community:

Figure 1. Coalition Logic Model 2022

Area of Focus	Risk Factor	Local Condition
Tobacco/Nicotine	Access	
	Low Parental Disapproval	
	Low Perception of Harm	
Marijuana	Availability	Older siblings and friends provide
	Favorable Youth Attitudes	Youth use marijuana in school
Underage Drinking	Availability	Alcohol is accessible in their home or friends' homes
	Favorable Parental Attitudes	Parents do not have or enforce no alcohol use rules and consequences
		Parents provide alcohol to youth in the home
	Perception of Risk	
Opioids	Access/Availability	
	Low Perception of Harm	
	Low Community Awareness/Readiness	
Mental Health/Suicide Prevention		
General ATOD Use		
Over-the-Counter Medicine (OTC)	Low Community Awareness/Readiness	
	Low drug label literacy	

The Coalition contracted with Epiphany Community Services (ECS) to provide evaluation services using the prescribed Centers for Disease Control and Prevention’s methodology for coalitions and collaboration. This methodology tracks what the Coalition does (outputs) in relation to what happens in the community (outcomes).

Using data entered by the Coalition staff into the REACHing Software data collection system and observations made by ECS staff, this report presents findings for the Coalition’s areas of focus. First, the data is examined for the past 12 months, then comparatively over the past two years. It also includes contributions, if any, to the community that can be connected to the work of the Coalition. Finally, this report includes organizational changes and key events that happened between October 1, 2021 and September 30, 2022. In this report, this time period is referred to as “2022”. Currently, the Coalition has two (2) entries pending correction. This work is not included in the report.

## Coalition Outputs

Coalitions seek to change the environment in which the issues of focus happen in the community by:

- Changing choices (COMMUNITY ACTION and COMMUNITY CHANGE)
- Changing the conversation (MEDIA)
- Mobilizing the community (RESOURCES GENERATED)
- Providing prevention services to individuals (SERVICES PROVIDED)

**Community actions** facilitated by the Coalition ultimately lead to community change. Typically, a coalition will organize and implement several community actions to create one community change. Community actions may include meetings with policymakers or advocacy efforts to change a policy, program, or practice. These community actions, facilitated by or on behalf of the Coalition, focus on the areas identified by the Coalition.

**Community changes** are modifications facilitated by the Coalition that affect choices related to impacting coalition priorities by new or modified policies, practices, or programs. Changes can include the first time a program is implemented, the change/modification of a program, the addition of new coalition members, or changes in the physical design of the environment.

**Media** are designed to change the conversation by increasing awareness. Coalitions use various media, including billboards, internet ads/articles/websites, newsletters/flyers, newspaper articles, social media postings, or tv/radio advertisements/stories. Evaluators count the number of media outputs as well as the number of media impressions for each area of focus. For example, if the Coalition creates and posts something on Facebook, the post is one output, and the number of individuals who view the post count as media impressions.

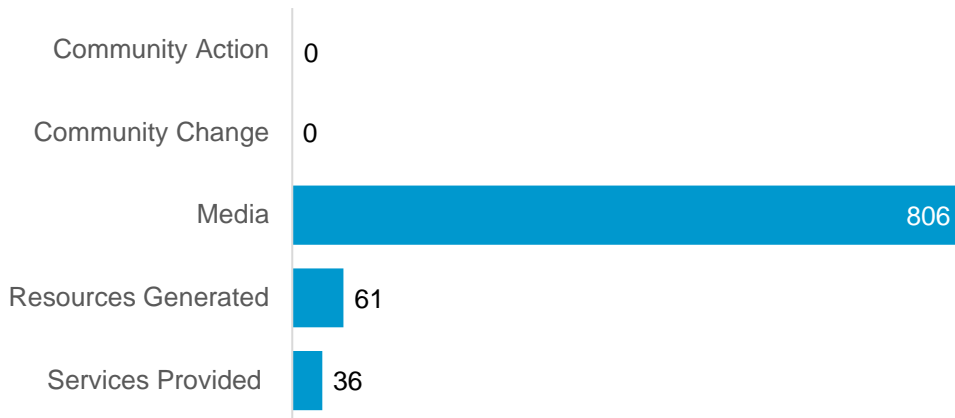
**Resources generated** involve mobilizing the community to support coalition priorities. Resources include funds raised through grants, donations, volunteer time, and in-kind gifts. They can be used to support a variety of coalition needs, including personnel, supplies, training, technology, etc.

**Services** are coalition-facilitated or coordinated activities designed to change individuals. Coalitions provide or coordinate services to build capacity or promote behavior change. Services include training, workshops, and screenings. Services can be classified as preventative or capacity-building.

As illustrated in Figure 2 on the next page, throughout 2022 the Coalition entered 903 outputs. These outputs consisted of the following:

- Zero (0) community actions
- Zero (0) community changes
- Eight hundred six (806) media outputs; 70,607 media impressions
- Sixty-one (61) data entries for resources generated (\$8,514 in-kind and 260 hours of volunteer time valued at \$7,556)
- Thirty-six (36) services provided; 2,262 hours of service to 18,318 individuals

Figure 2. Total number of outputs by type (October 2021 - September 2022)



## Areas of Focus

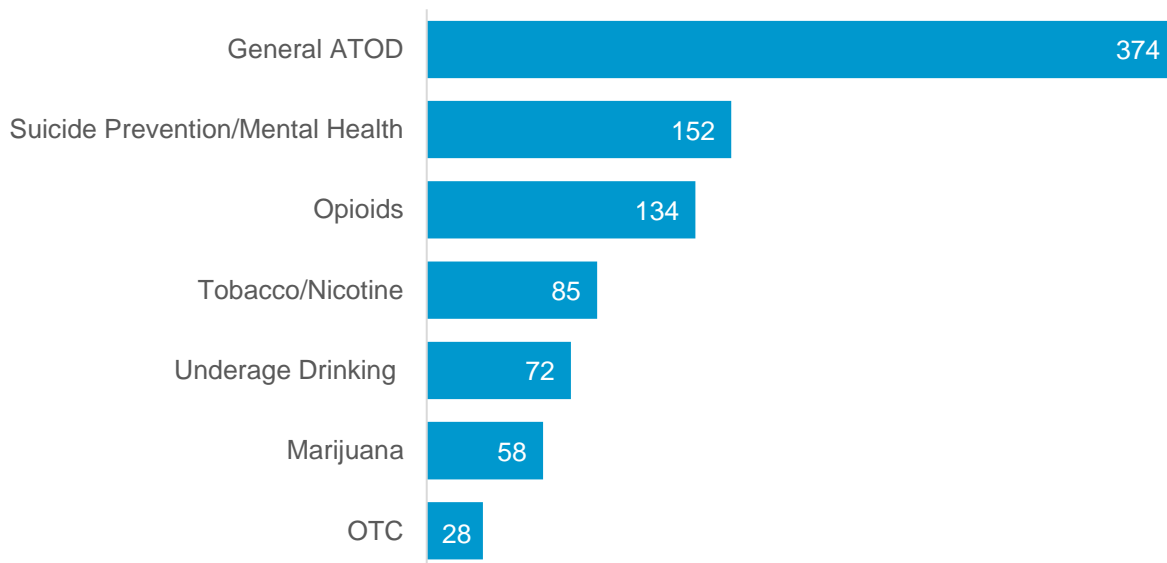
The Coalition has committed to addressing issues related to six (6) focus areas:

- Marijuana
- Opioids
- OTC
- Suicide Prevention/Mental Health
- Tobacco/Nicotine
- Underage Drinking

Additionally, the Coalition engages in strategies to address general ATOD use.

The following paragraphs examine the outputs facilitated by the Coalition to support each area of focus during 2022. See Figure 3 for a breakdown of outputs by area of focus.

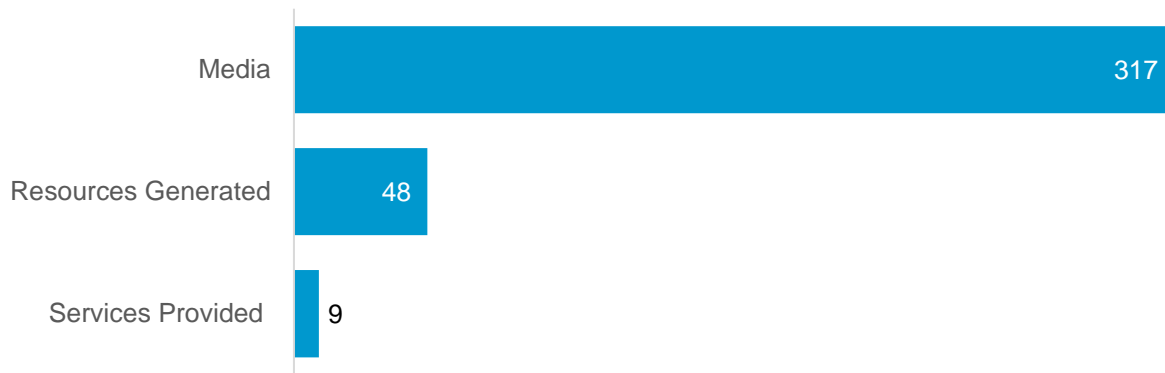
Figure 3. Number of total outputs by area of focus (October 2021 - September 2022)



## General ATOD

The primary area of focus addressed by the Coalition during the past year was general ATOD (41%, 374 of 903 outputs). The Coalition entered 317 media outputs designed to change the conversation, which resulted in 34,377 media impressions. Additionally, the Coalition generated 48 resources. This included \$8,311 in-kind and \$5,501 for 189 volunteer hours. Finally, nine (9) services were provided that served 155 individuals. There were no community actions or community changes for this area of focus. See Figure 4.

Figure 4. Number of outputs by type for general ATOD (October 2021 - September 2022)



The list below provides examples of efforts to address general ATOD, but it may include only some of what the Coalition did related to this focus area in 2022.

### General ATOD

- |                     |   |
|---------------------|---|
| Media               | <ul style="list-style-type: none"><li>• Distributed monthly Coalition newsletter</li><li>• Posted on Coalition social media pages about general ATOD use prevention and upcoming events</li></ul>                     |
| Resources Generated | <ul style="list-style-type: none"><li>• Volunteers participated in Coalition meetings and information-sharing events</li><li>• Held meetings with community partners to discuss plans for the upcoming year</li></ul> |
| Services Provided   | <ul style="list-style-type: none"><li>• Held focus groups at Mechanicsville, Atlee, and Ashland libraries</li><li>• Hosted “Silent No More” virtual event</li></ul>   |

## Suicide Prevention/Mental Health

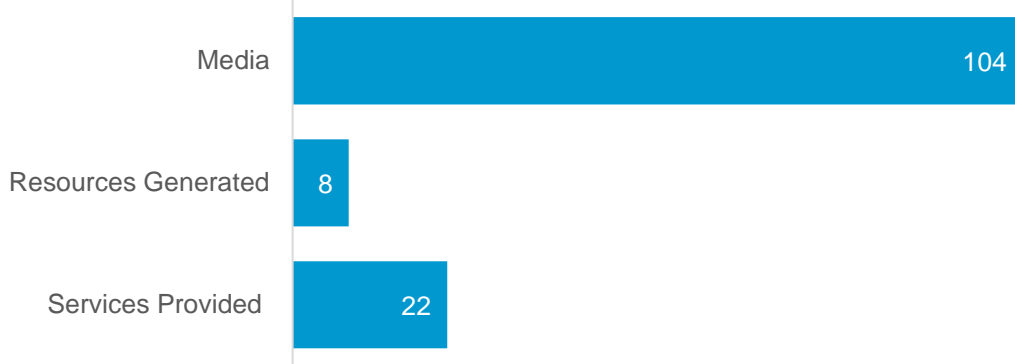
The secondary focus of Coalition activity during the past year was Suicide Prevention/Mental Health (17%, 152 of 903 outputs). The Coalition generated 149 media outputs for this area of focus, resulting in 14,799 media impressions. These outputs included social media posts supporting mental health awareness, understanding teen mental health issues, and suicide prevention. Additionally, the Coalition provided three (3) services, a total of 172 hours of service to 76 individuals, including distributing gun locks and providing adult Mental Health First Aid training. There were no community actions, community changes, or resources generated for this area of focus.



## Opioids

The next area of focus addressed by the Coalition during the past year was opioids (15%, 134 of 903 outputs). One hundred four (104) media entries designed to change the conversation resulted in 7,878 media impressions. Additionally, the Coalition generated eight (8) resources. This included \$87 in-kind and \$1,997 for 69 volunteer hours. Finally, 22 services were provided to prevent opioid misuse, serving 18,063 individuals. There were no community actions or community changes for this area of focus. See Figure 5.

Figure 5. Number of outputs by type for opioids (October 2021 - September 2022)



The list below provides examples of efforts to address opioids, but it may not include everything the Coalition did related to this focus area in 2022.

### Opioids

- |                     |   |
|---------------------|---|
| Media               | <ul style="list-style-type: none"><li>• Created digital media with information on ways to curb the opioid crisis, ways to reduce overdose deaths, and other opioid-related content</li></ul>  |
| Resources Generated | <ul style="list-style-type: none"><li>• Volunteers attended Hanover Opioid Task Force meetings</li></ul>  |
| Services Provided   | <ul style="list-style-type: none"><li>• Attended Recovery Fest event</li><li>• Delivered “You Are Worthy” resource bags to the fire department, EMS, and local hospital</li><li>• Distributed stuffed medication lockboxes and pharmacy bags</li><li>• REVIVE training provided</li></ul> |

## Tobacco/Nicotine

The Coalition also addressed tobacco/nicotine (9%, 85 of 903 outputs) during the past year. Eighty-three (83) media outputs were generated, resulting in 5,621 impressions. These outputs included creating digital media that promoted the Coalition's tobacco/nicotine work and updated statistics. Lastly, two (2) services provided served 24 individuals, including conducting retail tobacco assessments and merchant education. No community actions, community changes, or resources generated were recorded for this focus area.

## Underage Drinking

Another focus area of the Coalition during the past year was underage drinking (8%, 72 of 903 outputs). There were 71 media outputs designed to change the conversation, resulting in 4,135 media impressions. These media outputs included a YouTube video created by Teens Care Too members that discourages underage drinking. The Coalition generated one (1) resource to decrease underage drinking, including \$26 in-kind, by holding a community education and outreach committee meeting. There were no community actions, community changes, or services provided for this area of focus.

## Marijuana

The Coalition also addressed marijuana use (6%, 58 of 903 outputs). There were 54 media outputs resulting in 2,405 impressions, including content created for the Coalition's social media pages with relevant facts on the risks of cannabis use, edibles, and how to talk to a child about marijuana use. In addition, the Coalition generated four (4) resources (\$87 in-kind and \$58 for two (2) hours of volunteer work). No community actions, community changes, or services provided were recorded for this focus area.

## OTC

The final area addressed by the Coalition during the past year was OTC or over-the-counter drug use (3%, 28 of 903 outputs). For this area of focus, there were 28 media outputs resulting in 1,392 impressions from posting on Coalition social media pages about the risks of improper storage of OTC and tips for proper medication storage. There were no community actions, community changes, resources generated, or services provided for this focus area.

## Strategies

Seven strategies have been found to promote behavior change effectively; using various strategies appears to have the greatest impact on a community. Researchers divide strategies into two levels: individual and environmental. While individual-level strategies impact one person, environmental-level strategies impact the community.

Individual strategies include:

- Providing information (through brochures, flyers, internet, etc.)
- Building skills (through workshops, webinars, trainings, etc.)
- Providing support with activities that reduce risk or expand protection

Environmental strategies include:

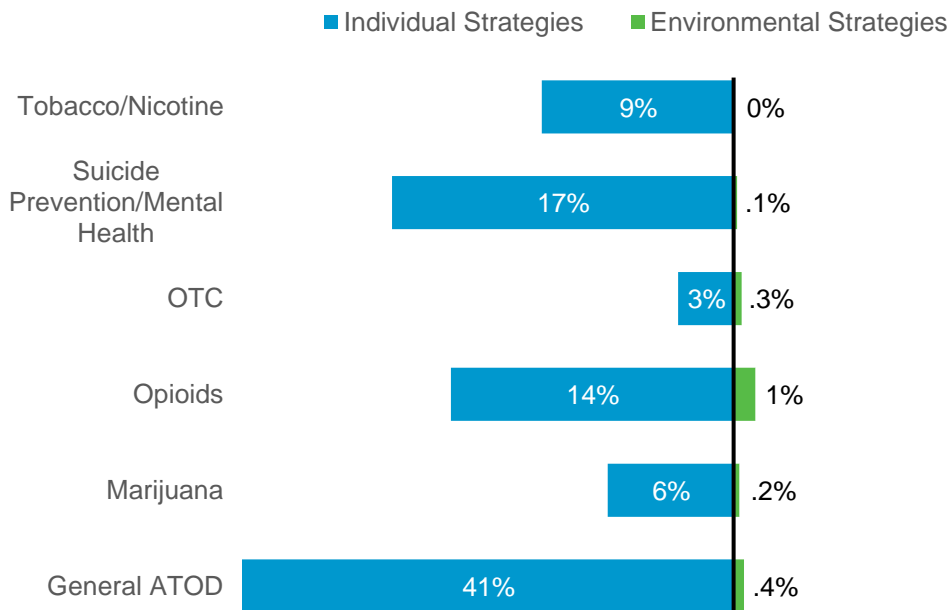
- Increasing access, or reducing barriers, to protective systems and services
- Changing consequences by altering the consequences for performing that behavior or increasing incentives to promote the behavior
- Changing the physical design of the environment to reduce risk or enhance protection
- Changing policies, rules, practices, or procedures

From the data in the REACHing Software system, the strategies used by the Coalition during the reporting period were:

- Providing information (89%)
- Enhancing skills (5%)
- Providing support (4%)
- Enhancing access/reducing barriers (2%)
- Changing consequences (0.4%)

During the reporting period, 2% of the Coalition’s activities used environmental strategies. Figure 6 below illustrates the strategies used by the area of focus. The strategies of changing policy and physical design were not reported. A complete table of strategies used by the focus area can be found in the Appendix.

Figure 6. Strategies used by Coalition (October 2021 - September 2022)



## Organizational Improvements

In addition to serving the community, the Coalition made organizational improvements to strengthen internal functions. Organizational improvements are classified in three ways:

1. Organizational change (includes changes to by-laws, new hires, etc.)
2. Training
3. Technical assistance

The Coalition recorded 101 organizational improvements from October 1, 2021 to September 30, 2022, including:

- Attending the ACE Interface leadership training
- Attending the Young Adult Survey Omni training
- Attending Community Coalitions of Virginia Strategic Planning Visioning workshop
- Selecting a new Executive Director for the Coalition
- Receiving ongoing technical assistance from ECS

## Key Events

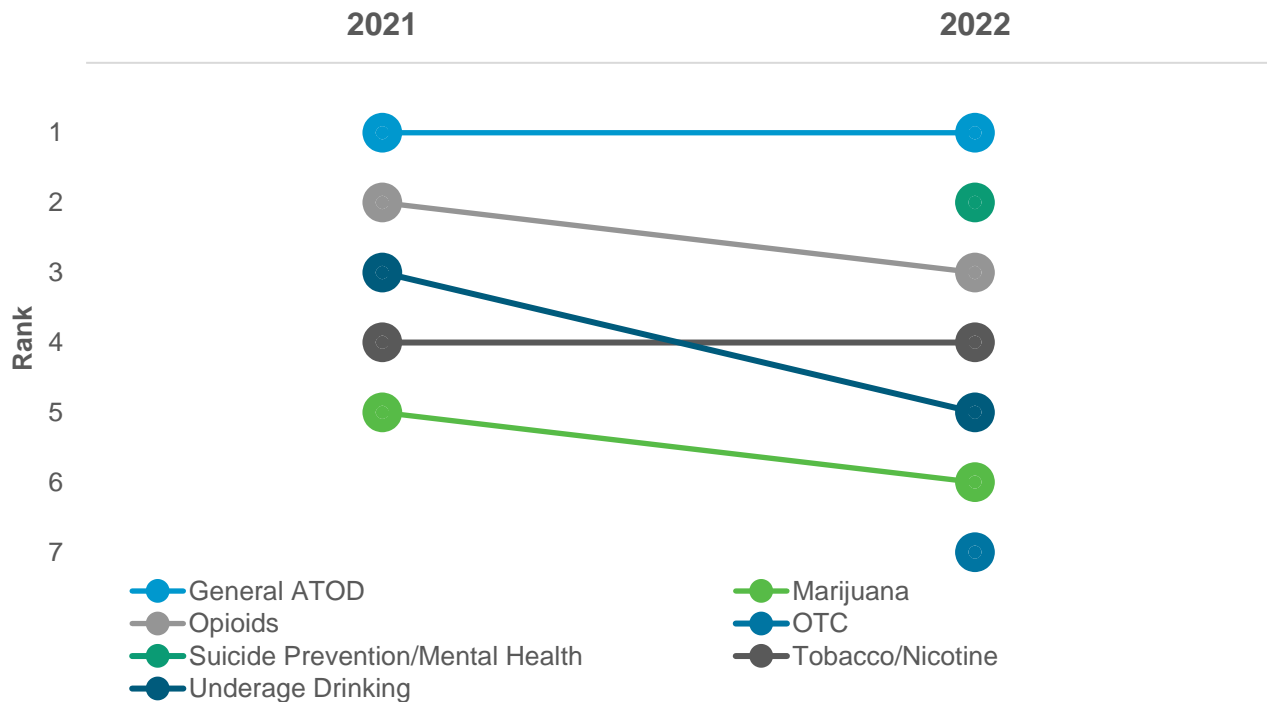
Key events may impact the work of the Coalition. They typically are not the work of the Coalition, although coalition activities may have been an influence. Key events can be both helpful and harmful to coalition efforts. The Coalition reported no appropriate key events during the past year.

## Data Trends (2021 – 2022)

### Outputs in Relation to Area of Focus

During the last two years, the Coalition’s work focused on seven areas; however, the Coalition has concentrated its efforts primarily on addressing general ATOD. Of 1,051 outputs, 43% (457) were for general ATOD. See the Appendix for a breakdown of outputs in relation to the area of focus. As illustrated in Figure 7, Coalition members focused most of their time on general ATOD from 2021 – 2022. Opioids changed from the secondary area of focus in 2021 to the third in 2022. Tobacco/nicotine remained the fourth focus area in both years. Lastly, marijuana changed from the fifth area of focus to the sixth in 2022.

Figure 7. Coalition output rankings by area of focus and year (2021 – 2022)\*



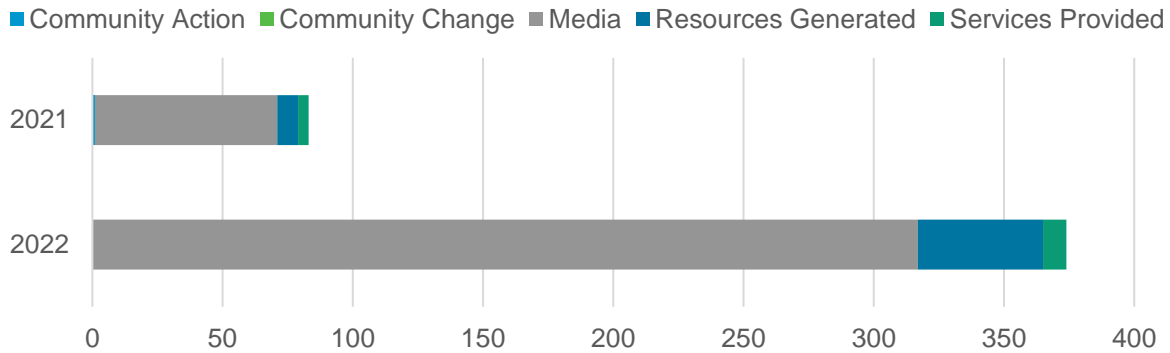
\*OTC and suicide prevention/mental health were not added until 2022.

### General ATOD

Over the last two years, Coalition members have focused most of their time addressing general ATOD (457 of 1,051 outputs, or 43%). There was one (1) community action for this area of focus. The Coalition generated 387 media outputs to change the conversation, resulting in 40,142 media impressions. To decrease general ATOD use, the Coalition generated 56 resources, including \$8,456 in-kind and \$6,142 for 211 volunteer hours. Lastly, the Coalition provided 13 services to 283 individuals. See the Appendix for a table of output types for this focus area. As illustrated in

Figure 8, the Coalition has addressed general ATOD primarily through media (85%) and resources generated (12%).

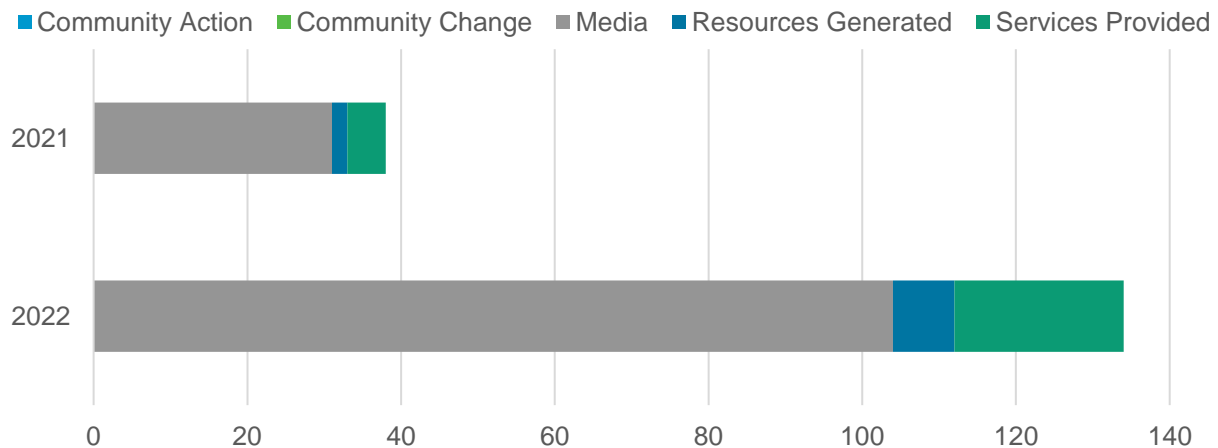
Figure 8. Number of outputs by type for general ATOD (2021 – 2022)



### Opioids

The secondary area of focus addressed by the Coalition during the past two years was opioids (16%, 172 of 1,051 outputs). There were 135 media outputs designed to change the conversation, which resulted in 13,668 media impressions. Additionally, the Coalition generated eight (8) resources. This included \$117 in-kind and \$2,435 for 84 volunteer hours. Finally, 22 services were provided to 18,087 people. See the Appendix for a table of output types for this focus area. As illustrated in the figure below, the Coalition has worked to prevent opioid misuse primarily through the media (78%), services provided (16%), and resources generated (6%).

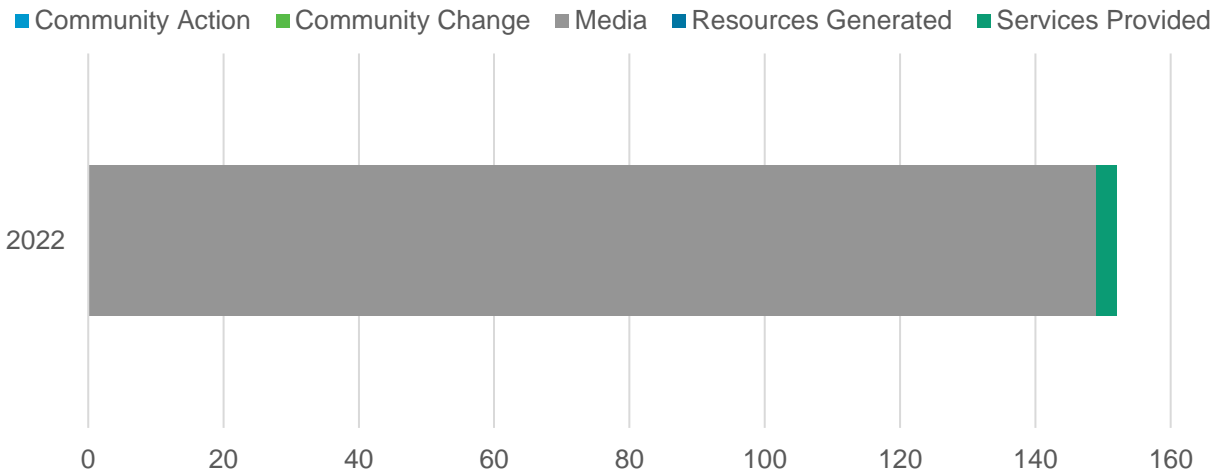
Figure 9. Number of outputs by type for opioids (2021 - 2022)



### Suicide Prevention/Mental Health

The third area the Coalition focused on over the past two years was suicide prevention/mental health (14%, 152 of 1,051 outputs). The Coalition’s work in this area did not begin until 2022. There were 149 media outputs designed to change the conversation, which resulted in 14,799 media impressions. Additionally, the Coalition provided three (3) services to support suicide prevention/mental health to 76 people. See the Appendix for a table of output types for this focus area. In the past year, the Coalition primarily supported suicide prevention/mental health through media (98%). See Figure 10 on the next page.

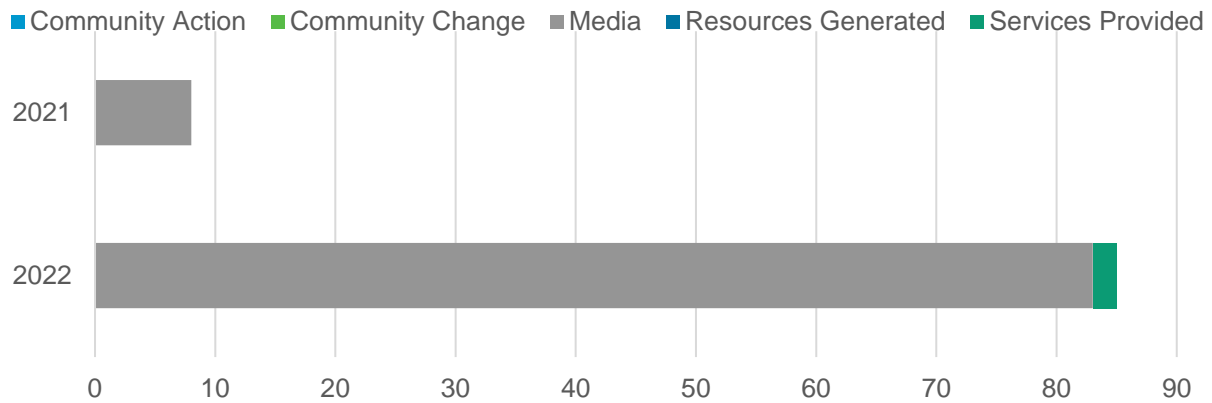
Figure 10. Number of outputs by type for suicide prevention/mental health (2022)



### Tobacco/Nicotine

During the past two years, the Coalition also addressed tobacco/nicotine (93 of 1,051 outputs, or 9%). There were 91 media outputs designed to change the conversation, which resulted in 5,969 media impressions. Additionally, the Coalition provided two (2) services to prevent tobacco/nicotine use. See the Appendix for a table of output types for this focus area. As illustrated in the figure below, the Coalition has addressed tobacco/nicotine primarily through media (98%).

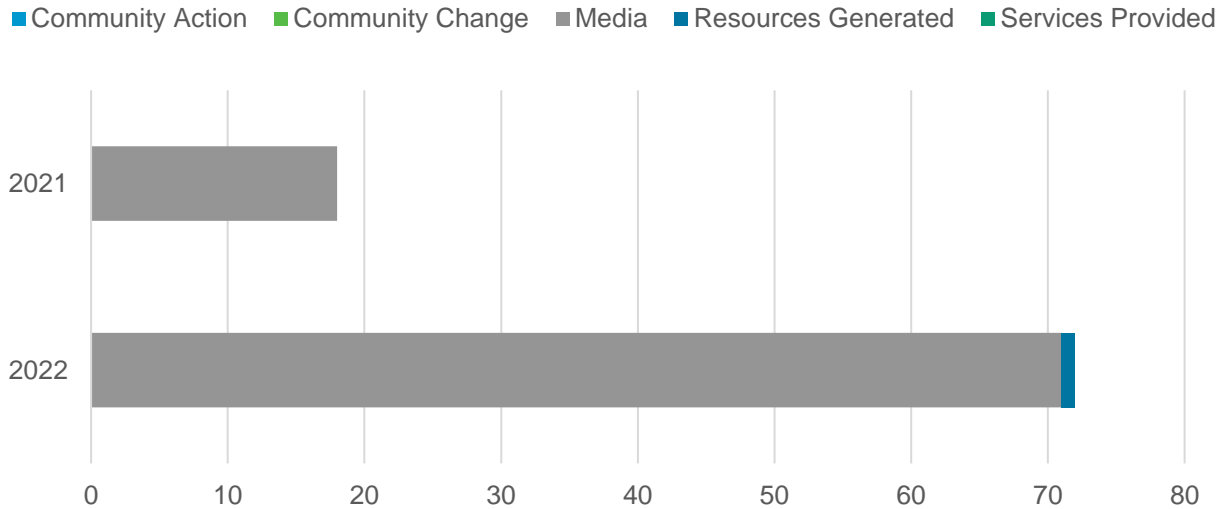
Figure 11. Number of outputs by type for tobacco/nicotine (2021 - 2022)



### Underage Drinking

During the past two years, the Coalition addressed underage drinking (9%, or 90 of 1,051 outputs). There were 89 media outputs (5,194 media impressions) to change the conversation. Additionally, the Coalition generated one (1) resource. See the Appendix for a table of output types for this focus area. As illustrated in the figure on the following page, the Coalition has addressed underage drinking primarily through the media (99%).

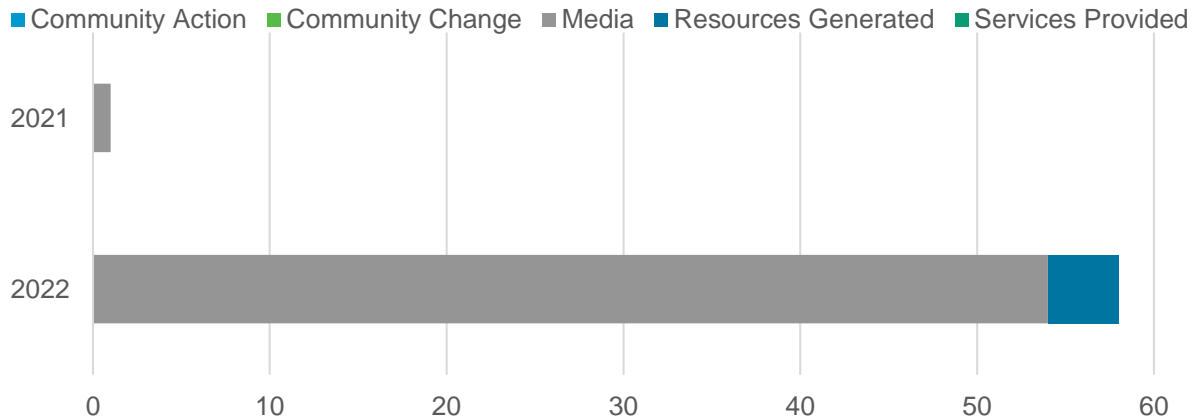
Figure 12. Number of outputs by type for underage drinking (2021 - 2022)



### Marijuana

In the past two years, the Coalition has also engaged in efforts to prevent youth marijuana use (59 of 1,051 outputs, or 6%). There were 55 media outputs to change the conversation (2,444 media impressions). Additionally, the Coalition generated four (4) resources, including \$87 in-kind and \$58 for two (2) volunteer hours. See the Appendix for a table of output types for this focus area. The Coalition addressed marijuana primarily through media (93%). See Figure 13.

Figure 13. Number of outputs by type for marijuana (2021 - 2022)



### OTC

Over-the-counter (OTC) drug use was added to the Coalition's logic model in 2022. In total, there were 28 outputs, all media, making up 3% of the 1,051 total outputs. This resulted in 1,392 impressions. See the Appendix for a table of output types for this focus area.

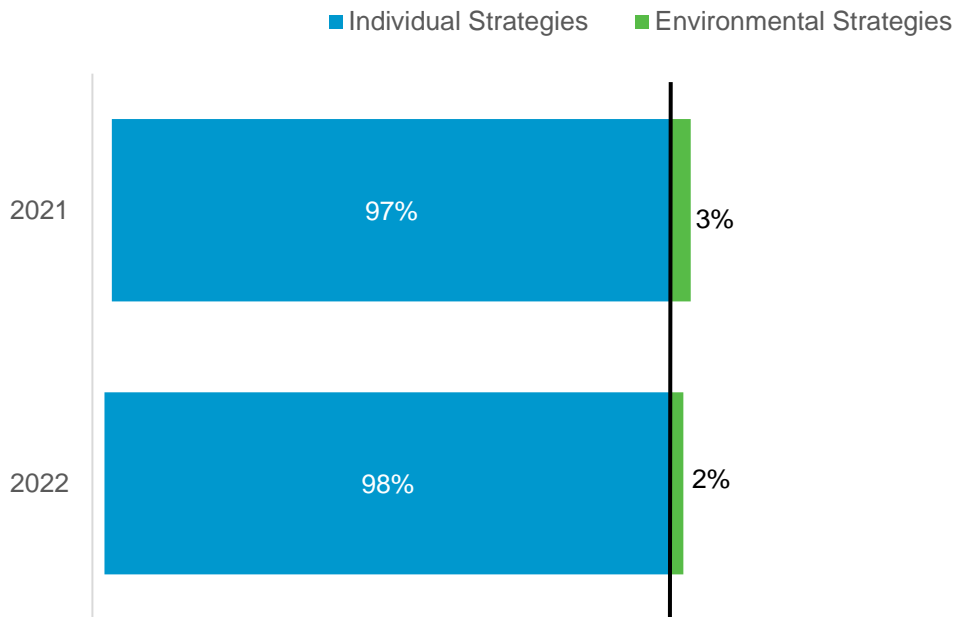
## Multi-Year Strategy Use

Using a variety of individual and environmental strategies allows a coalition to fashion its intended impact. Of the 1,051 outputs generated by the Coalition, the three strategies the Coalition used most often were:

- Providing information (88%)
- Enhancing skills (6%)
- Providing support (4%)

Over the past two years, 2% of the Coalition's activities used environmental strategies. See the Appendix for a table of outputs by strategy and year. Research indicates that coalitions must use environmental strategies to see a community-level change. Due to the Coalition's low percentage of environmental strategies, it would be helpful to implement additional environmental strategies in relation to the individual strategies used. Figure 14 illustrates the individual versus environmental strategies for the past two years.

Figure 14. Individual vs. environmental strategies by year (2021 - 2022)



## Contribution to Community Outcomes

ECS uses contribution analysis to explore a coalition's impact on the area of focus identified in its logic model. Contribution analysis verifies changes to the area of focus/root causes/local conditions outlined in the coalition logic model. It is used when multiple program activities and key events are occurring over an extended period. The contribution is inferred based on the results of the outputs as aligned with the logic model. Evaluators ask, "To what extent and in what ways have the program activities contributed to observed community outcomes?" (Mayne, 2008; Patton, 2012)



To complete this analysis, a coalition must report a significant dedication of effort towards an area of focus/root cause/local condition. A coalition must meet the following criteria:

- At least 10% of the current report year is related to an area of focus/root cause/local condition
- At least 19 community changes for an area of focus, 13 for a root cause, or 6 for a local condition over the past five years, as identified by the current logic model
- A minimum of three data points

While the Coalition has focused more than 10% of the current reporting year on opioids and suicide prevention/mental health, they did not have the required number of community changes for an area of focus, root cause, or local condition for the past five years.

## Conclusion

Between October 1, 2021 – September 30, 2022, the Coalition entered 903 outputs to reduce substance misuse and improve mental health in Hanover County, Virginia. The Coalition focused on general ATOD. OTC was the least addressed focal area during the past 12 months. The Coalition also focused on marijuana, opioids, suicide prevention/mental health, tobacco/nicotine, and underage drinking. To support healthy changes in the community, the Coalition provided 36 services and generated 70,607 media impressions. The majority of the outputs employed by the Coalition used individual-level strategies.

In the past two years, the greatest number of outputs (43%) were for general ATOD. The Coalition recorded one (1) community action during this time. The Coalition served 18,470 individuals with 45 services, including presentations and trainings. To bring awareness to the Coalition's message, they generated 83,608 media impressions.

## Successes to Celebrate

The Coalition's successes include:

- Increasing the number of REACH entries from 2021 to 2022 by over six-fold (148 in 2021 to 903 in 2022)
- Adding new focus areas to the logic model in 2022 - OTC and suicide prevention/mental health
- Hiring a new Executive Director
- Delivering "You Are Worthy" resource bags to the fire department, EMS, and local hospital
- Distributing stuffed medication lockboxes and pharmacy bags
- Providing REVIVE training
- Holding focus groups at Mechanicsville, Atlee, and Ashland libraries

## Recommendations

Throughout the next year, it is important for the Coalition to consider addressing areas of concern and challenge and build on past successes. Recommendations for the future include:

- Continue to diversify the strategies used. Currently, 2% of the Coalition's efforts use environmental strategies. The use of environmental strategies is critical to creating community-level behavior changes. As the Coalition develops its action plan, attention

should be paid to strategy distribution. The Coalition did not report the use of the environmental strategy of modifying/changing policies or physical design in 2022.

- Focus efforts on implementing community actions and changes that target Coalition priorities. There were no community actions or community changes for the current reporting year. Both community actions/changes and environmental strategies are the foundations for creating long-term community change.
- If schedules permit, invite youth members to attend Coalition meetings. The youth voice can add an additional level to the Coalition's comprehensive prevention approach. Additionally, increased youth engagement within the larger Coalition may strengthen the engagement of adult members.
- Continue to develop and nurture partnerships to expand community work. Leverage these partnerships to develop relationships with other community organizations.
- The Coalition has successfully logged media entries for their chosen focus areas; however, media outputs were 89% of the outputs generated for the current reporting year. To diversify the Coalition's work and create change in the community, it is recommended that more focus be put on other output types, especially community actions and community changes.
- Review and update existing logic models as needed. The Coalition has done well concentrating on all seven chosen areas of focus in the past year; however, putting more emphasis on the work done around OTC and marijuana would be beneficial.
- Continue to work with Coalition leadership and members to provide training and technical assistance opportunities to build the capacity and infrastructure of the Coalition.

## Appendix: Data

*Percentage of Coalition outputs by strategy (October 2021 – September 2022)*

Strategy	Total Outputs	General ATOD	Marijuana	Opioids	OTC	Suicide Prevention/ Mental Health	Tobacco/ Nicotine	Underage Drinking
<b>Individual Level</b>								
Providing Information	801	38%	6%	10%	3%	16%	9%	8%
Building Skills	45	0%	0%	4%	0%	1%	0%	0%
Providing Support	38	3%	0%	1%	0%	0%	0%	0%
<b>Environmental Level</b>								
Enhancing Access/ Reducing Barriers	15	0%	0%	1%	0%	0%	0%	0%
Changing Consequences	4	0%	0%	0%	0%	0%	0%	0%
Physical Design	0	0%	0%	0%	0%	0%	0%	0%
Modifying/ Changing Policies	0	0%	0%	0%	0%	0%	0%	0%

*Total outputs by area of focus (2020 – 2022)*

Area of Focus	2021 Outputs	2022 Outputs	Total Outputs
General ATOD	83	374	457
Marijuana	1	58	59
Opioids	38	134	172
OTC	0	28	28
Suicide Prevention/Mental Health	0	152	152
Tobacco/Nicotine	8	85	93
Underage Drinking	18	72	90

*Number of outputs by type for general ATOD (2021 – 2022)*

	2021	2022	Total
Community Action	1	0	1
Community Change	0	0	0
Media	70	317	387
Resources Generated	8	48	56
Services Provided	4	9	13

*Number of outputs by type for opioids (2021 – 2022)*

	2021	2022	Total
Community Action	0	0	0
Community Change	0	0	0
Media	31	104	135
Resources Generated	2	8	10
Services Provided	5	22	27

*Number of outputs by type for suicide prevention/mental health (2022)*

	2022	Total
Community Action	0	0
Community Change	0	0
Media	149	149
Resources Generated	0	0
Services Provided	3	3

*Number of outputs by type for tobacco/nicotine (2021 – 2022)*

	2021	2022	Total
Community Action	0	0	0
Community Change	0	0	0
Media	8	83	91
Resources Generated	0	0	0
Services Provided	0	2	2

*Number of outputs by type for underage drinking (2021 – 2022)*

	2021	2022	Total
Community Action	0	0	0
Community Change	0	0	0
Media	18	71	89
Resources Generated	0	1	1
Services Provided	0	0	0

*Number of outputs by type for marijuana (2021 – 2022)*

	2021	2022	Total
Community Action	0	0	0
Community Change	0	0	0
Media	1	54	55
Resources Generated	0	4	4
Services Provided	0	0	0

*Number of outputs by type for OTC (2022)*

	2022	Total
Community Action	0	0
Community Change	0	0
Media	28	28
Resources Generated	0	0
Services Provided	0	0

Percentage of Coalition outputs by strategy and year (2020 – 2022)

Strategy	Total	2021	2022
<b>Individual Level</b>			
Providing Information	87.8%	82.4%	88.7%
Building Skills	6.2%	13.5%	5.0%
Providing Support	3.7%	0.7%	4.2%
<b>Environmental Level</b>			
Enhancing Access/Reducing Barriers	1.6%	1.4%	1.7%
Changing Consequences	0.7%	2.0%	0.4%
Physical Design	0.0%	0.0%	0.0%
Modifying/Changing Policies	0.0%	0.0%	0.0%

DFC Core Measures: 2019 Hanover Cares Survey

30-Day Use	Alcohol	Tobacco	Marijuana	Rx Drugs
8th Grade	5.8%	2.3%	3.2%	3.8%
High School	11.8%	0.9%	4.5%	2.1%

Perception of Risk	Alcohol	Tobacco	Marijuana	Rx Drugs
8th Grade	68.9%	87.2%	61.7%	83.4%
High School	74.0%	83.1%	63.5%	86.0%

Parental Disapproval	Alcohol	Tobacco	Marijuana	Rx Drugs
8th Grade	86.5%	90.3%	89.5%	93.7%
High School	91.1%	96.0%	92.5%	97.1%

Peer Disapproval	Alcohol	Tobacco	Marijuana	Rx Drugs
8th Grade	81.5%	87.2%	83.1%	88.4%
High School	71.6%	85.6%	73.7%	89.8%

## References

Mayne, J. (2008). Contribution analysis: An approach to exploring cause and effect. Institutional Learning And Change Brief 16.

Patton, M. Q. (2012). A utilization-focused approach to contribution analysis. *Evaluation*, 18(3), 364–377. <https://doi.org/10.1177/1356389012449523>