A Guide to Marketing Social Norms for Health Promotion in Schools and Communities

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Preface

A Guide to Marketing Social Norms for Health Promotion in Schools and Communities is intended as a comprehensive, step-by-step manual for those who are interested in using the social norms approach to address school-age and community-wide issues. Inspired by the positive impact that numerous colleges and universities have had promoting student health using this approach, a number of high schools and communities have begun to implement their own social norms projects. Frequently focused on preventing adolescent alcohol and tobacco use, the initial success of these efforts strongly suggests that the number of school and community-based interventions will continue to grow in the coming years. Given that, it is important that those working to implement their own social norms projects have the tools and knowledge to do so effectively, and with fidelity to the model. This guidebook is intended to provide both the theoretical and practical information necessary to conduct an effective project. It will be a valuable resource for anyone involved in such an effort—be they community members, school administrators and staff, or health promotion professionals.

Introduction

The social norms approach has become one of the most talked about health promotion strategies in recent years. Known primarily for its application to college student drinking, it has become an increasingly popular topic among community and high school substance abuse prevention specialists who are looking for an evidence-based alternative to ineffective intervention strategies, or to supplement strategies with limited impact.

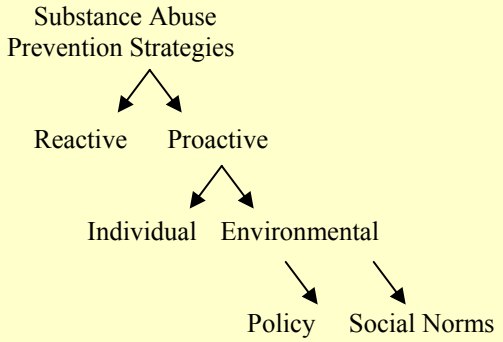
The growing appeal of social norms is due largely to two related phenomena. First, many of the usual strategies designed to address the problem behaviors in adolescent and young adult populations have been largely ineffective, leading many professionals to look for other options. Second, there is a growing movement in the prevention field toward evidence-based evaluation, a requirement that dramatically contrasts the ineffectiveness of past methods with the impressive data emerging from various interventions using the social norms approach.

Paradigm Shifts in Prevention

In a sense, the social norms approach to health promotion is the result of a number of paradigm shifts that have occurred in the prevention field over the past few decades (see Figure 1).

For many years, prevention efforts were based entirely on *reactive* strategies. In other words, problem behaviors had to occur before remedial actions were taken, with much of this work focused on assessment and diagnosis, rehabilitation programs for users and addicts, counseling or workshop sessions for offenders, or community service punishments.

Figure 1. Paradigm Shifts in Prevention



(Source: Perkins, 1998)

While important for treatment and addiction, these labor-intensive and costly programs did not reduce the incidence of problems. Thus, attention began to shift toward the development of *proactive* strategies in order to address potential problems before they occurred. Much of this work was—and some of it continues to be—based on traditional health education models that provide information through health communication campaigns. In the case of substance abuse, the messages communicated are almost exclusively focused on the health risks and the pharmacological dangers of use. Such fear-based communications essentially seek to scare young people into being healthy, but they rapidly lose credibility when youth begin to regard the negative consequences depicted as relatively improbable. By contrast, more positive proactive strategies have focused on changing individual attitudes using techniques such as values clarification and self-esteem enhancement. Many of these proactive programs are quite labor-intensive, however, and notable reductions in substance use in the populations targeted have not been demonstrated.

As may be noted, many of these proactive efforts are focused on the *individual*, i.e., providing information or attempting to change personal attitudes and values. Because of their lack of impact, however, prevention work has recently begun to shift its focus toward the *environment*, i.e., to those powerful elements in the cultural context beyond the individual's personality and values that may determine behavior. This so-called environmental approach has generally taken two directions. One of these is based on strategies that seek to change institutional and public policy, creating barriers or restrictions to access and increasing punitive measures to reduce problem behavior. The success of these efforts has been mixed. The other environmental approach, widely known as social norms, uses accurate information about the social context, in the form of positive group norms, to affect widespread behavior change.

Misperceived Norms of Health, Protection, and Safety

The social norms approach to health promotion evolved from research documenting college students' misperceptions about peer drinking norms. The initial study revealed a consistent pattern of misperceptions held by students regarding the norms of alcohol use among their peers. Specifically, students typically thought that the norms for both the frequency and the quantity of drinking among their peers were higher than they actually were. In addition, students generally believed that their peers were more permissive in their personal attitudes about substance use than was in fact the case (Perkins and Berkowitz, 1986).

Subsequent research at a number of other colleges and universities—both large and small, and in all regions of the country—revealed similar findings (cf. Perkins et al., 1999). Interestingly, the same pattern of the misperception of the attitudinal and behavioral norms of health, protection, and safety has been found for other types of drugs as well, and across most sub-populations of youth, be they in college, high school, or statewide populations (Berkowitz, 2003; Perkins, 2003a).

These research findings, along with concurrent work in the field of wellness regarding resilience, identifying protective factors and protective behaviors, revolutionized the field of health promotion and spearheaded the development of the approach now widely known as *social norms* (Haines, 1998; Haines et al., In Press) . For many years, prevention efforts had focused almost exclusively on the *problems* and *deficits* of particular populations. The work emerging from those employing the social norms approach, however, began to demonstrate the positive impact of promoting both the attitudinal and behavioral solutions and *assets* that are the actual norms in various populations.

The Causes of Misperceived Norms

A number of explanations have been proposed as to why the misperception of norms is found in virtually all peer-intensive environments (see Figure 2).

Figure 2. Causes of Misperceived Norms

- Attribution Theory
- Social Conversation Mechanisms
- Cultural Media
  Entertainment, News, Human Service Advocacy

(Source: Perkins, 1997, 2002)

The first of these, based on attribution theory, describes a social psychological tendency to mistakenly attribute other people's observed behavior to their disposition—i.e., to view it as indicative of their essential character—when it cannot be explained by any specific knowledge of the social context or how others usually behave. Thus, when observing a peer engaged in substance abuse, we are naturally inclined to assume that this is typical of this person unless we know for a fact that it is not.

Second, our social conversation mechanisms routinely reflect the fact that, as individuals, we most often attend to what is unusual, vivid, or aberrant. The extreme incidents are what stick out in our minds, and they pepper our conversation. Thus, young people recounting a weekend party are likely to focus on how "wasted" a few of their peers were rather than talk about the less noticeable majority who did not drink, use drugs, or act out. This kind of conversation fosters the belief that what is aberrant is more common than it really is.

Third, a host of cultural media—such as music, films, and the news—bombard the public with words and images that depict and seemingly glamorize the use of illicit substances. Finally, add to all of the above the impact of human service agencies and well-meaning individuals who employ intentionally shocking media advocacy techniques and other educational methods to draw community attention to issues of drug, tobacco, and alcohol use, and a picture quickly emerges in the public consciousness that "It's what

most kids are doing!" Left unchallenged, these distortions of the truth become greater over time.

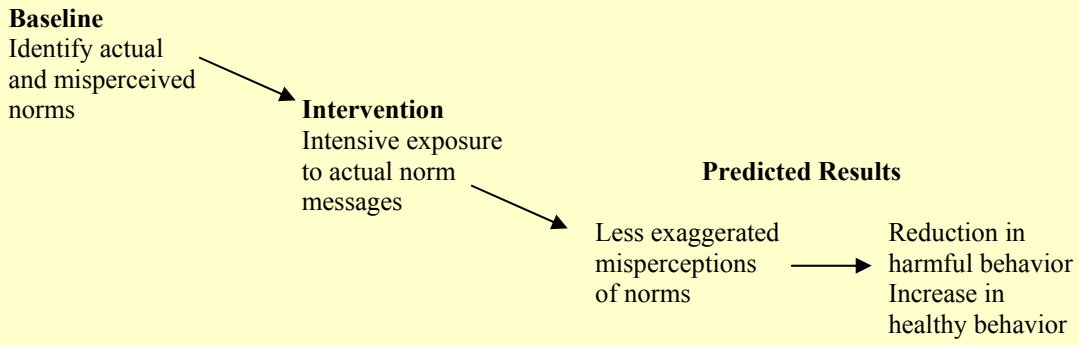
The Consequences of Misperceived Norms

Much research has been devoted to describing the powerful impact of peer influences in the lives of adolescents and young adults. One question that previous research has neglected, however, is whether these influences are driven by what peers *actually* do and think—i.e., the reality—or by what adolescents and young adults *believe* to be characteristic of their peers, i.e., their perception. The social norms model proposes that many of the young people's problem behaviors may be due, in large part, to the desire—or the social pressure—to conform to erroneously perceived peer norms. Support for this assertion can be found in a large and growing number of studies documenting that both high school and college students' personal drinking behavior is strongly influenced by their incorrect perception of peer drinking norms (Berkowitz, 2003).

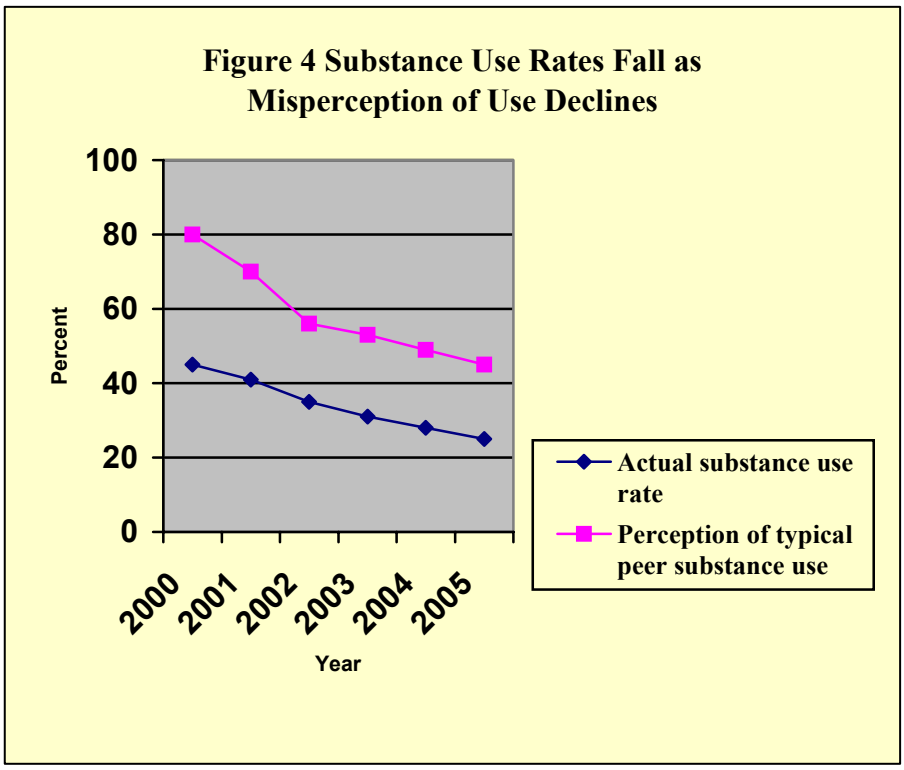
The Social Norms Model

Essentially, the strategy of the social norms approach is to gather credible data from a target population and then, using various health communication strategies, consistently tell it the truth about its actual norms of health, protection, and the avoidance of risk behaviors. With repeated exposure to a variety of positive, data-based messages, the misperceptions that help to sustain problem behavior are reduced, and a greater proportion of the population begins to act in accord with the more accurately perceived norms of health, protection, and safety (see Figure 3). An example of what a graph of data from a social norms project might look like over time is presented in Figure 4. As the percentage of the target population that misperceives the level of peer substance use declines, the level of actual substance use in the population declines as well, even though overestimation of peer substance use will likely continue as a challenge to be addressed.

Figure 3. Model of Social Norms Approach to Health Promotion



(Source: Perkins, 2003b)



The Effectiveness of the Social Norms Approach: Background Research

An increasing number of published studies have shown that the social norms approach is an effective method of promoting health and reducing harm among college students. Positive results have been documented at large schools and small, both public and private, and in all parts of the country. Building on the initial success achieved at Northern Illinois University in reducing the incidence of heavy episodic alcohol consumption and related harm (Haines, 1996; Haines and Barker, 2003), a growing number of colleges and universities across the country have reported similarly dramatic reductions after implementing their own social norms projects. Among these institutions are the University of Arizona (Johannassen and Glider, 1999), Hobart and William Smith Colleges in New York (Perkins and Craig, 2002), Western Washington University (Fabiano, 2003), and Rowan University in New Jersey (Jeffrey et al., 2003). Virginia Commonwealth University has also documented success using the social norms approach to reduce the onset of tobacco use among students (Hancock and Henry, 2003).

Inspired by the positive impact that these and other colleges and universities have experienced promoting student health using the social norms approach, a growing number of middle schools, high schools, and communities have begun to investigate the possibility of implementing their own social norms projects.

A review of the literature reveals numerous research findings that strongly suggest that the social norms approach is an appropriate strategy for targeting the full range of substance use in secondary education. One study, for example, found clear norms of peer abstinence from tobacco and illicit drugs, as well as norms of nonuse of alcohol, among both middle and high school students in a range of schools across the nation (Perkins and Craig, 2003). Both this and a number of other studies have also shown that the overestimation of peer alcohol and cigarette use is widespread among students of middle and high school age (Perkins and Craig, 2003; Botvin et al, 2001; D'Amico et al., 2001; Sussman et al., 1988; Thombs, Wolcott, and Farkash, 1997; Beck and Treiman, 1996). Other research has found that overestimation of peer use is a significant predictor of adolescent cigarette and alcohol use (D'Amico et al, 2001; Botvin et al., 2001; Graham, Marks, and Hansen, 1991), and that adolescent onset of use can be significantly delayed by reducing misperceptions of alcohol and cigarette use among peers (Haines, Barker, Rice, 2003; Linkenbach and Perkins, 2003; Perry et al., 1992; Hansen and Graham, 1991).

"It is important to note that social norms projects designed to address alcohol use among adolescents and high school students communicate only norms of non-use."

It is important to note that social norms projects designed to address alcohol use among adolescents and high school students communicate only norms of non-use. Thus, the type of messages that communicate norms of moderate and safe use—routinely disseminated in social norms projects on college and university campuses—are never used among middle and high school student populations for whom abstinence from alcohol is the only appropriate message.

Case Studies: High Schools

DeKalb and Sycamore High Schools: DCP/SAFE

Building on the work of the researchers and practitioners described above, several projects have already documented success using the social norms approach to reduce alcohol and cigarette use among high school students. These efforts represent important advances for the field of health promotion, since they demonstrate that the social norms approach can be used among school-age populations just as effectively as it has been among students of college age.

The first of these projects was the DeKalb County Partnership (DCP/SAFE) social norms project. Conceived in 1998 in partnership with two local high schools, this effort initially sought to test a number of basic assumptions:

- That nonuse of alcohol and cigarettes was the actual norm among students
- That not only the students themselves but their parents and teachers as well overestimated the use of cigarettes and alcohol by students; and
- That student nonuse could be increased by correcting the overestimations of use held by all three groups—students, parents, and teachers.

Baseline survey data subsequently confirmed that nonuse was indeed the norm among students, and that all three groups did in fact overestimate student alcohol and cigarette use. For example, while 75 per cent of students had *not* used tobacco during the last 30 days, the vast majority of students thought that their peers had done so, with parents and teachers significantly overestimating student use as well.

Research suggests that parents remain influential in the lives of their adolescent children, both in general with regard to having standards and expectations (Youniss and Smollar, 1985) and specifically with regard to issues of alcohol use (Keefe, 1994). It was hypothesized that teachers exercise a comparable measure of influence on students as well. Clearly, given their overestimations of student use, both parents and teachers could reasonably be viewed as "carriers of the misperception" (Perkins, 2002), i.e., significant individuals in the students' lives who, by their offhand remarks, their conversation, or their well-intentioned admonitions might inadvertently pass on or reinforce the erroneous notion that alcohol and cigarette use were the norm among students. Accordingly, a social norms project was designed that featured three interrelated normative message campaigns to reduce the misperceptions of students, parents, and teachers and to positively impact student behavior.

When surveyed, students revealed important information about the message channels they deemed to be credible sources of health-related information (see Table 1). For example, although infrequently used, parents and teachers were found to be credible sources of alcohol and tobacco information, and the data also revealed the potential for using a variety of allies, venues, and channels. Based on these and other data gathered during the strategy development stage of the project, various methods and message channels[*] were used to communicate accurate information about the student norms of nonuse of alcohol and tobacco to all three target populations. A number of basic messages were developed, market tested, and refined so as to be specific to each school.

[*] The term *channels* refers to the various routes or pathways that are used to communicate with a target population. Channels can be individuals or things, and examples include (but are not limited to): posters and flyers, newspaper ads and articles, health educators, friends, magazines, parents, and the internet.

Table 1

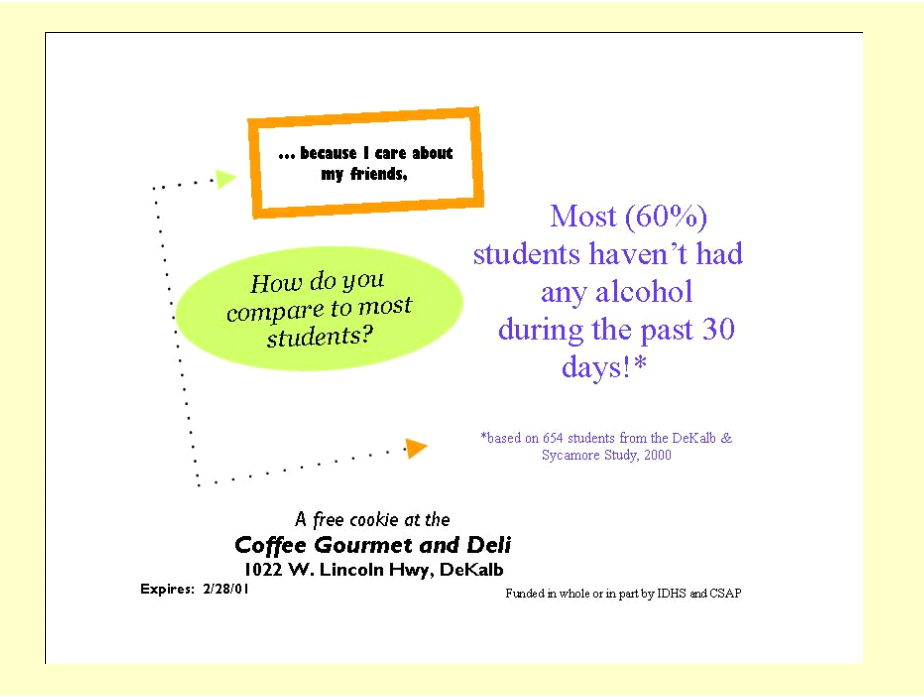
Believability of Alcohol and Tobacco Sources
(Percent of 10th graders who indicated information was "somewhat believable" or "very believable" from these various sources.)

1.	Health Authorities	66%
2.	Parents	63%
3.	Teachers	56%
4.	Friends	56%
5.	Other HS Staff	47%
6.	Church	46%
7.	Peer Educator	44%
8.	School Newspaper	42%
9.	Internet	25%

Sources of Alcohol and Tobacco Information
(Percent of 10th graders who "frequently" or "very frequently" saw or heard information from these various sources.)

1.	Friends	42%
2.	Teachers	31%
3.	Parents	25%
4.	Health Authorities	21%
5.	School Newspaper	24%
6.	Church	20%
7.	Other HS Staff	16%
8.	Internet	14%

Newspaper ads and direct mailings on school letterhead were used to reach parents; institute days and inter-office mailings were used to communicate with teachers; and in-school posters, direct mail flyers and promotional postcards, as well as radio spots on one specific station were used to reach students. Coalition volunteers also displayed posters in a variety of locations frequented by adults, such as banks, dry cleaners, churches, and libraries. It is worth noting that messages and graphics *were changed monthly* in order to maintain a fresh appeal.



An example of a postcard with normative information that was sent to students in the DCP/SAFE project. Note that the card could be presented at a popular, local deli for a free cookie, a strategy used to help the recipient "retain" the message.
(Reprinted by permission of the DCP/SAFE.)

An example from the DCP/Safe project of a normative ad addressed to parents. This appeared in a local newspaper that market research revealed was often read by parents.
(Reprinted by permission of the DCP/SAFE.)

An example from the DCP/SAFE project of a poster promoting the norm of nonuse of tobacco.
(Reprinted by permission of the DCP/SAFE.)

After two years of project implementation, all of the data trends were in a positive direction:

- Parents, teachers, and students more accurately perceived the student norms of nonuse;
- Parents and teachers reported communicating true norm messages more frequently in their interactions with students;
- Students reported receiving more alcohol and tobacco-related information from parents, teachers, posters, flyers, and radio; and
- *Students use of alcohol and tobacco declined significantly.*

Specifically, the 30-day measure of alcohol use dropped from 43.7% at Time 1(1999) to 30.4% at Time 2 (2001), a 13.3 percentage point decline that represents a 30.4% reduction in use. Similarly, the 30-day measure of cigarette use dropped from 25.6% at Time 1 to 16.8% at Time 2, an 8.8 percentage point drop equaling

a 34.4% reduction in use (see Figure 5).[•] These are impressive results, especially given that prior to the social norms project a number of traditional prevention programs had been instituted at each of the high schools with no demonstrable positive impact. Finally, it is important to note that no new alcohol, tobacco or other drug prevention programs were introduced into the schools once the social norms project was implemented. This fact strongly suggests that the social norms project was responsible for the reductions in student alcohol and tobacco use (Haines et al., 2003).

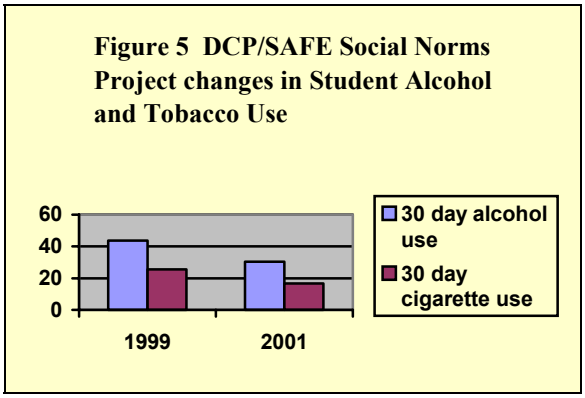
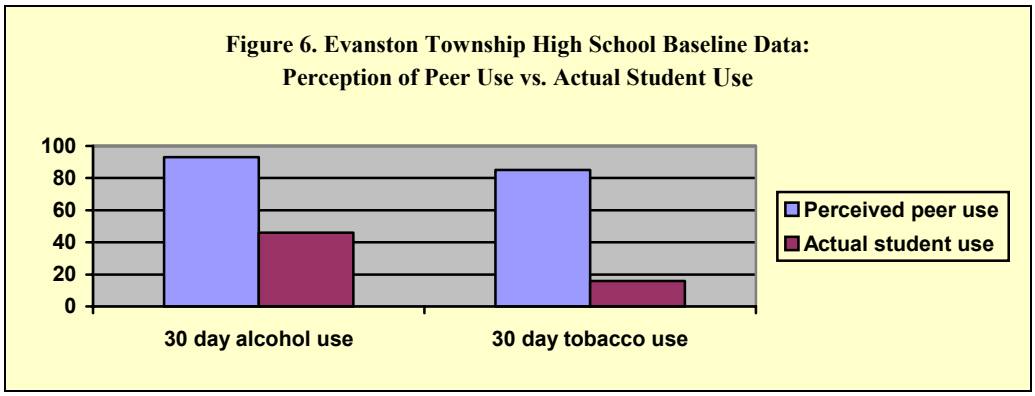


Figure 5 DCP/SAFE Social Norms Project changes in Student Alcohol and Tobacco Use

Evanston Township High School

Inspired by the success of the DeKalb/Sycamore DCP/SAFE project, Evanston Township High School (ETHS), in conjunction with the Evanston Substance Abuse Prevention Council, began to investigate the implementation of its own social norms project. Baseline data collected at ETHS in 2001 indicated that the norm for students was not to drink alcohol or to smoke cigarettes. However, students significantly overestimated peer use of both of these substances, typically believing (erroneously) that such use was the norm (see Figure 6). In addition, significant percentages of parents and school staff erroneously perceived that the majority of students regularly consumed alcohol and smoked cigarettes. These data replicated the baseline findings of the DCP/ SAFE project, and they revealed the existence of the fundamental pattern of misperceptions that a social norms project is designed to address (Haines and Christensen, 2003).

[•] By comparison, national figures showed almost no decline in 30-day alcohol use during this period; and though 30-day cigarette use did decline significantly at the national level during this period, the reductions in the DCP/SAFE project far exceeded those. See Monitoring the Future: http://monitoringthefuture.org/ .



Following the model established by the DCP/SAFE project, the ETHS coalition embarked on a project to increase the accurate perception of student norms of nonuse by parents, school staff, and students. The primary objective of this project, stated as a specific, measurable and time-limited outcome, was:

> To increase the nonuse of alcohol and cigarettes among ETHS students by 3-7% in year one and by 20% in year five (2006).

Accordingly, a first-year project plan was developed that specified the various components of the social norms project. This plan also detailed key information, such as the start and end dates of each component, its target population as well as the estimated number of recipients, the total number of items per component, locations for delivery or implementation, and costs. The types of project components specified included everything from surveys, focus groups, and posters, to mailers, presentations, and message retention activities. (For detailed information, see Figure 8, which is based on the ETHS marketing plan.)

Tip!

In middle and high school projects—and in other community projects conducted with small populations—it is inadvisable to use photos of actual students. In such circumstances, one or more models that are not properly screened or that begin to engage in inappropriate behavior could negatively impact the reception of the media and the normative messages.

Remember, it isn't always necessary to use photos of people to complement the normative messages. Some projects have instead used other kinds of graphics very effectively, e.g., scenes, locales, or mascots with which the population readily identifies.

A variety of vendors for stock photos and stock images licensing can be found on the web.

With approximately three thousand students and over five hundred teachers, staff, and administrators, Evanston Township High School is not only large but also extremely diverse. Using a wide array of royalty-free, commercially purchased images of young people, project staff were able to create normative media reflective of the school's tremendous diversity and its inclusive spirit. Messages were specifically designed to support the concepts of power and choice—especially appealing notions to developing adolescents—and to promote the competence, care, and healthy behavior of the clear majority of students. A typical example of the posters created was one with the message: "Support your friends' healthy choices," which was followed by specific avoidance tips that came from the

students themselves: "Make a pact ahead of time not to drink. Leave parties together if there's drinking. Stand your ground—together." This upbeat message with its concrete behavioral suggestions was accompanied by the normative statement: "72% of ETHS students choose healthy options other than drinking when they're with their friends." Detailed information regarding the source of the normative data—such as the administration date and sample size of the survey—was also provided. Finally, the accompanying image of two smiling, teenage girls warmly embracing served to visually reinforce the message.

Reprinted by permission of the Evanston Township Social Norms Marketing Project

Similar normative media regarding cigarette use were also designed, market tested, and disseminated to all three target populations. As was the case with the DCP/ SAFE project, all media were frequently replaced in order to ensure that the look of the campaign remained fresh. Such frequent changes helped to promote message retention by avoiding habituation or "wear-out," which are terms that refer to a particular campaign or message that has lost its effectiveness—or that has begun to have a negative effect—on the target audience due to repeated overplay.

After the first year of implementation, most of the key data points had trended in the desired direction. After two years, the data trends were even more broadly positive, such that:

- School staff reported more frequent communication of true norm messages to students regarding the nonuse of alcohol and cigarettes
- School staff reported more accurate perceptions of the norms of nonuse by students
- Parents reported more frequent communication of true norm messages to students regarding the nonuse of alcohol
- Parents reported more accurate perceptions of the nonuse norms of students
- Student perceptions of peer use of alcohol and cigarettes consistently declined; and
- Student use of alcohol and cigarettes was reduced.

Specifically, the 30-day measure of alcohol use dropped from 46% at Time 1 baseline to 41% at Time 3 (2003), a statistically significant 5 percentage point decline that represents an 11% reduction in use. Similarly, student 30-day use of cigarettes went from 16% at baseline to 12% at Time 3, a statistically significant 4 percentage point drop equaling a 25% reduction in use.[•]

Further information about the ETHS social norms project is available at its Strength in Numbers web site: http://www.peerservices.org/strengthinnumbers.asp
Contents include project objectives, marketing strategies, survey results, funding sources, and sample marketing materials.

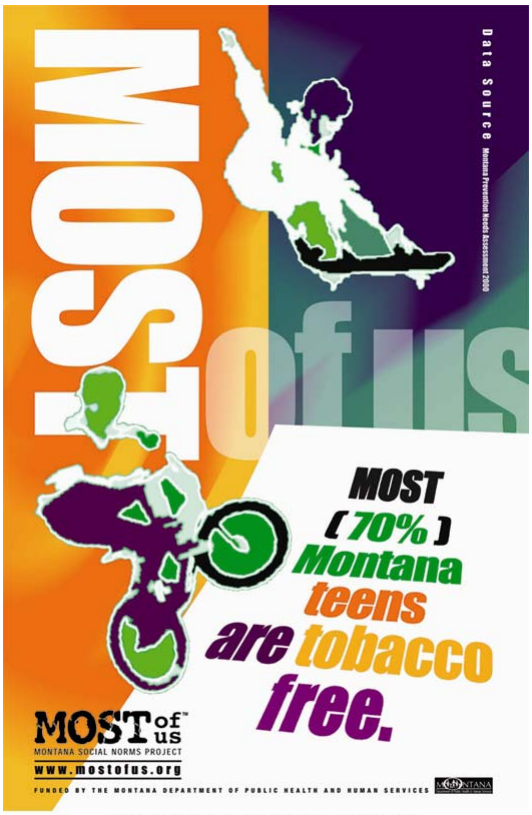
Case Study: A Community-Wide Intervention

Montana Most of Us Are Tobacco Free

As the previous projects demonstrate, the social norms approach can be effective in producing positive change among youth in high school settings. However, the use of the social norms approach is certainly not limited to school-based applications. One demonstration of this is the Montana Most of Us Are Tobacco Free social norms project that targeted youth initiation of smoking in seven western Montana counties during an eight month period in 2000-2001 (Linkenbach, and Perkins, 2003). Post-test data from this project revealed that only 10% of youth aged 12-17 in the experimental seven-county area reported initiation of smoking as compared to 17% of teens in a control sample drawn from the other 49 counties in the state. This represents a 41% difference in the proportion of teens reporting cigarette uptake.

[•] While the decline in the absolute percentage of ETHS 30-day cigarette use was paralleled by the reduction observed nationally during this period, the rate of change was slightly larger, and the decline in 30-day alcohol use was almost twice as large as the reduction observed nationally during this period. See Monitoring the Future: http://monitoringthefuture.org .

Given the large geographical area targeted for the intervention, normative messages regarding nonuse were delivered using a wide variety of media channels that market research had identified as particularly useful. In addition to print and promotional material distributed to schools and other locations, slides for movie theater screens, billboards, and local newspaper ads were also employed to communicate the message that "Most of Us (70%) Are Tobacco Free." Also, six 30-second radio and television ads were aired during three eight-week periods. Interestingly, one of the reasons that the seven western counties were selected for the intervention was that they were located in an isolated media market. Such relative isolation allowed the campaign's normative messages to be targeted at teens residing in the experimental—but not the control—counties.



Reprinted by permission of Montana Most of Us.

Baseline data revealed no significant differences between the intervention (n = 409) and the control (n = 419) samples for gender, age, racial composition, or the percentage of respondents who had tried smoking. Also, baseline data in the intervention and control counties showed no significant difference in the perceived norms of tobacco use. Nevertheless, based on various measures, large percentages of the respondents in both the intervention and control counties erroneously thought that the majority of their peers smoked cigarettes.

All of the pre-test data were gathered in a phone survey prior to the implementation of the social norms project in September 2000. Households were randomly selected and initial screening calls were made to parents to obtain permission for the teenagers to have the privacy to participate in the interview. At the conclusion of the campaign in May 2001, post-test interviews were conducted with 641 of the original 848 teens. A comparative analysis of post-test interviews revealed these findings:

- Significantly more teenagers *spontaneously* recalled exposure to television, radio, and newspaper tobacco prevention messages during the past thirty days in the intervention than in the control counties.
- When told that the ad stated "Most of Us (70%) Montana Teens are Tobacco Free," significantly more teenagers in the intervention counties recalled a campaign advertisement than did so in the control counties. This applied to all types of media: television, radio, newspaper, billboard, posters, and Frisbees.
- Baseline data showed no statistically significant difference in the perceived 30-day cigarette use norms of the teens in the intervention and control counties.

Post-test analysis, by contrast, showed that the percentage of respondents who misperceived the norm was significantly less in the intervention than in the control counties.

- Most importantly, data on smoking initiation showed a marked and statistically significant difference from pre-test to post-test, with teens in the intervention counties reporting a 41% lower rate of initiation than their peers in the rest of the state.

This case study offers strong evidence that the social norms approach can be an effective method of correcting misperceptions of substance use and thereby positively influence youth behavior in community-wide settings.

Conclusion

As the research and the case studies described above make clear, the social norms approach to health promotion is an evidence-based, data-driven process, and a very cost-effective method of achieving large-scale, positive results. Fundamentally positive and health-centered in its outlook, this approach uses a variety of methods to correct negative misperceptions and to identify, model, and promote the healthy and protective behaviors that are the demonstrable norm in a target population. Analyses of these and other successful projects reveal that, when properly conducted, the social norms approach is a highly integrated process. What this means is that the data that is gathered informs how the project proceeds from stage to stage, and that the stages are dependent upon one another. The essential elements of a social norm intervention can be divided into five stages:

1. Initial Planning Stage
2. Initial Data Collection Stage
3. Strategy Development Stage
4. Implementation Stage
5. Evaluation Stage

Based on the challenges encountered and the strategies devised by various exemplary social norms projects, this manual is designed to provide a detailed, step-by-step guide to conducting an effective project using the social norms approach. Whether the proposed intervention targets a longstanding concern of youth substance use, such as alcohol and tobacco, or instead seeks to address an issue of emerging interest, such as school violence prevention, this guidebook provides information that is essential for both a good project design and a successful outcome.

KEY CONCEPT

The essential elements of a social norms intervention can be divided into five stages:

1. Initial Planning Stage
2. Initial Data Collection Stage
3. Strategy Development Stage
4. Implementation Stage
5. Evaluation Stage

Chapter 1

Initial Planning Stage

The initial planning stage of a social norms project is the time to clearly identify the issue to be addressed and to specify the population(s) that are the target of the intervention. During this stage project staff will also begin to conceptualize the goals of the project and to select the measurement criteria to be used to assess progress toward them. The latter necessarily entails addressing the issues of data collection and analysis. This is also when staff will begin the work of advocating for the project with key agencies and stakeholders. A careful consideration of these and other issues will help staff to assess their readiness to implement a well-researched and well-designed social norms project.

Here, in order, are the topics to be addressed in this chapter:

1. Defining the Issue
2. Understanding the Population(s)
3. Measurable Goals and Outcomes
4. Data Collection and Analysis
5. Stakeholder Work
6. Assessing Staff and Funding

Section 1.1 Defining the Issue

The first question of the initial planning stage is: What issue is the proposed target of the intervention? While school and community-based social norms projects with documented success have generally focused on issues related to alcohol and tobacco, nothing in the model suggests that its applicability is limited to these areas. Indeed, the basic formula—that correcting a population's overestimation of the prevalence of problem behaviors can promote the growth of healthy and protective behaviors—lends itself to a wide array of issues. For example, projects using the social norms approach have been designed to address issues as varied as academic performance, tax compliance, seat-belt usage, and littering.

> **"Projects using the social norms approach have been designed to address issues such as alcohol and tobacco use, academic performance, tax compliance, seat-belt usage, and littering."**

Identifying the target issue is part of the process that is often termed *needs assessment*, which is when the nature of the problem is defined and put into context. An agency, school, or community will often be aware of an area of concern, based either on the work that it does or some other indicator, e.g., a health department report or a highly publicized incident, such as a drug bust, teen drinking fatality, or a hazing ritual. Here are just a few sample issues that might be targeted in an intervention:

- Prevention of bullying and school violence
- Prevention of teen pregnancy
- Promotion of recycling
- Prevention of truancy
- Promotion of seat-belt use

One challenge for project staff during this part of the initial planning stage, however, will be to move beyond the standard kind of *assessment* that is limited merely to a description of *needs* and *illness* toward one that, in the context of collecting data on peer norms, is also designed to assess the target population's *assets* and *wellness.* A fundamental aspect of the social norms approach is to move away from the traditional focus on problem behaviors that, however serious, occur with relative infrequency, and to repeatedly focus instead on the health and protective behaviors that are the norm in the target population.

This part of the initial planning stage should also include research into previous efforts within the community or school to address the target issue. Here are some questions to consider:

- When were these efforts conducted and by whom?
- Were they data-based and, if so, are data from the project available?
- Do the data indicate that these efforts were effective?
- Were these findings corroborated by outside evaluators?

Answers to all of these questions may provide valuable information and help to set the stage for the proposed intervention.

Finally, any initial planning would be incomplete without consulting the relevant resources and literature—books, journal articles, case studies, and experts—that will help to inform the project staff and assist them in reframing the issue from a social norms perspective. Planning for and implementing a social norms intervention frequently requires a paradigm shift on the part of practitioners, stakeholders, and community members; i.e., it is not simply a new way of conducting traditional information-based or scare-based approaches. *Social norms is a fundamentally different approach that effectively increases a population's awareness of its behavioral assets and wellness, thereby fostering their growth.* The more knowledgeable that project staff are with the fundamental theory and practice of social norms the better able they will be to design and to effectively advocate for the project, and to provide trainings and workshops for fellow

practitioners, stakeholders, and community members. (Please refer to the resources listed at the end of this guidebook for helpful articles, books, and publications.)

Section 1.2 Understanding the Population(s)

A critical task of any public health campaign is identifying the population that is the intended target of the intervention. It is important to note, however, that the use of social norms is a fundamentally environmental approach to health promotion. Truly understanding any specific target population will therefore require determining what other populations are influential "carriers of the misperception" (Perkins, 2002), i.e., significant reference groups who may inadvertently reinforce the harmful misperceptions of the target population. For example, research suggests that parents remain influential in the lives of their adolescent children (Youniss and Smollar, 1985). It would be reasonable to suppose, therefore, that parents might negatively impact their children's perceptions by routinely communicating inaccurate information about what their peers customarily think and do. (A vivid example of this would be parents who routinely say to their children: "Isn't it bad how almost all of the kids at your high school drink and smoke?") Given that, in an intervention targeted principally at adolescent children it would be important to reduce their parents' misperceptions as well. Another significant reference group to consider in this regard is older siblings.

Section 1.3 Measurable Goals and Outcomes

The fact that social norms is a data-driven approach assures that both the target issue and any improvement will be described in precise and measurable terms. This may be one of the key elements of the project serving to distinguish it from prior efforts to address the issue. Given that, the primary goal of the project should be stated in terms that are specific, measurable (i.e., data-based) and time-limited. Here are two examples:

> Example 1: The goals of this project are twofold. First, to increase accurate perceptions among students, staff, and parents about the percentage of students who are not using tobacco and alcohol. Second, to increase non-use of tobacco and alcohol among students by 3-7% in year one and by 20% by year five of the intervention.
>
> Example 2: By the end of year one of the intervention there will be a significant increase in the percentage of middle school students who accurately perceive the school environment to be safe and free from violence. By the end of year two, there will be a 10% reduction in the 30-day incidence of reported bullying.

Stating the goals in this manner will also help project staff to present the proposal in a manner that will allow others—such as key stakeholders or community members—to understand its importance. This is something that can be made even clearer when these goals are contrasted either with the results of previous interventions or with specific local, state, or national trend data.

Finally, an explicit element of a goals statement as presented here is a proposed project timeline. While some published case studies of effective social norms projects have reported positive results after the first year of highly intensive implementation (cf. Haines and Barker, 2003; Perkins & Craig, 2003; Linkenbach and Perkins, 2003), a more realistic goal would be to establish a least a two-year project time line. (A sample two-year plan for project implementation is provided in Section 1.7 of this chapter.)

Section 1.4 Data Collection and Analysis

Since a social norms project is a data-driven process, a significant portion of initial planning will necessarily be devoted to the issue of data collection and analysis. Project staff will need to carefully consider a number of questions while preparing a well-designed project proposal.

What data already exist about the issue?

As previously noted, part of initial planning includes research into previous efforts to address the target issue, as well as a close examination of any data that may be available from those interventions. Additionally, there may be other local, state or regional data routinely collected from the target population. If so, project staff should obtain a copy of the survey instrument(s) used and any reports that were written to determine if they contain useful information.

Will the project use an existing, standardized research method (e.g. survey) to gather quantitative data? If so, does it include the kind of questions that are essential for a social norms intervention?

Social norms interventions are based on quantitative (i.e., statistical) data gathered using established research methods. At a minimum, the questions that are asked should provide data about the target population's:

- Personal behaviors and attitudes (including protective behaviors)
- Perceptions of peers' typical behaviors and attitudes
- Exposure to social norm messages

Unfortunately, it is often the case that existing methods (e.g., surveys) do not ask the kinds of questions that are entirely useful for a social norms intervention. There are several options if that is the case. First, it may be possible to add questions to the existing instrument that are specifically designed to gather the necessary data. Second, a customized research method can be designed and administered specifically for the project; an example of this would be a telephone survey designed specifically for the social norms project. Third, a standardized norms survey, such as those provided at the end of this guidebook, can be used. (Further information about this aspect of data collection is provided in Chapter 2.)

KEY CONCEPT

Social norms interventions are based on quantitative data gathered using established research methods. At a minimum, the questions that are asked should provide data about the target population's:

- Personal behaviors and attitudes (including protective behaviors)
- Perceptions of peers' typical behaviors and attitudes
- Exposure to social norm messages

Are members of the project staff trained in quantitative data analysis, or will a consultant or some other individual be retained for this service?

Given that the intervention uses a variety of quantitative data, the project will require the services of someone with the knowledge and skills to perform data analysis. This may require additional training for someone already on staff, or the hiring of a part-time consultant to conduct the appropriate analyses. Alternatively, this may also provide an opportunity for inter-agency collaboration, as when an individual with the necessary skills is on staff and available in another office, department, or agency. It is very important, however, that anyone retained for such work have a solid grounding in the social norms model and full awareness of the goals of the project.

Are members of the project staff trained or experienced in qualitative data-gathering methodologies?

While a social norms intervention uses a variety of quantitative data, other kinds of data and information are gathered and used over the course of a project as well. Often referred to as *qualitative data*, this is any kind of information that is not statistical or numerical in nature. Examples can include the information gathered during personal interviews and/or focus groups, field notes taken as part of direct observation, or the data gathered from the analysis of existing documents, such as newspapers, magazines, or annual reports. Project staff should therefore have the knowledge and skills to conduct this kind of work, or secure the assistance of individuals who do.

Section 1.5 Stakeholder Work

Part of the initial planning process may also entail identifying and contacting those individuals and agencies—often termed stakeholders—who may be in a position either to positively or negatively affect the project. The extent to which stakeholder buy-in is in fact necessary for a successful project outcome has not been established. Nevertheless, if project staff have sufficient resources and time, it may be desirable to contact relevant stakeholders, inform them about the project, and answer any question that they may have about the social norms approach. Examples of relevant stakeholders might include:

> **Tip!** *It is sometimes useful for beginning projects to bring in an acknowledged expert in the social norms approach, not only to conduct staff trainings, but also to meet with stakeholders, and to discuss and promote the approach with them.*

- Program administrators
- Service providers
- Community leaders
- School superintendents and faculty
- Chamber of Commerce
- Law enforcement officials
- Retailers

Various ways can be used to provide this information to stakeholders, including personal meetings, teacher trainings, press conferences, and direct mailings. When doing stakeholder work, it is important to remember that the social norms approach presents a number of significant paradigm shifts when compared to traditional prevention strategies, and articulating these may be a challenge as the project seeks to establish itself. These paradigm shifts occur principally in four areas.

The Paradigm Shifts:

- Content
- Context
- Connection
- Conduct

Content

Whereas many traditional prevention efforts focus intensively on *problems* and *deficits,* the content of a social norms intervention consistently highlights the attitudinal and behavioral *solutions* and *assets* that are the actual norms of the target population. An example of this dramatic shift in content is the marked difference between the fear-based

messages of traditional prevention campaigns (*"This is your brain. This is your brain on drugs!"*) and the positive, health-focused messages of the social norms approach (*"Most students choose not to use!")*. Some stakeholders may be staunch defenders of the "scare-tactic approach" despite scant evidence of its effectiveness. Project staff should inform these stakeholders that scare and fear-based appeals are not only ineffective (Sutton, 1982; Soames Job, 1988; Taubman Ben-Ari, 2000) but that—by vividly focusing public attention on the problem—they may inadvertently serve to perpetuate the very misperceptions that the social norms intervention is designed to reduce.

Context

Many traditional approaches to health promotion target the individual for the intervention, i.e., they seek to effect change by altering the individual's cognitive or psychological makeup, sometimes by means of therapeutic interventions, and sometimes through intensive programmatic efforts. By contrast, social norms is predominantly an environmental approach that targets not just the individual but the entire social context. It is therefore a very cost-effective way of reaching large numbers of people, reducing their misperceptions, and affecting population-based behavior change.

Nevertheless, it should be noted that environmental and individual strategies are not mutually exclusive. (One example of this is a counseling intervention that incorporates normative information.) Agencies that provide services on an interpersonal level play a vital role in a community's health promotion efforts and will continue to do so during the course of the social norms project.

Connection

While traditional prevention efforts are often successful at recruiting coalition and task force members, they are often not as effective in reaching and positively impacting the target population. Witness the lament that is often heard at many prevention programs: "The people who really need this aren't here…" In contrast, there is arguably no other health promotion strategy that remains as *connected* as social norms to the population that it is intended to serve. It maintains this connection by virtue of the quantitative and qualitative data that it gathers *from* and then communicates *to* the target population, using surveys, focus groups, mall intercepts, and other sociometric research methods to ensure that credible and current information help to shape and to correct the course of the intervention. The intensive, on-going process of data-gathering, message dissemination, and process evaluation that are required in a social norms project may be significantly different from what is familiar to many practitioners and stakeholders.

Conduct

Given that the context of the intervention is the broad social environment, the methods used to effect widespread changes in perception and behavior are frequently based on *mass media and marketing strategies*. These methods provide the most economical and effective way to repeatedly communicate normative messages to large

numbers of people. This manner of conducting a health promotion campaign may be a challenge to those stakeholders and project staff whose training and experience is grounded in more traditional interpersonal approaches.

One point to remember as stakeholder work proceeds is the need for the social norms project staff to maintain ownership of the intervention. It is critically important that the normative messages that are communicated come from a source that is—and is perceived to be—genuinely concerned for the welfare of the target population. Other agencies may have different agendas than those of the social norms project; for this reason, staff must not be used primarily to serve the public relations needs of some other agency.

> **"It is critically important that the normative messages come from a source that is—and is perceived to be—genuinely concerned for the welfare of the target population."**

Finally, equally important as stakeholder work are the opportunities to work with local press and media outlets. Examples of this include meeting with the local editorial boards to explain the project, and establishing a relationship with the reporters who cover the relevant beat. This will also help to establish project staff as local contacts for the press when news about the target issue arises.

KEY CONCEPT

The social norms approach presents a number of paradigm shifts when compared to traditional prevention strategies. These occur principally in four areas:

Content

The content of a social norms intervention consistently highlights the attitudinal and behavioral *solutions* and *assets* that are the norms of the target population.

Context

The social norms approach is an *environmental* strategy that targets not just the individual but the entire social context.

Connection

By virtue of the data that it gathers *from* and then communicates *to* the target population, the social norms approach is a health promotion strategy that remains highly connected to the population it serves.

Conduct

The methods that are used to effect widespread changes in perception and behavior frequently employ *mass media and marketing strategies*, although other techniques can also be used to reduce misperceptions.

Section 1.6 Assessing Staff and Funding

Working through the topics discussed above will help staff assess their readiness to implement a well-researched and well-designed social norms intervention. If conducted properly, the initial planning process will also necessitate a careful examination of project staffing needs, as well as a consideration of how key staff will maintain fidelity to the social norms model. Several basic questions that may arise before the project proceeds are:

- Are there sufficient staff to perform the work of the project?
- Are they existing staff, or will staff need to be added?
- Will existing staff have duties added on or altered significantly?

Finally, an examination of all of these issues will assist in a determination as to whether there is adequate funding to conduct the project.

Section 1.7 Implementation Plan: A Sample Timeline

The sample timeline in Figure 1.4 is for implementing a social norm campaign over a thirty-month period. This timeline is designed for a twelve month school year beginning either January 1st or July 1st . The plan calls for collection of baseline (T1) evaluation data as well as two subsequent data collection opportunities (T2 & T3) to assess impact of the social norms intervention. (Process evaluation and market research should occur continuously during the project as well as at these data collection points.)

Ideally, the initial planning stage described in this chapter of the Guidebook should occur before funding is sought. However, if time is a constraint, the tasks outlined in the initial planning stage could be compressed to occur during the first two months of this plan. If a project is funded for 36 months, then there may be time and resources to conduct the initial planning stage as well as a thorough post-intervention analysis and perhaps even the preparation of an extensive final report or a journal article.

Figure 7. Two-year (30 month) Implementation Plan

Month	
1-2	Hire staff, choose instrument, meet with stakeholders
3-4	Collect Baseline (T1) Data
5	Analyze Data
5	Craft Messages
6	Develop Prototype Media
7-8	Test media
8-12	Disseminate Media
11-13	Monitor for Impact and Refine Media and Methods
14-18	Disseminate New Media
15-16	Collect T2 Data and Monitor for Impact
17	Analyze Data and Monitor for Impact
18	Refine Methods and Develop New Media
19-20	Test New Media
20-24	Disseminate New Media
23-25	Monitor for Impact and Refine Media and Methods
26-30	Disseminate New Media
27-28	Collect T3 Data and Monitor for Impact
29-30	Analyze Data, Monitor for Impact, Report Results

Chapter 2

Initial Data Collection Stage

The social norms approach is a data-driven, integrated process. What this means is that both the quantitative and qualitative data that are gathered determine how the project proceeds from stage to stage, and that the stages are dependent upon one another. Essentially, data are gathered in order to establish baseline measures, to provide verifiable information for social norms messages, to identify effective media channels and credible messages (sometimes called market research), to perform process evaluation and, as part of outcome evaluation, to assess the effectiveness of the intervention.

KEY CONCEPT

Social norms interventions are based on quantitative data gathered using established research methods. At a minimum, the questions that are asked should provide data about the target population's:

- Personal behaviors and attitudes (including protective behaviors)
- Perceptions of peers' typical behaviors and attitudes
- Exposure to social norm messages

Data collection issues related to outcome evaluation will be examined in Chapter Five. In this chapter, three aspects of the data used in a social norms project will be discussed:

1. Methods of Data Collection
2. Baseline Data: Critical Measures
3. Process Evaluation

Section 2.1 Data Collection Methods

A wide variety of data and information is necessary for a social norms intervention, and various methods are routinely used to gather these for a project. When used in concert, these multiple methods yield a wealth of quantitative and qualitative data

about the target population. Here are the kinds of data collection methods most commonly employed, with a brief examination of the principal uses of each.

Survey

A survey is a specially designed questionnaire. The statistical data derived from a survey are most commonly used for needs assessment, to establish baseline measures* for the intervention, to provide information for social norms message, and—after the administration of a follow-up survey—to evaluate the effectiveness of the project.

In addition to gathering necessary demographic information (such as gender, age, year in school, etc.), the questions on a survey used in social norms projects must also provide other measures of the target population. The essential measures are:

- Personal behaviors and attitudes (including protective behaviors)
- Perceptions of peers' typical behaviors and attitudes
- Exposure to social norm messages.

Because questions can be answered anonymously, surveys allow individuals to divulge information that they might be reluctant to reveal during personal interviews. They are the most common method of gathering information from a large sample of the population. When properly administered, surveys can yield highly reliable data about the target population, and powerful statistical programs can perform sophisticated analyses of the data.

A survey can be administered in a number of ways:

Standard Administration

Surveys are most commonly administered following rigorous protocols or guidelines. These protocols determine such things as the number of surveys to be administered; e.g., a *census survey*, which samples the entire population, or a survey administered to a random sample of the population. (For a detailed discussion of sampling issues, see "Determining Sampling Size," pp. 55-57 in the Appendix.) In this type of surveying it is standard practice to note the *response rate*, which is the number of completed and usable surveys collected divided by the total number of possible respondents who received a survey.

The most common methods of administering surveys in this way include: Paper and pencil (e.g., a mailed survey, or a survey administered in a class); a phone survey; a computer or web-based survey; and a personal interview.

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* Sometimes referred to as a Time 1 measurement, a baseline measurement is one that is taken before an intervention has been implemented. This measurement is used to assess the effectiveness of an intervention when it is compared to a post-intervention (or Time 2) measurement.

Opportunistic Survey

An *opportunistic survey* uses an existing opportunity to interact with a group of individuals from the target population to administer a survey or to pose a series of questions. For example, before a pre-arranged classroom presentation a health educator could distribute copies of a survey and request that students complete it. An opportunistic survey is a kind of *convenience sampling*; that is, potential survey respondents are not selected randomly and may therefore not be representative of the entire population.

Opportunistic surveys provide a relatively quick and economical way to do sampling, especially of hard-to-reach segments of a population. This data-gathering method is also frequently used to conduct the process evaluation of a project, as when staff desire a quick indication of the extent to which social norms messages are reaching and being understood by the target population.

Mall Intercept

Another example of convenience sampling, the *mall intercept* is a survey administration method that is commonly conducted in a high traffic area, such as a shopping mall, a building lobby, or a school cafeteria. It often includes a small incentive to bolster participation.

Personal Interview

Another way to administer a survey is by *personal interview*. The interview can take place either face-to-face in a public area or a residence, or by telephone. Even though no identifying information is necessarily collected, the personal nature of the interview can make it difficult to assure the respondent of his or her anonymity; depending on the nature and sensitivity of the questions, this may affect responses.

Focus Group

Another method of gathering data is a *focus group*. A focus group is "a carefully planned discussion designed to obtain perceptions on a defined area of interest in a permissive, non-threatening environment" (Krueger, 1994, p. 6). The discussion is led by a trained facilitator who, following a prepared guideline, seeks opportunities to probe ideas and attitudes *behind* the answers and to pursue unexpected informational directions. The optimal number of participants in a focus group is generally considered to be 8-10 people, and it is customary to conduct a number of groups in order to determine if a pattern of responses exists in the population targeted for study.

In addition to requiring a trained facilitator, some effort and resources (i.e., incentives) are usually required to ensure adequate attendance. While they can be "low-tech," focus groups are sometimes audio- or videotaped in order to allow for subsequent

Tip! *The kind of incentive that will effectively bolster recruitment for a focus group will of course vary, depending on the setting and the population. It is advisable to conduct some quick market research by randomly asking members of the target population: "What would show you that we value your thoughts and yours time? What you entice you to commit an hour or so to talk informally about our project—a free pizza, a movie pass, or a five dollar bill?" Not surprisingly, many projects find that even a small amount of money works well. Think creatively! Is there a local retailer that would subsidize a small gift certificate that you could use as an incentive?*

For additional information on focus groups, with a sample format and questions to test messages and media, see Section 3.7.

in-depth analyses of responses. Focus groups are frequently used in social norms projects to pilot test social norms messages and media, such as posters and flyers, and to determine media channels and preferences. They are also used to sample specific and/or hard-to-reach segments of the population, and can be used to further investigate questions that may arise from the analyses of data derived from surveys.

Archival Records

Other possible sources of data for the project are *archival records,* which are existing measures of various phenomena that pertain to the target behavior(s) of the population. Examples include: police or State's Attorney data regarding underage violations; alcohol, tobacco, and other drug (ATOD) sanction reports; and relevant emergency room admissions.

Archival records are sometimes used to provide additional measures of an intervention's effectiveness. An example of this would be a marked reduction in ATOD sanction reports over the course of the intervention. Caution is warranted in the use of these data, however, since policy changes may also affect them. An example of this would be a dramatic rise in ATOD sanction reports due entirely to increased enforcement efforts.

"Caution is warranted in the use of data from archival records, since policy changes may also affect them. An example of this would be a dramatic rise in ATOD sanction reports due entirely to increased enforcement efforts."

Direct Observation

Direct observation is the use of unobtrusive monitoring of behaviors or other behavioral markers, e.g., counting cigarettes in urns, or recording the number of positive

or negative statements made regarding cigarette use during a fixed period of time in a classroom. Although not frequently employed, direct observation can be used to provide additional measures of an intervention's effectiveness.

Section 2.2 Baseline Data: Critical Measures

Sometimes referred to as a Time 1 measurement, a baseline measurement is one that is taken before an intervention has been implemented. Baseline data for social norms interventions are generally derived from quantitative data gathered from survey questionnaires. At a minimum, these data should include quantitative information about the target population's:

- Personal behaviors and attitudes (including protective behaviors)
- Perceptions of peers' typical behaviors and attitudes

Ideally, measures of exposure to social norm messages should be included in baseline data collection as well. It is also desirable to have baseline data regarding how frequently the target population uses certain channels (e.g., posters, flyers, newspapers, parents, teachers), as well as how credible those channels are perceived to be as sources of health-related information. Given these concerns, it is important that survey questions be designed with these data requirements in mind. (See the sample surveys provided at the end of this guidebook.)

Personal Behaviors and Attitudes

The utility of various measures

Health assessment surveys have traditionally asked a wide range of questions about behavior. Using the consumption of alcohol as an example,[•] it is not uncommon for surveys to pose a series of questions that attempt to provide widely varying measures of use, such as:

- Have you ever consumed alcohol?
- Have you consumed alcohol within the last school year?
- Have you consumed alcohol sometime during the last semester?
- Have you consumed alcohol within the last month?
- Have you consumed alcohol within the last two weeks?

[•] Although an issue of common concern, adolescent alcohol use is, of course, only one of many possible behaviors that might be targeted in a social norms project. Sample questions regarding alcohol use are discussed here and throughout this chapter only for the purpose of illustrating how the various essential aspects on one specific issue can be measured.

It should be noted, however, that for a social norms project the utility of data derived from questions of this kind varies widely depending both on the age of the population and the particular behavior or substance to be targeted. For example, in most communities it is probable that the clear majority of middle school students have never consumed alcohol beyond just a few sips at a family or religious gathering. If that is indeed the case in a specific school or community, data derived from the question "Have you ever consumed alcohol?" could provide powerful statements about the norms of non-use in an intervention designed to address alcohol use among that community's middle school students. By contrast, the same question would probably *not* be useful for an intervention seeking to reduce the incidence of alcohol use among that community's high school students, given the probability that most have consumed alcohol at some point in their lives. In this case, a more time-limited measure would be appropriate, such as one that queries consumption within the last month or the last two weeks. Finally, one example of when the "ever use" measure would in all likelihood be appropriate for both middle and high school students is in an intervention targeting smokeless tobacco, since non-use is generally the clear norm for both these populations.

It is important to note that other questions can be useful in gathering data about what the target population normally or typically does. An example of this would be: *"When hanging out or socializing with friends, what do you typically drink?"* Response options for this question might include: bottled water; sports drink; pop/soda; tea; coffee; juice; milk; alcohol; and other. The data derived from this question could help to generate powerful messages about the healthy choices that the target population typically makes when socializing.

Actual and Perceived Attitudes and Behaviors

Data consistently show that individuals frequently overestimate the extent to which their peers hold permissive attitudes with respect to alcohol, tobacco, or other drug use, while simultaneously underestimating the extent to which their peers actually engage in healthy and protective behaviors. The social norms approach to health promotion works by correcting these common misperceptions. It is therefore necessary for a social norms project to gather data regarding the actual attitudes and behaviors of individuals in the target population, as well as what those individuals perceive to be the typical attitudes and behaviors of their peers.

"Data consistently show that individuals frequently overestimate the extent to which their peers hold permissive attitudes with respect to alcohol, tobacco, or other drug use, while underestimating the extent to which their peers actually engage in healthy and protective behaviors. The social norms approach works by correcting these common misperceptions."

Pursuing the example of alcohol use discussed above, one possible way to

measure both individual use and perceived use of alcohol by peers would be to ask: *"When hanging out or socializing with friends, what do you think a typical student at your school drinks?"* The response options for this question would be the same as those provided for the question assessing personal use, i.e.: bottled water; sports drink; pop/soda; tea; coffee; juice; milk; alcohol; and other.

Similarly, the survey should have an item measuring the respondent's personal attitude toward use, and a parallel question assessing what the respondent perceives to be his or her *typical* peer's attitude toward use. Continuing with the example of alcohol use, one way of measuring personal attitudes would be to ask respondents how much they agree or disagree with the following statements:

- It is wrong for people my age to drink beer or wine.
- It is wrong for people my age to have 5 or more alcoholic drinks at a party with friends.

The response options could be offered in a scale ranging from *strongly disagree* to *strongly agree*. The same response options would also be provided for the parallel questions designed to measure perception of peer beliefs:

- The *typical student* at my school believes that it is wrong for people their age to drink wine or beer.
- The *typical student* at my school believes that it is wrong for people their age to have 5 or more alcoholic drinks at a party with friends.

Protective Behaviors

As noted previously in Section 1.1, a fundamental aspect of the social norms approach is the attention that it focuses on the health and protective behaviors that are the actual norm in the target population. This is done, in part, by repeatedly communicating to the population credible information about its own strategies for the avoidance of use and/or harm.

One way of gathering these data is to include a question on the survey that assesses the extent to which various protective behaviors are employed. For example, one question might ask: "When you have been at a party or just hanging out with others students, what, if anything, have you done to avoid drinking alcohol?" A number of behaviors could then be listed, with a *Yes* or *No* response option for each. Some of the protective behaviors relevant to alcohol use would include:

- I never drink alcohol, so I do not do anything special
- I avoid parties where students drink
- I do not hang out with drinkers
- I leave a party if other students start to drink
- I stay at the party, but try to avoid the drinkers
- I tell people "I don't want to drink" if I am offered alcohol
- I pretend to be drinking alcohol by holding a beer or other drink

This is just one possible example, of course, and a comparable series of protective behaviors could be queried for another target issue, depending on the specific goals of the project. However, if the length of the survey precludes adding a question like this, project staff should consider using either the opportunistic survey or the mall intercept methodology to gather these data.

Negative Consequences

The survey should also include a question that measures the prevalence of various negative consequences of the target behavior. This information can be useful to the project in two ways. First, it can assist in the needs assessment, since it will provide data about the baseline levels of morbidity in the population. Second, if a reduction in negative consequences is a stated and measurable goal of the project, it can aid in the evaluation of the intervention, since the incidence of negative consequences should decline from baseline (Time 1) to post-intervention (Time 2) if the project has been effective.

The types of negative consequences queried will of course depend on the behavior that is the focus of the intervention. Here is a sample question that assesses the negative consequences of alcohol consumption: *"If you drank alcohol during the last 12 months, did you experience any of the following as a consequence of your drinking?"* The negative consequences queried could include:

- Physical injury to yourself
- Physical injury to others
- Damage to property
- Late papers, missed exams, failure to study for exams
- Damaged friendships or relationships
- Impaired driving
- Punishment by parent or guardian
- Trouble with police
- Sickness (hangover, nausea, illness).

The response options for each of these possible consequences would be: Not applicable/Don't drink; No; Yes.

Exposure to social norm messages

The social norms approach works by correcting a target population's misperceptions about its own attitudes and behaviors, and it does this by consistently exposing the population to an array of messages about its healthy norms. One way of assessing the impact of the intervention, therefore, is to measure the extent to which exposure to social norms messages has increased in the population from baseline (Time 1) to post-intervention (Time 2). An alternative measure of this would be to compare the level of exposure to normative messages at Time 2 in the intervention group as compared to a comparable group or population, called a *control*, that has not been exposed to the intervention. Having data that show an increased rate of exposure to normative messages will support the attribution of positive changes to the social norms project. The survey should therefore include a question that measures exposure to normative messages.

"The social norms approach works by correcting a target population's misperceptions about its own attitudes and behaviors, and it does this by consistently exposing the population to an array of messages about its healthy norms."

Here is a sample question for messages related to alcohol (and adaptable for other sample issues): *"About how many times during this school year have you seen or heard information based on data collected at your school stating that most students at your school do not drink alcohol (or: do not smoke cigarettes, do use seat-belts, etc.)?"*

Channels

The term *channels* refers to the various routes or pathways that are used to communicate with a target population. Channels can be either individuals or things, and examples include (but are not limited to): posters and flyers, newspaper articles, health educators, friends, magazines, parents, peer educators, and the internet. In order to improve the effectiveness of the project, quantitative data should therefore be gathered regarding the various channels that are currently used by the target population. Specifically, two things should be measured:

- The frequency with which various channels are used or accessed, and
- How credible these channels are perceived to be as sources of health-related information.

Not all channels are accessed equally, of course, and those that are perceived as less credible will be undesirable for message delivery. For example, while students may report that their *friends* are frequent sources of ATOD information, they may also report that their *friends* are not highly credible sources for this kind of information. Having

these data will allow for more effective resource utilization during the implementation stage of the project.

One way to gather these data is through the survey. For example, the question could be asked: *"How frequently have you seen or heard information about alcohol, tobacco, or other drugs from the following sources?"* Various sources could then be listed (e.g., *Your parents, your teachers, your friends, the internet, a poster, a flyer/handout, school newspaper, student peer educator*) with a response scale ranging from *"Almost never"* to *"Very frequently"* for each item listed. A follow-up question should then be asked: "Please rate how believable each of the following sources of information is to you." The exact same list of sources would then be provided with a five-point response scale ranging from *"Very unbelievable"* to *"very believable."* (See Table 1 for the kind of data these survey questions can yield.) Other methods can and should be used to gather these data as well, such as mall intercepts and focus groups.

Section 2.3 Process Evaluation

The term *process evaluation* refers to the ongoing assessment that is conducted in order to describe and document the quality of project implementation. Process evaluation should not be confused with—nor does it replace—*outcome evaluation*, which measures the extent to which the intervention has successfully changed the behavior and/or health status of the population. Sometimes referred to as *formative evaluation*, process evaluation is performed using any or all of the quantitative and qualitative data-gathering methods described in Section 2.1 above, i.e., surveys, focus groups, personal interviews, archival records, and direct observation. Process evaluation serves two important functions:

> **"However well planned it might be, an intervention that does not reach, is misunderstood or thoroughly rejected by its target population is bound to fail. *Process evaluation* is designed to measure these critical aspects of project implementation, and is especially valuable because it can alert project staff of the need to take corrective action."**

Process evaluation measures the extent to which project implementation is proceeding according to plan.

Process evaluation helps to document a measurable link between the intervention and the outcome.

However well planned it might be, an intervention that does not reach, is misunderstood or thoroughly rejected by its target population is bound to fail. Process evaluation is designed to measure these critical aspects of project implementation, and is

especially valuable because it can alert project staff of the need to take corrective action. Among the key elements of a social norms intervention that should be evaluated are:

- "Dosage" delivered
- "Dosage" received
- Comprehension
- Contamination

Dosage delivered

Dosage delivered refers to "the amount or proportion of the intended intervention that is actually delivered" to the target population (Linnan and Steckler, 2002, p. 13). One example of this would be a log that details the dates, locations, and number of posters distributed or displayed on a school campus or in a community. Another example would be a log detailing the date, locations, and number of those who attend project presentations or events.

Dosage received

Dosage received, also sometimes called *exposure,* refers to a measure of the extent to which the target population actually hears, sees, and/or receives the social norms messages, as well as how often this occurs. A question that asks "Have you seen or heard these messages?" will provide data about the *breadth* of a population's exposure, whereas a question that asks "How many times have you seen or heard these messages" will provide a measure of the *depth* of exposure. Both measures are important.

Dosage received is frequently measured by surveying the target population in some way, and can be reported as a percentage, a proportion, or as an average number of exposures. Key questions in this regard are:

- Has the target population seen or heard any of the social norms messages since project implementation?
- Through which media channels are the messages reaching the target population?

A related concept is *habituation*, which refers to the population's negative reaction due to *overexposure* to the messages (Haines, 2005). Habituation is often assessed using qualitative data-gathering methodologies, such as personal interviews and focus groups. Key concerns to explore include whether the population has begun to ignore the messages or to react negatively to them because of too much exposure, or too little variety.

Comprehension

In addition to dosage received, project staff should closely evaluate the target population's *comprehension* of the social norms messages that it is receiving. Key questions in this regard are:

- Which messages are being heard?
- What do the messages mean?
- How would they state the message(s) in their own words?

Contamination

Contamination refers to the extent to which the target population is affected by other (and sometimes contradictory) interventions, as well as the extent to which the control group (if applicable) is impacted by the intervention (Baranowski and Stables, 2000). One example of this would be the simultaneous appearance on a campus of competing messages issued as part of a traditional, fear-based prevention campaign. Another example would be extensive press coverage of a tragic incident that is related to the target issue, especially when the coverage implies that incidents of this kind are common and that the problem is widespread.

A related form of contamination can also occur when the social norms project's sponsoring office or agency is perceived by the target population—whether rightly or wrongly—to have an ulterior motive, to be controlling or adversarial, or not to have the best interests of the target population at heart. Clearly, such a perception can negatively impact how the project's normative messages are received and understood.

Key questions in this regard include:

- What office or agency is issuing these social norms messages?
- What is the motive of the office or agency in issuing these messages? What are they trying to do?

A thorough use of process evaluation will help to document a measurable link between the intervention and the outcome. Data regarding dosage delivery will help to confirm that normative messages were consistently communicated to the target population, and data regarding the dosage received will document the extent to which messages actually reached the population through the various media channels. These data will provide corroborative evidence that the positive change in perception can be attributed to the intervention.

Note: Further details regarding process evaluation are discussed in Chapter 4: Implementation Stage.

Chapter 3

Strategy Development Stage

This is the stage during which most of the market research is conducted and a realistic and feasible marketing plan is developed. Analysis of the baseline data will lead to the development of a number of prototype messages. The results of market research will help in drafting various samples of normative media for additional pilot testing and refinement, as well as in the determination of the media channels and credible sources that will be most effective for repeatedly reaching the target population(s).

Here, in order, are the topics to be addressed in this chapter:

1. Social Norms: Developing a Social Norms Marketing Plan
2. Message Channels and Source Credibility
3. Message Development
4. Media Development
5. Message Testing, Revision, and Re-testing
6. Marketing Research Tools
7. Media Focus Group: Format and Questions

Section 3.1 Social Norms - Developing a Social Norms Marketing Plan

The social norms marketing plan is the chronological outline of the work to be done in order to achieve the stated goals. It provides an indispensable checklist of specific tasks to be performed during specific time periods, and helps to make sure that project staff have addressed all of the critical questions: who, what, when, where, how many, and cost. In a very real sense, then, the marketing plan demonstrates an understanding that the social norms approach is a data-driven, integrated process—i.e., that the data that are gathered inform how the project proceeds from stage to stage, and that the stages are dependent upon one another (see Figure 8).

Figure 8. Your City High School (YCHS) Social Norms Marketing Campaign -- Marketing Plan, Year 1 (January 2005 – June 2006)

Primary Target Population: YCHS students: 3,033 (2003-2004 enrollment); Teachers/Administration: 313
Secondary Target Populations: parents & community members, 18 & over: 60,086 (2000 Census Data); middle school students: Dist. 65: 2,215

Program Component	Start/End	Target Population	Total Number of Targeted Recipients	Total Number/ Program Component	Location	Total Cost Based on $24,985
Surveys	April 2005 April 2006	**a.** YCHS students **b.** YCHS parents **c.** YCHS teachers/staff	**a.** 3,033 **b.** 300 **c.** 100	**a.** 1x per year **b.** 1x per year **c.** 1x per year	**a.** YCHS **b.** Mail Survey, On-site survey **c.** Interoffice mail survey **d.** On-site surveys	Incentives: $900/year Postage: $250/year **Cost: $1,250/year**
Focus Groups	April 2005- April 2006	**a.** YCHS students **b.** YCHS parents **c.** YCHS teachers/staff	**a.** 100 **b.** 50 **c.** 50	**a.** 10 **b.** 5 **c.** 5 **Focus Groups = 20*** *10 participants per FG	**a.** YCHS, Library, Student-to-Student **b.** Library, Parent Enrichment **c.** YCHS **d.** Middle schools, youth board	Cost of Incentives: $1,000 ($5 stipend per participant) **Cost: $1,000**
Posters	September 2005- June 2006	**a.** YCHS students **b.** YCHS parents/community **c.** YCHS teachers/staff **d.** YCHS middle school students & teachers (7 middle schools)	**a.** 3,033 **b.** 60,086 **c.** 313 **d.** 2365	**(#posters per month = total)** **a.** 150 x 7 = 1,050 **b.** 150 x 5 = 750 **c.** 5 x 5 = 25 **d.** 20 x 7 x 8 = 0 **(recycled from YCHS)** **Total Posters= 1,825**	**a.** YCHS (35+ per wing, incl. clsrms) **b.** 250 businesses **c.** YCHS (lounge, main office) **d.** Seven middle schools	color copying: 11x17 1-25: $2.98ea; 26+: $1.98ea **a.** 150 x $1.98 x 7=$2,079 **b**. 150 x $1.98 x 5=$1,485 **c.** 5 x $2.98 x 4=$60 Cost of copying: $3,624 Cost of software: $1,000 **Cost: $4 624**
Flyers	September 2005- April 2006	**a.** YCHS students **b.** YCHS parents/community **c.** YCHS teachers/staff	**a.** 1,000 **b.** 3,000 **c.** 315	**(#flyers per month = total)** **a.** 125 x 8 = 1,000 **b.** 500 x 8 = 4,000 **c.** 315 x 4 = 1,260* **Total Flyers = 6,260** *every teacher & administrator receives 4 flyers per year.	**a.** cafeterias, YCHS events **b.** YCHS events, p/t conferences, parent groups, library, YCHS parent newsletters, church bulletins, grocery stores, hospital newsletters, insert w/ paychecks **c.** YCHS staff mailboxes **d.** cafeterias, activities, staff boxes.	7,260 @ x .09¢ (first 100) .045¢ (after 100) 8 flyers/783 copies per run $40/run x 8runs Cost of copying: $320 **In-Kind Donation**
Mailers	September 2005- June 2006	**a.** YCHS students **b.** YCHS parents **c.** YCHS Community	**a.** 3,000 **b.** 3,000 **c.** 1,500 (November – June)	**(# of mailers per month = total)** **a.** 1,500 x 8= 12,000* **b.** 1,500 x 8= 12,000* **c.** 150 x 8= 1,200 **Mailers = 25,200** * every student and parent receive 4 mailings per year, (every YCHS household	**a.** home address **b.** home address **c.** business address	25, 200 @ .18¢(first 100) .09¢(after 100) .75¢ per cut per 100 sheets: 3,150 mailers/788* copies $80/run x 10runs cost of postcards = $800 + .20¢ postage = $5,040 **Cost: $5,840** *4 postcards per page

Figure 8 (continued). Your City High School (YCHS) Social Norms Marketing Campaign -- Marketing Plan, Year 1 (January 2005 – June 2006)

Program Component	Start/End	Target Population	Total Number of Targeted Recipients	Total Number/ Program Component	Location	Total Cost Based on $24,985
Presentations	July 2005- June 2006	YCHS Community	250* *Est. 25 participants per presentation	20 presentations	YCHS (administration, staff & students) Service Clubs District (staff & students) Community groups	**In-Kind Donation**
Print/Visual Advertising	September 2005- June 2006	**a.** YCHS students **b.** YCHS Parents/Community	**a.** 1,998/ message **b.** 1,998/ message	**(# of ads* per month = total)** **a.** 4 x 8 = 32 **b.** 4 x 10 = 40 **Total Ads = 56** *Includes Editorials	**a.** YCHS School newspaper, website, and bulletin **b.** YCHS Newspaper and Website, District Website	**Cost: $7 406**
Screen Savers	September 2005- June 2006	YCHS students	3033	10 messages/month	YCHS library, computer lab, and classroom computers	**No Cost**
Radio & SCMC Advertising	September 2005- June 2006	**a.** YCHS students **b.** YCHS Parents/Community	**a.** 1,998/ message **b.** 1,998/ message	(# of ads per month = total) **a.** 1 x 8 = 8 **b.** 2 x 10 = 20	**a.** YCHS announcements **b.** YCHS Cable programs/fillers	**No Cost**
Message Retention Activities	September 2005- April 2006	**a.** YCHS students **b.** Parents **c.** YCHS teachers/staff	(#recipients x activites) **a.** 10 x 32 = 320 **b.** 10 x 8 = 80 **c.** 10 x 8 = 80	**(# activities per month = total)** 6 x 8 = 48 **Total Activities = 48**	YCHS sponsored activities & sporting events, cafeterias, YCHS Substance Abuse Awareness Week, Alcohol Awareness Month (April), community events	**Cost: $ 480** **($1 per receipient)**
Promotional Items	Ongoing	**a.** YCHS students **b.** YCHS parents/community **c.** YCHS teachers/staff	**a.** 1500 **b.** 1500 **c.** 300	**Total Items = 3,300**	magnets, pens, water bottles, key chains, stress balls, screen savers	**Cost: $3,300** **(estimated $1 per item)**

Adapted by permission from the marketing plan developed by Sara Christensen of Peer Services, Inc. for use at Evanston Township High School.

Section 3.2 Message Channels and Source Credibility

Here is a series of questions that need to be answered during marketing research:

- What message channels are currently used by the various populations that will be targeted in the intervention? (E.g., newspapers, radio, posters, flyers, computers, and in-school television productions). Are these channels utilized for the kind of health-related information that will be provided?

- Which channels are avoided or perceived with hostility?

- Is more specific information available about when, where, or how these particular channels are accessed? (E.g., Days of the week, sections or pages of newspapers, specific building and/or areas of buildings…)

- What sources for this kind of health-related information are deemed to be credible by the target population(s)? Which sources are deemed to be not credible? (E.g., Wellness offices, mental health agencies, administrative school districts, police departments, peer educators, in-school television productions.)

- Social norms marketing is not a public relations campaign for a particular agency or office. It is about credible normative health-related information being seen often and being recalled. Are there data that indicate that an agency name or logo either adds to or detracts from the value of the normative messages?

- Have project staff considered using a variety of methods to gather data about these critical questions?

Section 3.3 Message Development – The P.I.E. Concept

The goal is to develop a number of normative messages that are simple, positive, truthful, and consistent. Here are some guidelines that will help project staff to do just that.

Message and Media P.I.E.

The *P.I.E. Concept* provides useful guidelines for the development and preliminary evaluation of normative messages and media (Haines, 1997). Messages and media that fail to meet any one of these criteria should be avoided.

The *P.I.E. Concept* provides useful guidelines for the development and preliminary evaluation of normative messages and media (Haines, 1997). Messages and media that fail to meet any one of these criteria should be avoided.

- *Positive!*
  In other words: Beneficial, constructive, affirmative, hopeful, optimistic.
  —Positive media contain achievement messages and define what the healthy population does. They demonstrate protective strategies and model healthy behaviors. They describe a reward or benefit for those who participate in the behavior. These messages nurture and support. They leave the audience feeling good about the message content and about themselves.

- *Inclusive!*
  In other words: Incorporating, embracing, involving, comprehensive.
  —Inclusive media has a message for everyone in the target population. No one is excluded from access to wellness, which is the concept underlying the basic message(s). There is intentional wording and choice of graphics to include the entire cultural and behavioral spectrum represented in the target population(s).

- *Empowering!*
  In other words: Potent, energizing, strengthening.
  —Empowering media encourage people to act on their own behalf to solve problems and support them in taking charge of the problem-solving process. Messages identify resources and access to self-care and provide examples of individuals in the target population who have been successful. Avoid messages that tell people they are powerless victims. These messages drain energy, eliminate power, and neutralize strength.

Section 3.4 Media Development

Here are some guidelines to assist project staff in the development of normative media.

1. The message is a social norm

A norm is an attitude or behavior that is shared by more that 50% of the target population. Therefore, the primary message should be a norm or supported by normative data; for example:

- *Most Students Don't Smoke!*
- *76% of students have not used tobacco in the last 30 days.*
- *Most teens use seat belts.*

2. The message is simple and honest

The social norms approach is based on data. However, normative media should be used to restate the data simply and ***in the language of the target audience***. Instead of using a complicated message such as: *67.4% of students chose not to drink alcohol within the last two weeks when they partied or socialized with friends*, condense and simplify. Here are some possibilities:

- *Most students choose not to drink alcohol when hanging out with friends.*
- *Two-thirds of students choose to drink something other than alcohol when partying.*
- *Fully 67% of students party without alcohol.*

By doing so, project staff make it easier for the target population to retain the message.

3. The Message is supported with data

Even though the message is simple and honest, it is critically important that the data source of the message be provided. Presenting the source of the data (i.e., the year of survey administration, the number of respondents) will help to insure that the message is viewed by the target audience as being credible, relevant, scientific, and local. Here is an example of a possible data source for the message *Most students choose not to drink when they party:*

> Source: Your School Drug Perceptions and Use Survey conducted spring 2004 with 2,010 students at YCHS High School.

Note: It is also very important that information about the data source be presented in a font size and a manner that assures its visibility; i.e., in a way that graphically underscores its importance.

4. The normative message jumps out of the media

The primary normative message should be the most visible element: that is, it should jump out of the media and grab the attention of the target audience. It is helpful to think of it this way: The most important message should be the first one delivered, since that is what the target audience needs to retain. Since the goal is to reduce the misperception of the norm, the normative message has to reach the target population.

5. Adopt a positive message

Whenever possible, the primary normative message should be stated affirmatively as a behavior or belief that can be adopted, for example:

- *Most students make healthy choices.*
- *75% of Your City Students wear seat-belts.*
- *Most Your City High School students volunteer in their community.*
- *Most parents enforce the curfew.*

The intervention is not designed primarily to advocate for and model the *absence* of something: rather, it is trying to promote the healthy and protective *behaviors* that are the norm in the target population.

Nevertheless, secondary messages that are used to support or to corroborate the main message can include statements about the low prevalence of certain behaviors. Examples of these might be:

- Most students don't allow alcohol and other drugs to affect their studies.
- Most students at [school name] never drink and drive.

6. The graphic grabs the eye, complements the text, and suggests a story

The photographs and illustrations that are used should enhance the essential message of the text. Nearly every picture, image or assemblage of text and images suggests a story or evokes one or more feelings. The point here is to be sure that the image's story or feeling is consistent with the normative message, i.e., that it does not conflict or compete with it in any way.

Tip!

One common mistake to be aware of, in this regard, is the use of a "shock graphic" to grab the attention of the target population. Examples of this would be a photo of a student vomiting into a toilet or the image of a room that has been trashed during a party (both of which have actually been used in unsuccessful campaigns). This is an all too frequent error of designers who have been employed from outside marketing firms and whose tendency is to use a lurid graphic "hook" to catch the eye. Clearly, such images are incongruous with a message that seeks to promote the responsible and protective behaviors that have been identified in the target population.

Also, *less can mean more* as far as marketing is concerned. The key element is the message, and it should not be overpowered with graphic or design elements that impede its delivery. Graphic and design elements should be appealing complements to the message, not distracting competition.

7. The media supports power and choice, and connects with young audiences

Having a choice, exercising one's autonomy, and being in control of one's life are important issues to most people. They are especially important to youth, who are frequently irritated by finger-wagging messages and who tend to reject authoritarian directives. Messages that empower, on the other hand, encourage people to act on their own behalf, and they also help to identify protective behaviors and resources that others like themselves have used in order to safely engage and enjoy their world.

8. The media speaks to the target audience and is culturally sensitive

If the media is broadly targeted, it will clearly be more effective if it speaks to the diversity of racial, ethnic, sexual, and religious orientations in the target population. Ideally, inclusive media has a message for everyone in the target population: no one is excluded, and the wording and graphics are carefully chosen to include the entire cultural and behavioral spectrum represented in the target population.

Section 3.5 Message Testing, Revision, and Re-testing

Once a *number* of prototype normative messages and media concepts have been developed they will need to be pilot tested. It is important to be able to provide an array of choices and presentation styles or formats for consideration in order to obtain useful and critical feedback.

Here are some key questions that need to be answered before proceeding to the implementation stage:

- Is the normative message easy to see? Is it understood? Is it spoken in the *language* of the target population? How is it perceived?

- Which message(s) are most believable, and why? What effect do the data sources have on the believability of the message, and how might this information be best presented?

- Which message(s) and graphics are most memorable? Are the normative messages and the graphics consistent with each other?

- Is the source of this message credible? How is this source viewed by the target population, if it is known at all? Does it care about their well being, or is it merely seeking to control them in some way?

- *Tip:* Use the storytelling question to elicit feedback: "Tell me a story about what is going on with the people in this poster…"

Section 3.6 Marketing Research Tools

Media Ballot

The Media Ballot is a very simple tool that allows project staff to gather some basic information from members of the target population as to how they view various samples of proposed social norms media. Implicit in this endeavor is that *several* pieces of media will have been developed for evaluation. It is important to provide the target audience with *several* messages, images and formats from which to choose. A better sense can then be gained about those elements that are less appealing or off-putting, and those that are more effective, and why.

Here is how such media balloting can be conducted. Numerous examples of pilot media that use the same normative message presented in a variety of styles and formats are posted in a room or space that is large enough for people to move freely about. Ballots are distributed along with a pen or pencil. Participants are then asked to view the media carefully and to complete the media ballot or rating sheet. Since the ballot is meant to serve as a starting point for a focus group, it is an excellent way to utilize the often uncomfortable and silence-filled first few minutes when participants are just arriving.

Here is a sample format for a media ballot sheet or rating sheet:

Rating Sheet

- Year in School: Freshman Sophomore Junior Senior
- Gender: Male Female
- Please identify which group and/or individual piece of the displayed media best fit the following categories:
- Most eye-catching:
- Most believable:
- Provides the most useful information:
- Best over-all:
- Worst over-all:
- Other comments:

As many joint balloting sessions and focused discussion groups should be conducted as possible. The balloting sessions will provide the project with some quantitative data to add to the rich qualitative data gathered from the focus groups.

Section 3.7 Media Focus Group: Format and Questions

What follows are a suggested format and questions for a focus group devoted to media testing. In order to gather as much information as possible, the group should be lead by a trained moderator who is skilled in listening, probing and summarizing. While the moderator can take notes, it may be preferable to have another project staff member present as a "scribe" or note-taker, whose job it is *only* to listen for and transcribe themes and threads of thought, and to observe and record non-verbal communications. One inexpensive tool that is also frequently used is a tape recorder, the use of which allows the session to be reviewed in its entirety and for a complete transcript to be prepared, should project staff think it warranted. If the session is taped, participants should be informed and assured that no names will be attributed to any comments.

I. Introduction: Name tags and ground rules:

- Anybody can pass at any time
- Be brief, try to give short answers, not long-winded ones
- There are no wrong answers!
- Killer phrases or questions are out of bounds: they pass judgement or degrade. An example would be: "Any moron would know that!" The point here is to be respectful of one another and just share information and responses.

II. Questions from Rating Sheet

- Think back about the piece of media that you chose as most eye-catching. Which piece was most eye catching and what was it that caught your eye?
- Now think about the piece that you selected as most believable. Which piece did you select as most believable? What was it that made it believable to you?
- For the piece that you selected as most useful: What did you find useful about the information?
- The piece you ranked as best overall. . . What was it about the piece that made it best?
- Finally, for the piece you selected as worst overall. . . What was it about the piece that made it worst?

III. Other Questions

- What could make the media easier to read?
- What other information would you like to see included in media?
- What is your gut reaction to this piece of media?
  A word of caution is in order here. In focus groups where normative messages and media are tested one frequently encounters responses such as: "I think you should show pictures of the bad things that can happen" or "You should use scary images." Be prepared for this, but also be prepared to direct the conversation toward a frank evaluation of the social norms material on its own merits.
- What is the message that you get? Tell us what it says to you, in your own words.

VI. Other Comments

- Is there anything at all that we've left out? Anything you would like to add?

Chapter 4

Implementation Stage

The implementation stage is when the production and dissemination of normative messages actually begins. This will be the first time that the target population will have come in contact with project materials on a mass scale. Critical aspects of the intervention occur during this stage: e.g., assuring that messages are delivered frequently and consistently via the various media channels that have been identified. In addition, very important market research activities will also continue during this stage, such as periodically monitoring the extent and manner in which normative messages reach the target populations, and are recalled, reacted to and understood by them.

Here, in order, are the topics to be addressed in this chapter:

1. Monitoring: Project Documentation
2. Monitoring: Market Research
3. Monitoring: Intercept Survey
4. Outreach and Press Relations
5. Press Release Guidelines
6. Press Release Format
7. Sample Press Release
8. Opportunistic Implementations

Section 4.1 Monitoring: Project Documentation

The Implementation Stage is when the message delivery aspects of the marketing plan are put into action: frequently and consistently communicating normative messages via the various media channels that have been identified. Given that, it is advisable to create a log or file to document the various media placements. Care should be taken to preserve copies of all ads, posters, flyers, mailings, etc., and to be as specific as possible about the kind and number of items placed, posted or sent, as well as the locations used and/or publishing media employed.

In a sense, this aspect of monitoring serves as an audit (process evaluation) of how well the marketing plan is being implemented. It also provides a record that can be shared with funding agencies and supporters, if need be, to document project activities. An administrative assistant or secretary can perform this important task relatively easily.

Section 4.2 Monitoring: Market Research

Using the same marketing research methods that were used during the data collection and strategy development stages—focus groups, mall intercepts, and personal

interviews—project staff will now begin to periodically monitor the target population(s) to determine the extent and manner in which normative messages are reaching them.

The social norms approach is fundamentally directed and informed by the population(s) that are served, i.e., it is what the target population thinks and does that matters most. For this reason, project staff must do all that they can to gather rich feedback from them

Here are some key questions that—as often as possible—need to be answered:

- Are they seeing the campaign messages, are they familiar with them?
- Through which media channels are the messages reaching them ("Check all that apply…")
- What messages are they hearing? How would they state the message(s) in their own words. (i.e. Do they understand the message? Are you succeeding in communicating with them?)
- Is the source (office or agency) both credible and trusted for this kind of information?
- Who is behind this campaign? What is their motive? (I.e., Is the perceived goal of the campaign to control or manipulate the target audience, or is to provide helpful information?)
- Habituation: Are they seeing too much of the message?
  Things to check for: Are they ignoring the messages? Are they parodying the messages? Is there a negative reaction to or active derision of the media?

Section 4.3 Monitoring: Intercept Survey

Here is a sample template for an intercept survey questionnaire to assess media reach, recall, and reaction. As a sample, it will need to be revised to meet the specific needs of different social norms interventions. It is also important to note that an intercept survey can be administered by means other than an interviewer, e.g., a handout type intercept.

Sample Intercept Survey

Items to track before or after the intercept

Interviewer name: _____
Date of intercept: _____
Time of intercept: _____
Location: _____
Length of time: _____

Introduction Script

"Hi, I'm _____ of _____. We're just doing a quick and easy survey of students to gather some feedback. We've got a free bottle of spring water for you if you have a couple of minutes to answer a few questions. You do? Thanks!

1. Have you ever seen any of these posters or ads?
   Yes No

2. If so, which ones have you seen? [Check all that apply.]
   _____"Share the Truth…Most of Us Care"
   _____"Most of Us Are Healthy"
   _____"Most [School Name] Students Choose to Party Without Alcohol"
   _____"Most [School Name] Students Choose Not to Drink Alcohol"
   _____Dummy poster: i.e., one not used in the campaign.

3. Do you remember where you've seen it/them?
   _____School bulletin board
   _____School newspaper
   _____At a location in town (store, coffee shop, etc.)
   Do you remember where, exactly? _____
   _____ Other

4. If you were going to tell a friend at another school about these posters, how would you describe what they are trying to say? How would you put it, in your own words?

5. Who is making these posters and placing them around school and in town?
   _____Principal's office
   _____Police department
   _____Mental Health Agency
   _____School Health Office
   _____Parent/Teacher Association
   _____Other

6. What is their reason for putting these posters up? Why are they doing it?

7. What do you like most about these posters?

8. What do you like least about them?

Demographics: Male Female
Year in school: Freshman Sophomore Junior Senior

"Thanks for your time! We really appreciate it! Here's your bottle of spring water…"

Section 4.4 Outreach and Press Relations

It is during the Implementation Stage that outreach activities and press relations begin in earnest. This is when staff will begin presenting the project to the various publics that need to be informed. Staff permitting, it may be advisable to provide key stakeholders with periodic updates on the project. In addition, staff should seek to establish a good relationship with the local press and media. The goal is to educate them about the social norms approach: to explain what it is, how it has been used effectively elsewhere, and answer any questions that they may have.

The following sections provide guidelines for writing a press release, a sample of the format used to write a press release, and a sample release.

Tip!

Projects may find it beneficial to designate an individual to be the official spokesperson, someone who has experience with media relations or has undergone some kind of media training. Having such a spokesperson helps to ensure that the theoretical background, goals, and implementation of the project are articulated in a consistent and convincing manner.

Section 4.5 Press Release Guidelines

Press releases are useful for communicating any special news such as: the implementation of a new social norms intervention, a task force meeting open to the public, the release of data from a social norms project, or the start of a new school year. Any information that is newsworthy and that the public should know about can be submitted to the media in the form of a press release. Communicating through a short pitch letter or a phone call prior to submission can be helpful in explaining to reporters why the event is newsworthy.

It is good strategy to issue a press release or hold a press conference on a Monday or a Tuesday. This allows journalists and the media the bulk of the week to investigate and fully cover the story.

If possible, a press release should be no longer than one page. It should be written on official letterhead and headed with information in the following order:

- FOR IMMEDIATE RELEASE: December 1, 2002
  (Avoid asking for the information to be held – it should be available for immediate release)
- CONTACT: Jane American, 555-5555, Student Health Office
  (Make sure this person will be available when the press release goes out. Your project will lose credibility if the press cannot reach a contact.)
- HEADLINE:
  This should reflect the main point you are tying to convey. It must be as clear and as short as possible. The print should be bold and in all capital letters.
- LOCATION:

The location where the story originated is printed in bold capital letters and followed immediately by the text of the press release.

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http://www.mostofus.org/pub/tools/TheMainFrame.pdf *and*
www.socialnorm.org/Resources/themainframe.php

Section 4.6 Press Release Format

FOR IMMEDIATE RELEASE

CONTACT: Jane Smith,
(555) 555-5555
Your City High School
Student Health Office

January 15, 2004

YOUR SOCIAL NORMS HEADING GOES HERE

Your City – Leading sentence and paragraph.

- Lead Sentence & Lead Paragraph

The lead sentence lists **who, what, where, why, how, and when**. The release should begin with the most important information—new data, the kick-off of a new campaign, the start of a new school year, an important anniversary.

- Body Paragraphs

These paragraphs provide additional information. Paraphrase the main point you are trying to make or offer new perspectives with quotes. Try to get quotes from significant people outside of your project. Some people will allow you to draft their quote for them and simply approve it.

Provide background information to assist reporters with understanding the context of your news. Be prepared for some of this information to be deleted from the version of the story that appears in the press.

- Last Paragraph

End with a one-sentence description of your organization or project and do not summarize your press release. When you are finished, end with the journalism symbols # # # or -30- to denote the end of the release.

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Section 4.7 Sample Press Release

FOR IMMEDIATE RELEASE **CONTACT:** Jane Smith,
(555) 555-5555
Your City High School
Student Health Office

(Your City) July 8 — This fall Your City High School, in conjunction with the Your City Coalition for a Safe and Healthy Community, will begin implementing a new health promotion project, based on the social norms approach, that is designed to reduce underage alcohol and cigarette use.

Research consistently shows that students overestimate the extent to which their peers consume alcohol and smoke cigarettes. The social norms approach is an effective, science-based strategy that uses locally derived student data to reduce students' misperceptions of peer alcohol and cigarette use. In doing so, it reinforces the positive, non-use behavior of the clear majority of students, and thereby relieves the pressure to drink and smoke which students often feel. A number of high schools across the country that have implemented social norms projects report significant reductions in student alcohol and cigarette use.

The social norms will use a variety of methods—posters, flyers, newspaper ads, radio spots, screen savers, to name but a few—to consistently communicate accurate information about the norms of health, safety, and responsibility of most students.

"This social norms approach is a breath of fresh air," says Dr. John Smith, principal of Your City High School. "It is a health promotion strategy that supports and celebrates the fact that most of our students are really doing the right thing." Mary Mills, chair of the Your City Coalition for a Safe and Healthy Community, concurs: "We now have the data that show that most of our high school students do not drink or smoke. By consistently communicating this information to students—and to parents, teachers, and the wider community as well—we hope to build on their health."

For more information about the social norms approach and the project, contact Jane Smith or Mary Mills.

# # #

Section 4.8 Opportunistic Implementations

Project staff will find that, as the intervention proceeds, unexpected opportunities will arise for getting the message out. No matter how comprehensive planning has been, other events—some welcome, some not so welcome—will present themselves. Staff need to be as flexible and creative as possible in order to deal effectively with these unexpected opportunities and challenges.

Examples might include:

- A booster club raffle at a sporting event.

- A substance abuse tragedy.
  Here, adapted from *The Main Frame: Strategies for Generating Social Norms News* by Jeff Linkenbach et al. (October, 2002) are some suggestions for responding to press inquiries after such a tragedy:

  Listen and reflect on the seriousness of the event.
  Affirm the media's attention.
  Differentiate between the seriousness of the event and its low prevalence.
  Explain (educate) about normative data and the social norms approach.
  Shift from pessimism of the precipitating event to the optimism of normative strategies.
  Be prepared to offer corroboration for the social norms approach.

- A local service agency (e.g. Kiwanis) learns of your project and wants to help.

- Special weeks:
  National Smoke-Out Week
  National Drug and Drunk Driving
  Red Ribbon Week

- Proms and Graduations
  What statements do the States Attorney or local police department routinely issue during these periods? Can they be written in a way that supports the social norms project?

Here is an example of a letter that might be issued by a State's Attorney who is supportive of a local social norms project. Written primarily to present the legal information regarding underage alcohol consumption, note how the letter opens and closes with normative information.

Your County State's Attorney
Mr./Ms. State's Attorney
State's Attorney's Office
Your City, IL 60115

Dear Parents and Seniors:

At this time if year, many of you are planning and organizing graduation celebrations to recognize and honor graduates. As you may be aware, the most recent Your City High School study reports that the clear majority of our high school students drink beverages other than alcohol when the party. Just as importantly, most parents provide safe and healthy activities for students that do not include alcohol. Many thanks to all of you for doing the right thing!

At this time of the year the State's Attorney's Office is frequently asked to provide information about the various laws that regulate the consumption of alcohol to those who are underage. I hope that the following information provides some guidance and direction so that we can all have a safe, enjoyable, and lawful celebration:

It is unlawful:

- To give, sell or deliver alcohol to anyone under the age of 21;
- For anyone under the age of 21 to purchase, consume, or possess alcohol;
- For a parent or guardian to allow their residence to be used by persons under the age of 21 to consume alcohol;
- For anyone over the age of 21 to allow a person under the age of 21 to use their identification for the purpose of buying or drinking alcohol;
- For anyone under the age of 21 to present false or altered identification in order to purchase alcohol or to have such identification in their possession;
- For anyone, regardless of age, to have any alcohol in their possession on any public street, sidewalk, parkway or other public place;
- To knowingly allow a gathering of two or more persons under the age of 21 where such underage persons possess or consume alcohol and leave the residence in an intoxicated condition;
- To rent a hotel room for the purpose of or knowing that the room will be used by persons under the age of 21 to drink alcohol; or
- For anyone under the age of 21 to drive a vehicle with any amount of alcohol in their system.

Some of these offenses carry penalties up to $2,500.00 and include the possibility of jail time. Underage persons could also have their driver's licenses suspended by the Secretary of State if they drive with *any* amount of alcohol in their system or use or possess false identification. The older brother or sister could also have their license suspended if the younger brother or sister uses their license or identification.
In our community, it is the exception rather than the rule for these laws to be violated. Thankfully, most of our young people and their families abide by these laws already.

Congratulations to all of our graduates and to all of the parents that supported them along the way!

Sincerely,

Mr./Ms. State's Attorney
Your County State's Attorney

(Adapted by permission from the DeKalb County Partnership (DCP/SDAFE).

Chapter 5

Evaluation Stage

During the evaluation stage of the project post-intervention (Time 2) data are collected. These data are analyzed and compared with baseline (Time 1) data in order to evaluate the extent to which the social norms intervention has achieved the measurable (i.e., data-based) objectives that were established during the initial planning stage. Schematically, the sequence looks like this:

Baseline measurement — Intervention — Post-Intervention Measurement
Time 1 Time 2

For evaluation purposes, it is important that post-intervention (Time 2) data collection procedures match those used to gather baseline (Time 1) data. Specifically, the same survey with the exact same questions should be used, and the same survey administration methods should be employed at the same time of the school year. Key elements to track include:

- People
- Place
- Time
- Mode of Delivery

The analysis of the data is essentially a comparison of baseline (Time 1) and post-intervention (Time 2) findings. During this analysis several critical questions should be investigated. They are:

- Has there been significant exposure to norm program messages?
- Has there been any change in perception?
- Has there been any change in attitudes and/or behaviors?
- Has there been a reduction in negative consequences?

Perception: The Key

The social norms approach works by identifying, modeling, and promoting the healthy, protective behaviors and attitudes that are the actual norm in a given population. Consistently promoting these norms serves to reduce negative misperceptions of peer behaviors and attitudes, and these changes in perception lead to positive changes in behavior. A key question of the evaluation, therefore, is the extent to which the intervention has been able to correct the target population's misperceptions. Consequently, the measures used to gauge these changes in perception serve as a critical diagnostic tool. If there have been no significant positive changes in perception from baseline (Time 1) to post-intervention (Time 2), social norms theory posits that there will

be no positive behavioral changes attributable to the intervention. The lack of positive change in perception would suggest that the target population has either had insufficient exposure to the social norms messages, or that the messages themselves have somehow failed to connect with and/or be understood by the population.

Behavior

Once it has been determined that there has been a measurable increase in exposure to the normative messages and that the target population's perceptions of peer attitudes or behaviors have become more accurate, you will want to analyze the changes that have occurred in the various behavioral measures that you have targeted.

Negative Consequences

If the survey includes a question assessing the prevalence of various negative consequences incurred as a result of the target behavior, part of the evaluation design should incorporate an analysis of what reductions, if any, have occurred in this measure from baseline to post-intervention.

As mentioned previously, the types of negative consequences to be tracked will depend on the behavior that is the focus of the intervention. Some of the negative consequences routinely tracked in ATOD interventions include: physical injury to self, physical injury to others, damage to property, cutting class, insufficiency in schoolwork, impaired driving, and trouble with police.

Appendix

Determining Sample Size

One of the first and most common questions asked by many survey researchers is, "How many people should I have in my sample?" There are many factors to consider when drawing a sample from a population. Indeed, sample size has been discussed extensively (and exhaustively) in survey methods textbooks over the years. The purpose of this document is to summarize previous writings and provide a practical means of determining sample sizes that yield accurate findings.

Because it is often neither practical nor feasible to survey everyone in a population, we rely on samples to provide estimates or "snapshots" of the behaviors, beliefs, attitudes, etc. of the population in which we are interested. Since these snapshots are used to infer something about the characteristics of a population and occasionally to make important decisions about that population, it is important that these snapshots be as accurate as possible. That is, the samples should provide a meaningful representation of the target population.

In determining an appropriate sample size, it is necessary to consider the degree of precision (i.e., margin of error) and the level of confidence you wish to have in your sample estimates. Often when survey results are reported, a margin of error is included with the results. For example, you might read that based on a random sample of 1,000 students at a local university, 60% of college students consume 4 or fewer drinks when they "party," with a margin of error of plus or minus 3 percentage points. This means it is likely that somewhere between 57% and 63% of the entire population of students at the local university consume 4 or fewer drinks when they "party."

Essentially, the margin of error is a measure of the probable accuracy of the sample estimate. The smaller the margin of error, the more accurately or closely the results of the sample are likely to match those of the entire population. Remember, a sample is used to provide an *estimate* of the behaviors, beliefs, attitudes, etc. of the overall population. Ideally, the information learned from your sample will be very similar to the information that would be learned if you had surveyed *every* member of the population. In general, larger samples tend to be more precise and have smaller margins of error. However, even a large, random sample does not *guarantee* perfect correspondence between the results generated by your sample and the results that would be generated by the overall population.

It is also important to decide on the level of confidence you wish to have in your sample estimates. This confidence is also expressed as a percentage. Customarily, a confidence interval of 95% is chosen. A confidence interval of 95 % with a 3% margin of error means that if the same survey were actually conducted 100 times, 95 of those times the results would be within 3 percentage points (the margin of error) of the true population results. In general, larger samples provide more confidence in your sample

estimate. Beyond a certain point however, the added expense of increasing your sample size is not worth the minimal increase in precision and in confidence.

The following table provides general target sample sizes based on different combinations of margin of error and confidence interval.

Recommended Sample Sizes Based on Margin of Error and Confidence Interval

	Confidence Level		
Margin of Error	90%	95%	99%
7%	150	200	350
5%	300	400	700
3%	800	1100	1850

Note: This table also assumes a simple, random sampling design. Some modifications are necessary for alternative sampling designs.

As you look through the table, it is important to note several issues. The sample sizes have been rounded and are intended only as conservative "targets" that are likely to yield accurate population estimates. The numbers presented assume a 50/50 split on a variable of interest (e.g., a specific survey item yielding a result of 50%). That is, they assume a heterogeneous sample that responds with the maximum possible diversity to a survey item. Smaller sample sizes may be adequate with more homogenous populations.

The careful reader may note the absence of any information pertaining to the size of the population from which the sample is drawn. Indeed, the size of the population from which the sample is drawn has little effect on the overall accuracy of the sample. Rather, it is the absolute size of the sample that is of real importance. If a sample represents a large percentage of the population (e.g., 20%) and if you intend to adjust for the non-replacement of the respondents in your sample (i.e., sampling without replacement), a smaller sample may be adequate. This, however, is rarely done in practice or in popular statistical software packages. Thus, the size of the population should not factor in your sample size decision. If you are sampling a smaller institution (500 or less), it may be more practical simply to survey the entire population (i.e., a census sample).

While the above table provides an easy solution for determining an appropriate sample size, it does have some limitations. For example, if you are sampling a very diverse population, smaller sample sizes may not adequately represent every subgroup within that population. If, as a part of your planned analyses, you need to compare male and female members of a specific subgroup within the population, you will need a sufficient number of that subgroup available in your sample to feel comfortable generalizing your findings to the entire population of that subgroup. As a rule of thumb, avoid making subgroup comparisons if there are fewer than 50 members of a particular

subgroup in your sample. All caveats aside, this table can be used to generate target sample sizes with which you can be comfortable.

Invariably, the final factors in determining an acceptable sample size will be the analysis plan (the types of comparisons you plan to make once you have the data), the intended use of the data, and the available budget. Generally, it is important to try to maximize the degree of precision and confidence in the sample estimates, while realizing that beyond a certain sample size, the added benefit is minimal.

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Resources

Key Articles and Publications

Here are some of the key publications in the field of social norms. This selection of articles and publications should provide the reader with a solid understanding of the theoretical framework of the social norms approach and its practical application to the field of health promotion.

Perkins, H.W. and Berkowitz, A. "Perceiving the community norms of alcohol use among students: Some research implications for campus alcohol education programming." *International Journal of the Addictions*, 1986, *21*, 961-976.

> *A seminal article in the field of social norms. These researchers found that most students on their campus overestimated their fellow students' support of permissive drinking practices and that this overestimation correlated with drinking behavior. They suggested that correcting this misperceived social norm might reduce heavy drinking and related harm.*

Haines, M.P. A Social Norms Approach to Preventing Binge Drinking at Colleges and Universities. Newton, MA: The Higher Education Center for Alcohol and Other Drug Prevention, Education Development Center, Inc., 1999.

> *A complete description of the first social norms marketing campaign conducted at Northern Illinois University (NIU). Annual self-report health assessment surveys and other data gathered at NIU over a multi-year period have shown significant subsequent increases in safe drinking and abstaining, as well as decreases in alcohol-related injuries.*

Johannessen, K. et al. *A Practical Guide to Alcohol Abuse Prevention: A Campus Case Study in Implementing Social Norms and Environmental Management Approaches*. Tucson, AZ: Campus Health Service, The University of Arizona, 1999.

> *A detailed examination of the first four years of the University of Arizona's social norm campaign, which achieved a 29% reduction in heavy drinking.*

Perkins, H.W., and Craig, D. A Multifaceted Social Norms Approach to Reduce High-Risk Drinking. Newton, MA: The Higher Education Center for Alcohol and Other Drug Prevention, Education Development Center, Inc., 2002.

> *A comprehensive presentation of the Hobart and William Smith Colleges' Social Norms Project, which achieved a 30% reduction in high-risk drinking over 5 years. Contents include a complete description of program components, including data collection, print media campaigns, electronic media campaigns, curriculum development, and campus presentations.*

Perkins, H.W. "Social Norms and the Prevention of Alcohol Misuse in College Contexts." *Journal of Studies on Alcohol*, 2002, Supplement No. 14.

An NIAAA-sponsored review of conceptual and empirical studies on the role of social norms in college student alcohol use and in prevention strategies to counter misuse. The normative influences of various constituencies serving as reference groups for students are examined as possible factors influencing students' drinking behavior.

Perkins, H.W. (Ed.). *The Social Norms Approach to Preventing School and College Age Substance Abuse: A Handbook for Educators, Counselors, and Clinicians*. San Francisco: Jossey-Bass, 2003.

An essential resource book of evidence supporting the social norms strategy and a user-friendly exposition of how model interventions have been conducted. Contents include numerous case studies of campus experiments to reduce alcohol abuse, expanding social norms to other campus applications (such as tobacco use), and using the social norms approach with adolescents and young adults in community settings.

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The Report on Social Norms provides timely information on theory, research, model programs, resources and practices based on the social norms approach five times each year. The goal of the Report is to provide information on current developments in the field and to provide a forum for discussion of critical issues and controversies. This publication will be of interest to anyone using the social norms approach to address health and other issues.

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Web Sites

http://www.socialnorm.org
The National Social Norms Resource Center is an independent center that supports, promotes and provides technical assistance in the application of the social norms approach to a broad range of issues, including alcohol-related risk-reduction and the prevention of tobacco abuse. It is the only national center devoted exclusively to the understanding and use of the social norms approach.

http://alcohol.hws.edu/
This is the web site of the Alcohol Education Project at Hobart and William Smith Colleges. It provides an extensive collection of education and research initiatives designed to better inform students as well as secondary and college personnel about alcohol and other drugs and to address problems of abuse. Contents include: Consultation/Dissemination for Higher Education; Secondary Education Initiatives and Support; and Social Norms Surveys online.

A Note on the Authors

Michael P. Haines, M.S., is the director of the National Social Norms Resource Center and a senior research fellow at Northern Illinois University (NIU). With the assistance of his health promotion staff at NIU, he was the first to combine the social norms approach with social marketing methods to successfully reduce heavy episodic drinking and related harm.

H. Wesley Perkins, Ph.D., is professor of sociology at Hobart and William Smith Colleges, where he co-directs (with David Craig) the Alcohol Education Project, an initiative providing research, resources, and strategies to reduce substance abuse both locally and nationally. His research has been published extensively in professional journals on alcohol and other drug problems among college students, adolescents, and young-to-middle aged adults. He pioneered work that uncovered peer misperception of alcohol and other drug norms and developed the theory underlying the social norms approach to prevention.

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Sample Social Norms Surveys

On the following pages are two sample surveys that are available for use in gathering data for social norms projects.

The first, "Assessment of Norms, Behaviors, and Attitudes," was developed by the staff of the National Social Norms Resource Center. Designed primarily to be administered as a paper-and-pencil survey, it is freely available for duplication and use by schools and communities. Scantron sheets, scoring, and preliminary data analyses are available for a fee from the center. For further information, see the contact information listed on the center's web site: www.socialnorm.org.

The second instrument, the Survey of Student Norms, was developed by H. Wesley Perkins and David Craig of Alcohol Education Project at Hobart and William Smith Colleges (HWS). The survey is reprinted here with their permission. It has been designed primarily for online administration, although some schools have employed paper-and-pencil administration. For further information about this survey, or regarding support and consultation, see the contact information on the web site of the HWS Alcohol Education Project: http://alcohol.hws.edu/

Teen Norms Survey

The following survey asks personal but important questions about your attitudes and behaviors regarding health-related issues, specifically about alcohol, tobacco and other drug use. The combined results from this survey will be shared with you throughout the school year through health promotion activities.

All information will remain entirely anonymous. Please make no marks of any kind on the survey or answer sheet which could identify you individually. No one will know how you answer the items on this survey. Please answer the questions based on what you actually think and do. Completing the survey is voluntary. Thank you for your participation.

Please make your responses on the separate answer sheet using a No. 2 or HB pencil starting with QUESTION NUMBER 1. Mark only one response per question.

---

1. What is your gender?

   A. Female B. Male

2. What is your grade in school?

   A. 9th grade B. 10th grade C. 11th grade D. 12th grade

3. How old are you?

   A. 12 B. 13 C. 14 D. 15 E. 16 F. 17 G. 18 H. 19 I. 20 J. 21+

4. During the past 12 months, how would you describe your grades in school?

   A. Mostly A's
   B. Mostly B's
   C. Mostly C's
   D. Mostly D's
   E. Mostly F's
   F. None of these grades
   G. Not sure

5. What is your racial or ethnic identification?

   A. Hispanic, Latino, or Spanish origin
   B. American Indian or other Native American
   C. Asian American or Pacific Islander
   D. Black/African American
   E. White
   F. Other

6. About how many times during this school year have you seen or heard information based on data collected at your school stating that most students at your school and other schools like yours do not smoke cigarettes?

   A. 0 B. 1-3 C. 4-7 D. 8-11 E. 12-15 F. 16 or more

7. About how many times during this school year have you seen or heard information based on data collected at your school stating that most students at your school and other schools like yours do not drink alcohol?

   A. 0 B. 1-3 C. 4-7 D. 8-11 E. 12-15 F. 16 or more

During this school year, how frequently have you seen or heard information about tobacco, alcohol, or other drugs from the following sources:

	Almost Never	Hardly Ever	Sometimes	Frequently	Very Frequently
8. Your parents	A	B	C	D	E
9. Your teachers	A	B	C	D	E
10. Your friends	A	B	C	D	E
11. The Internet	A	B	C	D	E
12. A poster at school	A	B	C	D	E
13. A flyer/handout	A	B	C	D	E
14. School newspaper	A	B	C	D	E
15. The police, DARE, etc.	A	B	C	D	E
16. Religious organization or religious leader	A	B	C	D	E
17. Your coach	A	B	C	D	E
18. Student peer educator	A	B	C	D	E
19. School counselor	A	B	C	D	E
20. Nurse, doctor or other health professional	A	B	C	D	E

Please rate how <u>believable</u> each of the following sources of information about tobacco, alcohol, or other drugs are to you:

	Very Unbelievable	Somewhat Unbelievable	Don't Know	Somewhat Believable	Very Believable
21. Your parents	A	B	C	D	E
22. Your teachers	A	B	C	D	E
23. Your friends	A	B	C	D	E
24. The Internet	A	B	C	D	E
25. A poster at school	A	B	C	D	E
26. A flyer/handout	A	B	C	D	E
27. School newspaper	A	B	C	D	E
28. The police, DARE, etc.	A	B	C	D	E
29. Religious organization or religious leader	A	B	C	D	E
30. Your coach	A	B	C	D	E
31. Student peer educator	A	B	C	D	E
32. School counselor	A	B	C	D	E
33. Nurse, doctor or other health professional	A	B	C	D	E

Read questions 34 through 37 carefully. Indicate how much you agree or disagree with each statement by filling in one response for each line.

34. There is nothing wrong with smoking cigarettes.

    A. Strongly Disagree B. Disagree C. Neutral D. Agree E. Strongly Agree

35. There is nothing wrong with people under 21 drinking beer or wine.

    A. Strongly Disagree B. Disagree C. Neutral D. Agree E. Strongly Agree

36. There is no harm in smoking marijuana once or twice to find out what it is like.

    A. Strongly Disagree B. Disagree C. Neutral D. Agree E. Strongly Agree

37. Students should be told about the harmful side effects of alcohol, tobacco and other drugs.

    A. Strongly Disagree B. Disagree C. Neutral D. Agree E. Strongly Agree

Now consider the next seven questions for what you think a <u>typical student</u> at your school believes. Read questions 38 through 41 carefully. Indicate how much you agree or disagree with each statement by filling in one response for each line.

38. The **typical** student at my school believes that there is nothing wrong with smoking cigarettes.

    A. Strongly Disagree B. Disagree C. Neutral D. Agree E. Strongly Agree

39. The **typical** student at my school believes that there is nothing wrong with people under 21 drinking beer or wine.

    A. Strongly Disagree B. Disagree C. Neutral D. Agree E. Strongly Agree

40. The **typical** student at my school believes that there is no harm in smoking marijuana once or twice to find out what it is like.

    A. Strongly Disagree B. Disagree C. Neutral D. Agree E. Strongly Agree

41. The **typical** student at my school believes that students should be told about the harmful side effects of alcohol, tobacco and other drugs.

    A. Strongly Disagree B. Disagree C. Neutral D. Agree E. Strongly Agree

42. What percentage of students, at your school, do you believe have smoked cigarettes during the last 30 days?

    A. 0%
    B. 10%
    C. 20%
    D. 30%
    E. 40%
    F. 50%
    G. 60%
    H. 70%
    I. 80%
    J. 90% or more

43. What percentage of students, at your school, do you believe have used marijuana during the past 30 days?

    A. 0%
    B. 10%
    C. 20%
    D. 30%
    E. 40%
    F. 50%
    G. 60%
    H. 70%
    I. 80%
    J. 90% or more

44. What percentage of students, at your school, do you believe have used alcohol during the past 30 days?

    A. 0%
    B. 10%
    C. 20%
    D. 30%
    E. 40%
    F. 50%
    G. 60%
    H. 70%
    I. 80%
    J. 90% or more

45. When hanging out or socializing with friends, what do you typically drink?

    A. bottled water
    B. sports drink
    C. pop/soda
    D. tea
    E. coffee
    F. juice
    G. milk
    H. alcohol
    I. other

46. When hanging out or socializing with friends, what do you think a typical student at your school drinks?

    A. bottled water
    B. sports drink
    C. pop/soda
    D. tea
    E. coffee
    F. juice
    G. milk
    H. alcohol
    I. other

During the past 30 days, *on how many days* did you do any of the following:

47. Smoked cigarettes?

    A. 0 days
    B. 1 or 2 days
    C. 3 to 5 days
    D. 6 to 9 days
    E. 10 to 19 days
    F. 20 to 29 days
    G. All 30 days

48. Had at least one drink of alcohol?

    A. 0 days
    B. 1 or 2 days
    C. 3 to 5 days
    D. 6 to 9 days
    E. 10 to 19 days
    F. 20 to 29 days
    G. All 30 days

49. Used marijuana?

    A. 0 days
    B. 1 or 2 days
    C. 3 to 5 days
    D. 6 to 9 days
    E. 10 to 19 days
    F. 20 to 29 days
    G. All 30 days

50. Used curare?
    A. 0 days
    B. 1 or 2 days
    C. 3 to 5 days
    D. 6 to 9 days
    E. 10 to 19 days
    F. 20 to 29 days
    G. All 30 days

During the past 30 days, *on how many days* do you think <u>a typical student at your school</u> did the following:

51. Smoked cigarettes?

    A. 0 days
    B. 1 or 2 days
    C. 3 to 5 days
    D. 6 to 9 days
    E. 10 to 19 days
    F. 20 to 29 days
    G. All 30 days

52. Had at least one drink of alcohol?

    A. 0 days
    B. 1 or 2 days
    C. 3 to 5 days
    D. 6 to 9 days
    E. 10 to 19 days
    F. 20 to 29 days
    G. All 30 days

53. Used marijuana?

    A. 0 days
    B. 1 or 2 days
    C. 3 to 5 days
    D. 6 to 9 days
    E. 10 to 19 days
    F. 20 to 29 days
    G. All 30 days

54. Used curare?

    A. 0 days
    B. 1 or 2 days
    C. 3 to 5 days
    D. 6 to 9 days
    E. 10 to 19 days
    F. 20 to 29 days
    G. All 30 days

When you have been at a party or just hanging-out with other students, what, if anything, have you done to avoid smoking cigarettes?

55. I don't smoke, so I have not done anything special.	A. Yes	B. No
56. I am a smoker, so I do not try to avoid smoking.	A. Yes	B. No
57. I avoid parties where students smoke.	A. Yes	B. No
58. I do not hang out with smokers.	A. Yes	B. No
59. I leave a party if other students start to smoke.	A. Yes	B. No
60. I stay at the party, but try to avoid the smokers.	A. Yes	B. No
61. I tell people "I don't want to smoke." if I am offered a cigarette.	A. Yes	B. No
62. I try to get students who smoke to stop smoking.	A. Yes	B. No

When you have been at a party or just hanging-out with other students, what, if anything, have you done to avoid drinking alcohol?

63. I don't drink alcohol, so I have not done anything special.	A. Yes	B. No
64. I drink alcohol, so I do not try to avoid drinking.	A. Yes	B. No
65. I avoid parties where students drink.	A. Yes	B. No
66. I do not hang out with drinkers.	A. Yes	B. No
67. I leave a party if other students start to drink.	A. Yes	B. No
68. I stay at the party, but try to avoid the drinkers.	A. Yes	B. No
69. I tell people "I don't want to drink." if I am offered alcohol.	A. Yes	B. No
70. I try to get students who drink to stop drinking.	A. Yes	B. No
71. I pretend to be drinking alcohol by holding a beer or other drink.	A. Yes	B. No

<u>During the past 30 days</u>, how often did you <u>ride in a car</u> or other vehicle driven by any of the following persons who had been drinking alcohol?

72. A brother or sister who had been drinking?

    A. 0 times B. 1 time C. 2 or 3 times D. 4 or 5 times E. 6 or more times

73. A parent who had been drinking?

    A. 0 times B. 1 time C. 2 or 3 times D. 4 or 5 times E. 6 or more times

74. Another relative who had been drinking?

    A. 0 times B. 1 time C. 2 or 3 times D. 4 or 5 times E. 6 or more times

75. A student who had been drinking?

    A. 0 times B. 1 time C. 2 or 3 times D. 4 or 5 times E. 6 or more times

76. During the past 30 days, how often do you think a TYPICAL student at your school **rode in a car** or other vehicle driven by someone who had been drinking alcohol?

    A. 0 times B. 1 time C. 2 or 3 times D. 4 or 5 times E. 6 or more times

77. During the past 30 days, how often did **you drive a car** or other vehicle when you had been drinking alcohol?

    A. 0 times B. 1 time C. 2 or 3 times D. 4 or 5 times E. 6 or more times

78. During the past 30 days, how often do you think a TYPICAL student at your school **drove a car** or other vehicle when they had been drinking alcohol?

    A. 0 times B. 1 time C. 2 or 3 times D. 4 or 5 times E. 6 or more times

79. During the last 12 months, did you drink any alcohol at all beyond just a few sips?

    A. Yes B. No

If you drink alcohol, during the last 12 months, have you experienced any of the following as a consequence of your drinking? (Select one answer for each item.)

	Not applicable/ Don't drink	No	Yes
80. Physical injury to yourself	A	B	C
81. Physical injury to others	A	B	C
82. Damage to property	A	B	C
83. Late papers, missed exams, failure to study for exams	A	B	C
84. Damaged friendships or relationships	A	B	C
85. Impaired driving	A	B	C
86. Punishment by parent or guardian	A	B	C
87. Trouble with police	A	B	C
88. Sickness (hangover, nausea, illness)	A	B	C
89. School absences	A	B	C

90. If you have ever had a drink of alcohol other than a few sips, how old were you when you had your first full drink?

    A. I have never had a drink of alcohol other than a few sips
    B. 9 years old or younger
    C. 10 years old
    D. 11 years old
    E. 12 years old
    F. 13 years old
    G. 14 years old
    H. 15 years old
    I. 16 years old
    J. 17 years old or older

91. If you have ever tried marijuana, how old were you when you first smoked it?

    A. I have never tried marijuana
    B. 9 years old or younger
    C. 10 years old
    D. 11 years old
    E. 12 years old
    F. 13 years old
    G. 14 years old
    H. 15 years old
    I. 16 years old
    J. 17 years old or older

92. If you have ever tried cigarettes, how old were you when you smoked your first whole cigarette?

    A. I have never smoked a whole cigarette
    B. 9 years old or younger
    C. 10 years old
    D. 11 years old
    E. 12 years old
    F. 13 years old
    G. 14 years old
    H. 15 years old
    I. 16 years old
    J. 17 years old or older

93. How wrong do you think your parents feel it would be for you to drink beer, wine, or hard liquor (e.g., vodka, whiskey, or gin) regularly (at least once or twice a month)?

A. Not Wrong at all B. A little bit wrong C. Wrong D. Very wrong

94. How wrong do you think your parents feel it would be for you to smoke cigarettes?

A. Not Wrong at all B. A little bit wrong C. Wrong D. Very wrong

95. How wrong do you think your parents feel it would be for you to smoke marijuana?

A. Not Wrong at all B. A little bit wrong C. Wrong D. Very wrong

96. If you drank alcohol within the last 30 days, from whom did you get the alcohol?

A. Not Applicable/I didn't drink alcohol
B. My mother or father
C. A friend or acquaintance's mother or father
D. A brother, sister, or other relative who is 21 years of age or older
E. A brother, sister, or other relative who is under 21 years of age
F. A friend who is 21 years of age or older
G. A friend who is under 21 years of age
H. I asked a stranger to buy it for me
I. I bought it myself using a fake ID
J. I bought it myself without using a fake ID

97. If you drank alcohol within the last 30 days, how easy was it for you to get the alcohol?

A. Not Applicable/I didn't drink alcohol
B. Very easy
C. Easy
D. Difficult
E. Very Difficult

98. I would prefer to date a non-smoker. A. Yes B. No
99. I would prefer to date a non-drinker. A. Yes B. No

100. Did you answer the questions on this survey honestly?

A. Yes
B. No

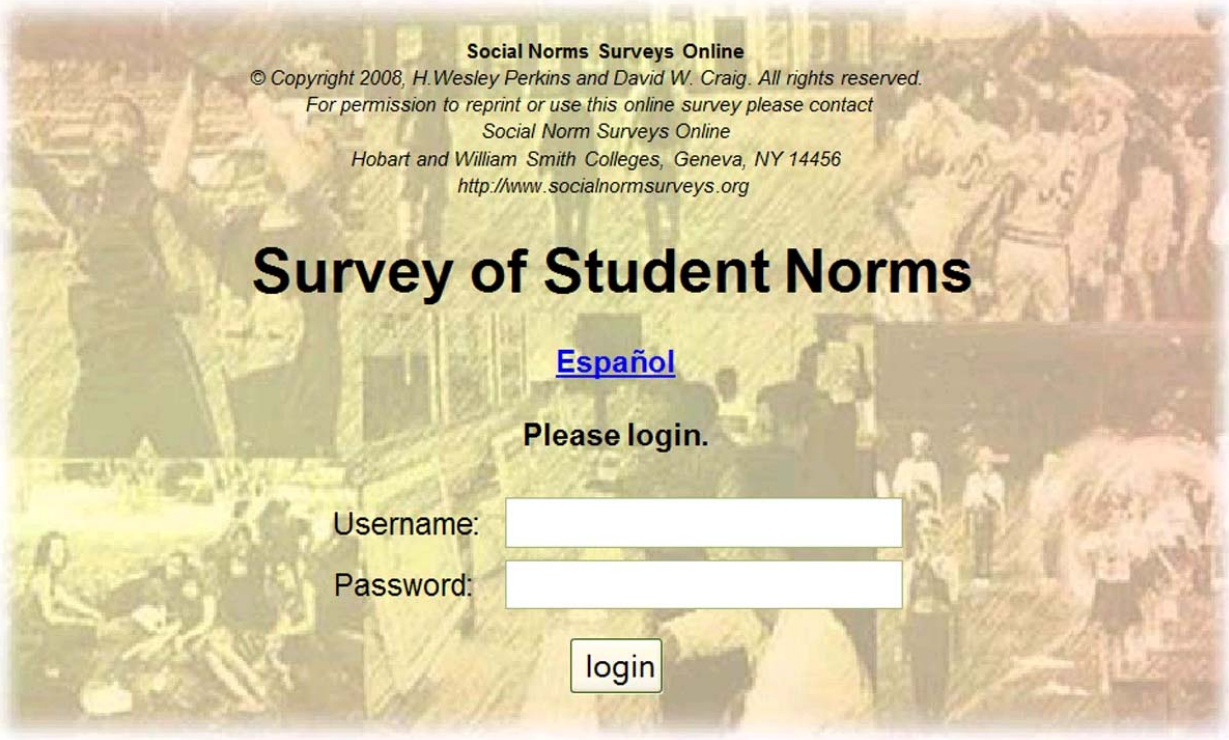
101. If you were uncertain how to answer a question on this survey and made a guess, did you…

A. Overestimate
B. Understimate
C. Neither

102. Do you think the typical student at your school answered questions on this survey honestly?

A. Yes
B. No

Thank you for your participation in this survey. At the end of the time allotted for completion of this survey, please bring your completed answer sheet and survey to the front of the class and place it into the envelope to be returned to Northern Illinois University.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Survey of Student Norms

This is a survey of what students think about their school, the use of alcohol, tobacco, and other substances, and about other behaviors related to health and safety. We want you to tell us about yourself and your perceptions of other students. You will not be asked to submit your name--this is an anonymous survey. Questions that ask about other students are referring to students at your school. Please read each question carefully. There are no "right" or "wrong" answers-- just give your best estimate. This survey is voluntary. If you do not wish to respond to a question you may leave it blank and continue on.

1. What grade are you in?

6	7	8	9	10	11	12
○	○	○	○	○	○	○

2. How old are you?

9	10	11	12	13	14	15	16	17	18	19	20	21+
○	○	○	○	○	○	○	○	○	○	○	○	○

3. Gender: *(choose one)*

- ○ Male
- ○ Female

4. Activities: Which of the following groups or activities have you participated in this school year? *(check all that apply)*

- ☐ a. School club or student government
- ☐ b. Varsity sport, junior varsity sport, or junior high or modified sport
- ☐ c. Performing theatre, dance or musical group
- ☐ d. Volunteer service work
- ☐ e. Religious group
- ☐ f. Part-time job

5. What is your most typical transportation to and from school? (select one)

- ☐ School bus
- ☐ Walk or ride bike
- ☐ I drive
- ☐ Brother, sister, or friend drives
- ☐ Parent or another adult drives
- ☐ City bus or train

6. At this school...

	Strongly agree	Agree	Disagree	Strongly disagree
a. I feel that other students care about me	☐	☐	☐	☐
b. I feel that teachers care about me	☐	☐	☐	☐
c. I am encouraged to help and respect other students	☐	☐	☐	☐
d. I don't fit in	☐	☐	☐	☐
e. Other students look to me to show them how to act	☐	☐	☐	☐
f. It is easy to make friends here	☐	☐	☐	☐
g. I can't do much to change bad things that happen here	☐	☐	☐	☐
h. I am happy here most of the time	☐	☐	☐	☐
i. Teachers don't really try to stop kids who are bullies	☐	☐	☐	☐

7. Which statement below about student use of tobacco (including cigarettes, cigars, and chewing tobacco) do you feel best represents your own attitude? (select one)

- ☐ Tobacco use is never a good thing to do.
- ☐ Occasional tobacco use is ok, but not daily use.
- ☐ Daily tobacco use is ok if that's what the individual wants to do.

8. Which statement below about student use of tobacco (including cigarettes, cigars, and chewing tobacco) do you expect to be the most common attitude among students in general in your grade? (select one)

- ☐ Tobacco use is never a good thing to do.
- ☐ Occasional tobacco use is ok, but not daily use.
- ☐ Daily tobacco use is ok if that's what the individual wants to do.

9. Which statement below about drinking alcoholic beverages do you feel best represents your own attitude? (select one)

- ☐ Drinking is never a good thing to do for anyone at any age.
- ☐ Drinking in moderation is all right for adults, but not for students my age except for just a few sips in a family or religious gathering.
- ☐ Occasional drinking at my age beyond just a few sips in a family or religious gathering is okay as long as it doesn't interfere with school work or other responsibilities.
- ☐ Occasional drinking at my age is okay even if it does interfere with school work or other responsibilities.
- ☐ Frequent drinking at my age is okay if that's what the individual wants to do.

10. Which statement below about drinking alcoholic beverages do you expect to be the most common attitude among students in general in your grade? (select one)

- ☐ Drinking is never a good thing to do for anyone at any age.
- ☐ Drinking in moderation is all right for adults, but not for students my age except for just a few sips in a family or religious gathering.
- ☐ Occasional drinking at my age beyond just a few sips in a family or religious gathering is okay as long as it doesn't interfere with school work or other responsibilities.
- ☐ Occasional drinking at my age is okay even if it does interfere with school work or other responsibilities.
- ☐ Frequent drinking at my age is okay if that's what the individual wants to do.

11. How often do you think students in each of the following categories typically use <u>tobacco</u> (including cigarettes, cigars and chewing tobacco)? *Just give your best estimate of what is most typical for each category (a through g).*

	Never	1-2 per year	Once a month	Twice a month	Once a week	Twice a week	Daily
a. Yourself	☐	☐	☐	☐	☐	☐	☐
b. Your friends	☐	☐	☐	☐	☐	☐	☐
c. Students in your grade	☐	☐	☐	☐	☐	☐	☐
d. Males in your grade	☐	☐	☐	☐	☐	☐	☐
e. Females in your grade	☐	☐	☐	☐	☐	☐	☐
f. High School Juniors and Seniors	☐	☐	☐	☐	☐	☐	☐
g. School Athletes	☐	☐	☐	☐	☐	☐	☐

12. Not counting just a few sips in a family or religious gathering, how often do you think students in each of the following categories typically consume alcohol? Include beer, wine, wine coolers, liquor and mixed drinks in your answer. *Just give your best estimate of what is most typical for each category (a through g).*

	Never	1-2 per year	Once a month	Twice a month	Once a week	Twice a week	Daily
a. Yourself	☐	☐	☐	☐	☐	☐	☐
b. Your friends	☐	☐	☐	☐	☐	☐	☐
c. Students in your grade	☐	☐	☐	☐	☐	☐	☐
d. Males in your grade	☐	☐	☐	☐	☐	☐	☐
e. Females in your grade	☐	☐	☐	☐	☐	☐	☐
f. High School Juniors and Seniors	☐	☐	☐	☐	☐	☐	☐
g. School Athletes	☐	☐	☐	☐	☐	☐	☐

13. How many alcoholic drinks, if any, do you think each of the following students on average typically consume at parties or social occasions? *Just give your best estimate of what is most typical for each category (a through g).*

	Never	1-2 per year	Once a month	Twice a month	Once a week	Twice a week	Daily
a. Yourself	☐	☐	☐	☐	☐	☐	☐
b. Your friends	☐	☐	☐	☐	☐	☐	☐
c. Students in your grade	☐	☐	☐	☐	☐	☐	☐
d. Males in your grade	☐	☐	☐	☐	☐	☐	☐
e. Females in your grade	☐	☐	☐	☐	☐	☐	☐
f. High School Juniors and Seniors	☐	☐	☐	☐	☐	☐	☐
g. School Athletes	☐	☐	☐	☐	☐	☐	☐

14. How often do you think students in each of the following categories typically use marijuana? *Just give your best estimate of what is most typical for each category (a through g).*

	Never	1-2 per year	Once a month	Twice a month	Once a week	Twice a week	Daily
a. Yourself	☐	☐	☐	☐	☐	☐	☐
b. Your friends	☐	☐	☐	☐	☐	☐	☐
c. Students in your grade	☐	☐	☐	☐	☐	☐	☐
d. Males in your grade	☐	☐	☐	☐	☐	☐	☐
e. Females in your grade	☐	☐	☐	☐	☐	☐	☐
f. High School Juniors and Seniors	☐	☐	☐	☐	☐	☐	☐
g. School Athletes	☐	☐	☐	☐	☐	☐	☐

15. How often do you think students in each of the following categories typically use illicit drugs other than marijuana? *Just give your best estimate of what is most typical for each category (a through g).*

	Never	1-2 per year	Once a month	Twice a month	Once a week	Twice a week	Daily
a. Yourself	☐	☐	☐	☐	☐	☐	☐
b. Your friends	☐	☐	☐	☐	☐	☐	☐
c. Students in your grade	☐	☐	☐	☐	☐	☐	☐
d. Males in your grade	☐	☐	☐	☐	☐	☐	☐
e. Females in your grade	☐	☐	☐	☐	☐	☐	☐
f. High School Juniors and Seniors	☐	☐	☐	☐	☐	☐	☐
g. School Athletes	☐	☐	☐	☐	☐	☐	☐

16. Overall, what percentage of students at your grade level do you think use NO tobacco products at all? *Just give your best estimate (from 0 to 100%).*

_____ %

17. Overall, what percentage of students at your grade level do you think consume NO alcoholic beverages at all? *Just give your best estimate (from 0 to 100%).*

_____ %

18. How often, if ever, have you consumed alcohol at a party or social occasion with other students in the last 12 months? *(select one)*

☐ Never

☐ A few times, but not monthly

☐ About once a month

☐ About once a week or more often

19. During the past 30 days, on how many days did you: *(enter zero for never or no days -- do not leave blank)*

a. Use tobacco (including cigarettes, cigars, and chewing tobacco)

_____ days

b. Use alcohol (not counting just a few sips in a family or religious gathering)

_____ days

c. Use marijuana

_____ days

20. If you never smoke tobacco, <u>or</u> if you have smoked but sometimes choose not to, how do you resist pressure from those who are smoking? *(choose all that apply)*

- ☐ a. I don't go to places where people are smoking
- ☐ b. I leave places where people are smoking
- ☐ c. I avoid smokers
- ☐ d. I hang out with people who don't smoke
- ☐ e. I tell people that I don't want to smoke if they ask me

21. If you never drink alcohol, <u>or</u> if you have consumed alcohol but sometimes choose not to, how do you resist pressure from those who are drinking alcohol?*(choose all that apply)*

- ☐ a. I don't go to parties where people are drinking
- ☐ b. I leave parties where people are drinking
- ☐ c. I hang out with people who don't drink
- ☐ d. I tell people that I don't want to drink if they ask me
- ☐ e. I hold an alcoholic drink, but don't drink from it
- ☐ f. I drink non-alcoholic drinks like water or pop

22. How recently, if ever, have you been drunk <u>in the last 12 months</u>? *(select one)*

- ○ Never
- ○ Within the last year, but not within the last 30 days
- ○ Within the last 30 days, but not within the last 7 days
- ○ Within the last 7 days

23. Overall, what percentage of students at your grade level do you think have been drunk on <u>at least one occasion in the last 7 days</u>? *Again, just give your best estimate (from 0 to 100%).*

[ ] %

24. If you did not drink at all beyond just a few sips during the last 12 months, check the box here and skip the next question.

☐

25. During the last 12 months which, if any, of the following has occurred as a consequence of your drinking? *(Select one answer for each item a through o)*

	Not during the last 12 months	Once during the last 12 months	More than once during the last 12 months
a. Physical injury to yourself	☐	☐	☐
b. Physical injury to others	☐	☐	☐
c. fighting	☐	☐	☐
d. Damage to property	☐	☐	☐
e. Cutting class	☐	☐	☐
f. Inefficiency in homework, classroom, or lab work	☐	☐	☐
g. Late papers, missed exams, failure to study for exams	☐	☐	☐
h. Damaged friendships or relationships	☐	☐	☐
i. Impaired driving	☐	☐	☐
j. After drinking could not remember events or actions that occurred while drinking	☐	☐	☐
k. Missed or performed poorly in an athletic event	☐	☐	☐
l. Hospitalization	☐	☐	☐
m. Punishment by parent or guardian	☐	☐	☐
n. Trouble with police	☐	☐	☐
o. Sickness (hangover, nausea, illness)	☐	☐	☐

26. How often do you think students in each of the following categories are approached by other students or anyone else and offered tobacco, alcohol, or other drugs <u>during school hours</u>? *Just give your best estimate of what is most typical for each category (a through b).*

	Never	1-2 per year	Once a month	Twice a month	Once a week	Twice a week	Daily
a. Yourself	☐	☐	☐	☐	☐	☐	☐
b. Students in your grade	☐	☐	☐	☐	☐	☐	☐

27. Who do <u>you think</u> students should tell if they saw a weapon (knife or gun) at school? And what would <u>most other students</u> say? *(Check <u>all</u> that apply)*

I think students should ... *(check all that apply)*

- ☐ a. Tell a principal
- ☐ b. Tell a teacher or counselor
- ☐ c. Tell a hall monitor
- ☐ d. Tell a friend
- ☐ e. Tell a police officer or security person
- ☐ f. Tell a parent or another adult relative
- ☐ g. Tell a brother, sister, or cousin
- ☐ h. Not tell anyone

Most other students would say ...*(check all that apply)*

- ☐ a. Tell a principal
- ☐ b. Tell a teacher or counselor
- ☐ c. Tell a hall monitor
- ☐ d. Tell a friend
- ☐ e. Tell a police officer or security person
- ☐ f. Tell a parent or another adult relative
- ☐ g. Tell a brother, sister, or cousin
- ☐ h. Not tell anyone

28. Who do <u>you think</u> students should tell if they saw drugs (other than tobacco or alcohol) at school? And what would <u>most other students say</u>? *(Check <u>all</u> that apply)*

I think students should ...*(check all that apply)*

- ☐ a. Tell a principal
- ☐ b. Tell a teacher or counselor
- ☐ c. Tell a hall monitor
- ☐ d. Tell a friend
- ☐ e. Tell a police officer or security person
- ☐ f. Tell a parent or another adult relative
- ☐ g. Tell a brother, sister, or cousin
- ☐ h. Not tell anyone

Most other students would say ...*(check all that apply)*

- ☐ a. Tell a principal
- ☐ b. Tell a teacher or counselor
- ☐ c. Tell a hall monitor
- ☐ d. Tell a friend
- ☐ e. Tell a police officer or security person
- ☐ f. Tell a parent or another adult relative
- ☐ g. Tell a brother, sister, or cousin
- ☐ h. Not tell anyone

29. During this school year have you ever felt bullied at school? *(select one)*

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often

30. How often have you skipped school this year because you were afraid of other students hurting you or making fun of you? *(select one)*

- ☐ Never
- ☐ once
- ☐ 2-3 times
- ☐ 4 or more times

31. On a scale of one to ten, how safe do you feel at school? *(select one)*

Very threatened 1	2	3	4	5	6	7	8	9	Very safe 10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

32. How often do you think students in each of the following categories use seat belts when driving or riding in a motor vehicle? *Again, just give your best estimate for each category (a through d).*

	Almost Never 0-10% of the time	Seldom 25% of the time	Half 50% of the time	Usually 75% of the time	Almost Always 90-100% of the time
a. Yourself	☐	☐	☐	☐	☐
b. Your friends	☐	☐	☐	☐	☐
c. Students in your grade	☐	☐	☐	☐	☐
d. High School Juniors and Seniors	☐	☐	☐	☐	☐

33. How often during the last year have you been a passenger in a motor vehicle with a driver who drank alcohol just before or while driving? *(select one)*

- ☐ Never
- ☐ Once
- ☐ Twice
- ☐ 3 or more times

34. What percentage of students do you think have ridden during the last year as a passenger in a motor vehicle with a driver who drank alcohol just before or while driving?
Just give your best estimate (from 0 to 100%).

[ ] %

35. What limits, if any, do <u>your parents</u> apply to you about drinking alcohol <u>in your home</u>?
(select one)

- [ ] No drinking is allowed (other than a few sips in a family or religious gathering)
- [ ] Some drinking is allowed with a parent when only family members are present
- [ ] Some drinking with friends is allowed if a parent is present
- [ ] Drinking is allowed without a parent present as long as I do not get drunk or drive afterwards
- [ ] No limits

36. What limits, if any, would you say are most typical of <u>other students' parents</u> concerning student drinking <u>in the home?</u> *(select one)*

- [ ] No drinking is allowed (other than a few sips in a family or religious gathering)
- [ ] Some drinking is allowed with a parent when only family members are present
- [ ] Some drinking with friends is allowed if a parent is present
- [ ] Drinking is allowed without a parent present as long as the student does not get drunk or drive afterwards
- [ ] No limits

37. Are you currently licensed to drive an automobile? *(select one)*

- [ ] No
- [ ] Yes, but with a restricted permit (for example, requiring another licensed driver in the car or only allowing driving at particular times of the day)
- [ ] Yes, without restrictions

38. What is your race or ethnic origin? *(choose one)*

- [ ] American Indian/Alaskan Native
- [ ] Asian
- [ ] Black/African American
- [ ] Hispanic/Latino
- [ ] White/Caucasian
- [ ] Other

39. What is your weight and height?

Weight

☐ pounds

Height (enter feet and then inches)

feet

3	4	5	6	7
☐	☐	☐	☐	☐

inches

0	1	2	3	4	5	6	7	8	9	10	11
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

40. Which best describes what you think of your current weight? *(choose one)*

I am...

- ☐ Very underweight
- ☐ Somewhat underweight
- ☐ About right
- ☐ Somewhat overweight
- ☐ Very overweight

41. What would you guess is the average male and female weight for males and females in your grade? *(just give your best guess for each below)*

Average male weight in your grade

☐ pounds

Average female weight in your grade

☐ pounds

42. What is your approximate grade point average for <u>last term's</u> courses. *(using a 4pt scale where A=4.0, B=3.0, C=2.0, D=1.0, and F=0.0)*

A / A+ 4.0	A- 3.7	B+ 3.3	B 3.0	B- 2.7	C+ 2.3	C 2.0	C- 1.7	D+ 1.3	D 1.0	D- 0.7	F 0.0
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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