

PASO DEL NORTE
HEALTH FOUNDATION
SHIFT POSITIVE

Strategic Plan

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Executive Summary

Shift+ Goals:

Goal 1: Reduce underage drinking in the Paso del Norte region.

Goal 2: Reduce binge drinking in all ages in the Paso del Norte region.

Goal 3: Create environments that contribute to reductions in underage drinking, binge drinking, and associated harms.

Strategies:

The following strategies will be implemented from January 2018-December 2020.

- Advocacy for environmental and policy change: The primary focus of the initiative will be advocating for improved policies that contribute to system or environmental changes. Policy strategies will be guided by data and input from community partners. Targeted Requests for Proposals will be released annually.
- Backbone organization support: The YMCA of El Paso will continue to serve as the backbone organization (BBO) for Shift+. The BBO will lead advocacy efforts, facilitate coalition functions, capacity building trainings, and provide technical assistance to grantees and other partners. The Health Foundation is moving towards having one BBO per Priority Area. Beginning in 2018, the YMCA will serve as the BBO for both Shift+ and A Smoke Free Paso del Norte.
- Coalition building and sustainability: The BBO, in collaboration with PdNHF staff, will provide support to the Alcohol Impact Network using the Collective Impact framework. The capacity of Network working groups will be strengthened to advance advocacy efforts and ensure the sustainability of the structure and functioning of the Network.
- Measures: 1) GIS mapping will be used to assess and monitor retail outlet density and alcohol-related risk factors in the retail environment. 2) The El Paso Youth Health Behavior Survey will continue to be deployed in participating high schools to measure self-reported alcohol consumption. 3) Shared measures identified by the Alcohol Impact Network to track advocacy efforts will be monitored and updated as data become available. 4) Shift+ grantees will be monitored for completion of approved objectives. 5) The Alcohol Impact Network and the BBO will be monitored using the Collective Impact framework. While the BBO will carry out some of these tasks, additional funding may be needed.
- Brief Motivational Interventions: Training in motivational interviewing will be offered to regional service providers and community partners with PdNHF support. Efforts to build sustainable training programs will be explored.
- Evaluation: Coalition/network functions, fidelity to Collective Impact principles, and advocacy and policy change efforts will be evaluated.

This updated strategic plan continues to be informed by input from community members from El Paso, Southern New Mexico, and Juarez participating in the Alcohol Impact Network. Shift+ BBO staff, national experts, and an extensive literature review also informed the approaches and strategies.

Introduction

Excessive alcohol consumption is a global problem with devastating consequences across all age groups. In the United States, excessive drinking results in about 88,000 deaths every year. From an economic standpoint alone, excessive alcohol use is a tremendous burden on society and has increased in recent years. In 2010, excessive alcohol use costs the U.S. more than \$249 billion or \$2.05 per drink (Centers for Disease Control and Prevention [CDC], 2015a; Sacks, Gonzales, Bouchery, Tomedi, & Brewer, 2015) with most of the costs attributable to crime, reduced workforce productivity, and alcohol-related health problems.

Excessive alcohol use includes (CDC, 2015b; NIAAA, 2015a):

- any drinking by pregnant women
- **heavy drinking** (8 or more alcoholic drinks per week for women or 15 or more per week for men)
- **binge drinking** (a pattern of drinking that brings blood alcohol concentration (BAC) to 0.08 g/dL, which typically occurs after 4 drinks for women/5 drinks for men in about 2 hours)
- **underage drinking** (any drinking by people under age 21)

Shift+ focuses on binge drinking and underage drinking. These behaviors are complex and are linked to numerous negative health, social, and economic outcomes. *Binge drinking* is the most common form of excessive alcohol use in the U.S. More than 50% of the alcohol consumed by adults is in the form of binge drinking, and about 90% of the alcohol consumed by people under the age of 21 is in the form of binge drinking (CDC, 2015c). Binge drinking is associated with 77% of the economic burden from excessive drinking, or \$191 billion (Sacks et al., 2015).

From a public health perspective, binge drinking is associated with a wide variety of health problems across the lifespan, such as high blood pressure, stroke, and other cardiovascular disease, intentional injuries, liver disease, poor control of diabetes, and increased risk for alcohol use disorders.

Underage drinking. Alcohol is the most commonly used drug among youth. Almost 4,400 young people under 21 years old die annually because of excessive drinking, and many more suffer short and long-term health, social, or legal consequences (CDC, 2014). Adolescents who begin drinking before the age of 15 years old are four times more likely to become alcohol dependent and 5 times more likely to experience other alcohol problems later in life than those who wait until they are 21 (USDHHS, 2015). Young people who drink heavily are more likely to injure themselves intentionally and experience alcohol-related injuries or fights (Martiniuk, A., 2015; Roberts, et al, 2015). In addition, young adults who drink heavily are more than three times as likely as non-drinkers to have developed a sexually transmitted disease during the past year (SAMSHA, 2007).

Many individuals who drink excessively do not have an alcohol use disorder. However, excessive alcohol use puts not only the individual user at risk, but also affects families, friends,

and communities through acts of violence, sexual assaults, car crashes and other unintentional injuries (HHS, 2016).

Theory of Change: The Ecological Change Model

The Ecological Model of Change (Figure 1) incorporates both the individual and the environmental factors that influence a particular behavior. This framework accounts for the multiple levels of influence that affects, and is affected by, the behavior. These multiple levels of influence include: 1) Individual factors; 2) Interpersonal factors; 3) Organizational factors; 4) Community factors; and 5) Policy factors. These levels of influence help to ascertain the multiple levels of interventions needed to address public health problems (HHS, 2005; McLeroy et al, 1988). Successful public health efforts address the various factors that influence behaviors, from an individual's genetic predisposition to a certain behavior to the environments in which these behaviors take place. Alcohol prevention interventions in the region span these levels. However, Shift+ efforts focus more on the individual and public policy levels.

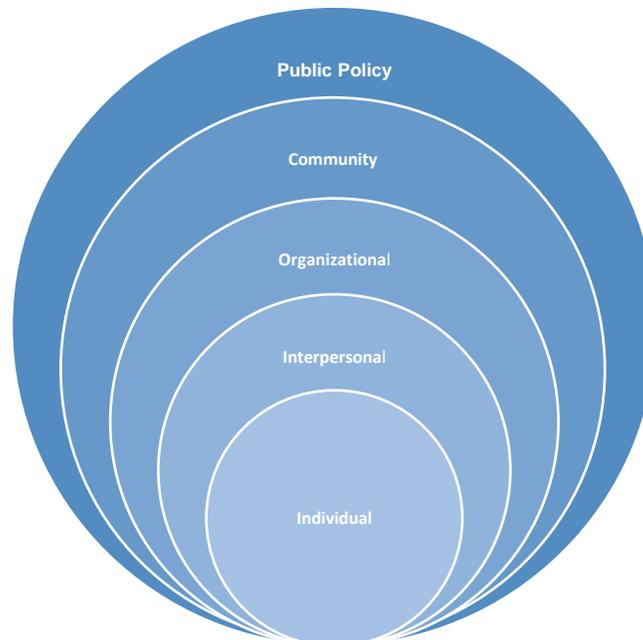


Figure 1: The Ecological Change Model

Shift+ Approach: Population Health Framework

A common framework for visualizing factors that influence health is the health impact pyramid (Frieden 2010). In this framework, factors that improve health include a range of interventions that address everything from broad social determinants of health like the socioeconomic factors in the lowest tier of the pyramid to individual interventions such as counseling and intervention in the top tier.

Figure 2 is a demonstration of this framework using an alcohol prevention context. For the most part, Shift+ efforts will occur in the second tier up from the lowest level – those that *change the context*- and include all environmental approaches to alcohol prevention. Substantial and compelling evidence suggests that the most effective strategies to reduce underage and binge drinking across a population are those that focus on the economic, legal, physical, and social environments in which drinking behaviors takes place (Babor et al., 2010).

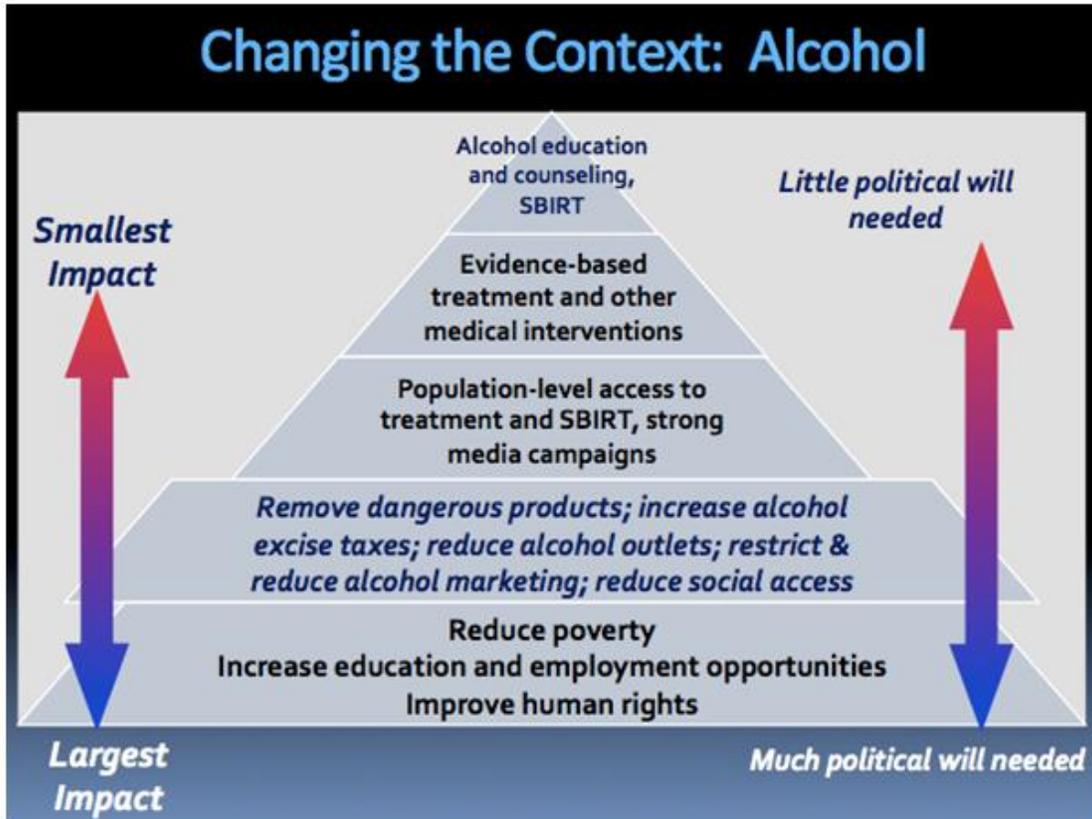


Figure 2. Changing the context: Health impact pyramid (Frieden, 2010) adapted for alcohol prevention.

Source: David Jernigan, adapted from Frieden (2010).

Figure 3 depicts a recent literature review of factors related to differences in community prevalence of underage drinking. As shown by the bolded arrows, the strongest evidence of population-level prevention directly influencing underage drinking is seen in the areas of affecting retail availability of alcohol to youth, social availability of alcohol to youth, and price. This kind of visual representation helps focus efforts in areas that are known to impact underage drinking and related consequences and helps ensure that communities prioritize best practice strategies that address local data and local conditions.

The most effective interventions to reduce alcohol-related harm in populations are those that universally restrict the affordability, availability, and accessibility of alcohol. Higher prices, lower alcohol outlet density, reduced opening hours, and enforcement of minimum legal purchase age are all examples of effective strategies that address retail access (Jernigan & Babor, 2014).

Community coalitions can play an important role in mobilizing effective environmental changes in a population. Local coalitions and networks, consisting of cross-sector partners, assess community risk and protective factors relating to excessive alcohol use and identify evidence-based strategies that are aligned with local priorities (HHS, 2016).

decreases in alcohol-related crimes in those areas. Communities can address retail outlet density through licensing or zoning policies.

Other policies that have been shown effective in reducing alcohol-related harms include policies that reduce the number of days and hours of alcohol sales and policies that allow the owners of alcohol retail outlets to be held legally liable for harms associated with illegal alcohol sales (i.e., serving underage or intoxicated customers) (CDC, 2015c; HHS, 2016). Some states and communities have implemented mandatory Responsible Beverage Service (RBS) training for bar, restaurant, and alcohol retail establishment employees to reduce illegal sales of alcohol. Research suggests that employee compliance with the law increases when servers believe that enforcement is strong and violators will be caught and punished (Wagenaar & Tobler, 2007). The implementation of consistent law enforcement-led compliance checks has been shown to reduce sales to minors and can complement RBS training. Compliance checks involve young people, in coordination with law enforcement, attempting to purchase alcohol. Violators are informed of the infraction and, depending upon state law, can be penalized (HHS, 2016).

Research increasingly supports the use of local ordinances that aim to reduce the prevalence of large underage drinking parties, or “house parties,” to address social availability of alcohol to minors (HHS, 2016; Babor et al, 2010). Adults who provide an environment for large underage drinking parties are held accountable through fines, community service, or taking an education course.

Social host ordinances have been passed in Luna County, New Mexico (2015), El Paso, Texas (2016), and Anthony, New Mexico (2016). Alcohol Impact Network partners are currently working with law enforcement in these communities through technical assistance and training.

Clinical Interventions

An example of an individual-level intervention is Screening and Brief Motivational Interviewing (S-BMI). This intervention is a cost-effective, evidence-based intervention in which a trained provider in a clinical setting assists the patient to (a) quickly assess the severity of the individual’s drinking behavior, (b) increase insight and awareness regarding the individual’s drinking behavior and increase motivation to change behavior, and (c) in some cases, receive referrals when additional treatment is needed. S-BMI is a public health practice endorsed by the World Health Organization, the U.S. Preventive Services Task Force, and the Committee on Trauma. In trauma care settings, evidence suggests that the traumatic event is such a major life event that it provides a ‘teachable moment’ both for individuals who are intoxicated at the time of their injury, as well as for individuals who have injuries not related to alcohol consumption, but have a history of drinking. The intervention is not likely to have a beneficial effect with those who are alcohol dependent; however, these are a minority of drinkers. While the intervention occurs at the individual level, access to the intervention at the population level is considered a best practice.

Collective Impact

Collective Impact is an approach that involves multiple partners working collaboratively to solve complex social problems. Emerging literature suggests that Collective Impact approaches increase likelihood of social change (Kania & Kramer, 2011; Hanleybrown, Kania, & Kramer, 2012). Learning, evaluation, and continuous improvement are essential components of the model (Parkhurst & Preskill, 2014). Below is a description of the five Collective Impact concepts:

- 1) **Common Agenda:** *All initiative partners, funded and non-funded, have a shared vision for change including a common understanding of the problem and a joint approach to solving it though agreed upon actions.*
- 2) **Shared Measurement:** *Shared measures help ensure efforts remain aligned and participants hold each other accountable. Other evaluation data, both quantitative and qualitative, are specific to individual organizations/programs and used to document progress and improve programs.*
- 3) **Mutually Reinforcing Activities:** *Partner activities must be differentiated while still being coordinated through a mutually reinforcing plan of action. Some partners typically work toward individual or family level change while others work on larger scale organizational and public policy change. It is the synergy of these multiple mutually reinforcing activities by multiple partners that creates change.*
- 4) **Continuous Communication:** *Consistent and open communication is needed across the many partners to build trust, assure mutual objectives, and create common motivation. A coalition is frequently a central mechanism for communication.*
- 5) **Backbone Organization (BBO):** *Creating and managing collective impact requires a separate organization with staff and a specific set of skills to serve as a backbone for the entire initiative, to coordinate partner organizations, and to manage the first four elements of Collective Impact. The YMCA of El Paso County serves as the backbone organization for the initiative. Using the Collective Impact framework, YMCA backbone staff guide and implement the strategies of the initiative.*

Goals and Objectives

Goal 1: Reduce underage drinking in the Paso del Norte region.

Goal 2: Reduce binge drinking in all ages in the Paso del Norte region.

Goal 3: Create environments that contribute to reductions in underage drinking, binge drinking, and associated harms.

It is important to note that underage drinking and binge drinking rates have been decreasing in the United States over the last decade. The impact of Shift+ initiative environmental strategies and activities may not be seen for several years. In addition, it is understood that Shift+ strategies are not the only contributors to changes in these indicators. However, it is anticipated that, through the implementation of comprehensive community strategies and interventions, underage drinking rates and binge drinking rates should decrease more than the national rates, similar to what we have seen with smoking rates in the region.

Goal 1: Reduce underage drinking in the Paso del Norte region

Objective 1.1a: By December 2020, the proportion of 9th graders in El Paso County who have had at least one drink in the past 30 days will be 20% lower than the 2015 9th grade value. (Target=22.8%, baseline=28.6%)

Objective 1.1b: By December 2020, the proportion of high school students in Doña Ana County, Luna County, and Otero County who have had at least one drink in the past 30 days will be 20% lower than the 2013 New Mexico value. (Target 23.1%, baseline=28.9%)

Current data: Proportion of high school students who have had at least one drink in the past 30 days.

Geography	2009	2011	2013	2015
U.S.	41.8%	38.7%	35.0%	32.8%
U.S. (9 th grade only)	31.5%	29.8%	24.4%	23.4%
Texas	44.8%	39.7%	36.1%	N/A
El Paso (9 th grade only)	N/A	N/A	N/A	28.6%
New Mexico	40.5%	36.9%	28.9%	26.1%
Doña Ana County	40.1%	46.2%	36.6%	29.2%
Luna County	42.4%	43.3%	41.3%	37.1%
Otero County	46.2%	43.0%	30.1%	33.5%

Measurement: Youth Behavioral Risk Behavior Surveillance System; New Mexico Youth Risk and Resiliency Survey, 2015; El Paso Youth Health Behavior Survey, 2015. Data is currently available in El Paso for 9th graders only.

Objective 1.1c: By December 2020, the proportion of high school students in Ciudad Juarez who report having consumed alcohol in the past month will decrease by 20%. (Target=27.5%)

Current data: Prevalence of consumption of alcohol by high school students in the past month.

Geography	2014
Mexico	41.9%
Chihuahua	45.8%
Ciudad Juarez	34.4%

Measurement: Encuesta Nacional de consume de Drogas en Estudiantes 2014: Reporte de Alcohol.

Objective 1.2: By December 2020, increase age of first intoxication among high school students in El Paso, Texas.

Data are currently not available for this indicator. The question will be added to future surveys administered in El Paso schools.

Goal 2: Reduce binge drinking in all ages in the Paso del Norte region

Objective 2.1a: By December 2020, the proportion of 9th graders in El Paso County who report binge drinking (5 or more drinks in a row) in the past 30 days will be 20% lower than the 2015 El Paso 9th grade value. (Target=13.3%, baseline=16.6%)

Objective 2.1b: By December 2020, the proportion of high school students in Doña Ana County, Luna County, and Otero County who report binge drinking (5 or more drinks in a row) in the past 30 days will be 20% lower than the 2015 New Mexico value. (Target=11.7%, baseline=14.6%)

Current data: Proportion of high school students who report binge drinking in past 30 days.

Geography	2009	2011	2013	2015
U.S.	24.2%	21.9%	21.0%	17.7%
U.S. (9 th grade only)	15.3%	14.0%	13.5%	10.4%
Texas	25.6%	23.5%	21.0%	N/A
El Paso (9 th grade only)	N/A	N/A	N/A	16.6%
New Mexico	25.0%	22.4%	17.1%	14.6%
Doña Ana County	23.6%	30.4%	21.3%	15.0%
Luna County	26.5%	27.2%	30.7%	21.9%
Otero County	31.3%	25.9%	19.6%	20.3%

Measurement: Youth Risk Behavior Survey System; New Mexico Youth Risk and Resiliency Survey, 2015; El Paso Youth Health Behavior Survey, 2015. Data is currently available in El Paso for 9th graders only.

Objective 2.1c: By 2020, the proportion of high school students in Ciudad Juarez who report binge drinking will decrease by 20%. (Target=15.7%, baseline=19.6%)

Current data: Prevalence of excessive alcohol use (5 or more drinks) by high school students in the past month.

Geography	2014
Mexico	24.2%
Chihuahua	30.6%
Ciudad Juarez	19.6%

Measurement: Encuesta Nacional de consume de Drogas en Estudiantes 2014: Reporte de Alcohol.

Objective 2.2a: By December 2020, the proportion of high school students in El Paso County who report extreme binge drinking (10 or more drinks on one occasion) will be 20% lower than the 2015 9th grade value. (Target=3.8%, baseline=4.8%)

Objective 2.2b: By December 2020, the proportion of high school students in Doña Ana County, Luna County, and Otero County who report extreme binge drinking (10 or more drinks on one occasion) will be 20% lower than the 2013 New Mexico value. (Target=5.0%, baseline=6.3%)

Current data: Proportion of high school students who report extreme binge drinking in past 30 days.

Geography	2013	2015
U.S.	6.1%	6.1%
Texas	4.0%	N/A
El Paso (9 th grade only)	N/A	4.8%
New Mexico	6.3%	3.6%
Doña Ana County	4.3%	3.8%
Luna County	8.4%	3.4%
Otero County	5.4%	6.2%

Measurement: New Mexico Youth Risk and Resiliency Survey, 2013; El Paso Youth Health Behavior Survey, 2015.

Objective 2.3: By December 2020, decrease proportion of college students in El Paso who report binge drinking (5 drinks for men or 4 drinks for women on one occasion) in past 30 days. Data are currently not available for region. In 2015, 31.9% of college students nationwide reported binge drinking in the past two weeks (Monitoring the Future Survey).

Objective 2.4a: By December 2020, the proportion of adults 18-65 in El Paso County who report binge drinking (5 or more drinks for men or 4 or more drinks for women in one occasion) in past 30 days will be 20% lower than the 2013 Texas value. (Target=13.4%, baseline=16.7%)

Objective 2.4b: By December 2020, the proportion of adults 18-65 in Doña County, Luna County, and Otero County who report binge drinking (5 or more drinks for men or 4 or more

drinks for women in one occasion) in past 30 days will be 20% lower than the 2013 New Mexico value. (Target=11.6%)

Current Data: Proportion of adults who report binge drinking in past 30 days.

Geography	2009	2011	2013	2015
U.S.	15.8%	18.3%	16.8%	16.3%
Texas	14.9%	18.9%	16.7%	15.9%
El Paso MSA	13.9%	N/A	15.4%	18.0%
New Mexico	12.8%	16.4%	14.5%	12.9%
Doña Ana MSA	N/A	23.5%	(2012) 20.0%	N/A

Measurement: Behavioral Risk Factor Surveillance System (BRFSS).

Objective 2.4c: By December 2020, decrease the proportion of adults 18-65 in Juárez who report binge drinking in past 30 days by 20%. (Target 15.6%)

Current Data: Juárez=19.5%

Measurement: Alcohol Survey in Juárez, 2014. A household survey has been conducted by Instituto Nacional de Psiquiatría will be published in 2017.

Goal 3: Create environments that contribute to reductions in underage, binge drinking, and associated harms.

The following are process objectives that will guide strategies.

Objective 3.1: By March 2018, policy agendas that address harms related to alcohol retail density and practices will be developed for El Paso, Juarez, and Las Cruces.

Objective 3.2: By May 2018, the Alcohol Impact Network will include partners from relevant sectors, including organizational leadership, that contribute to Network policy efforts and shared measurements.

Objective 3.3: By May 2018, a measurement system that includes the indicators for Goals 1 and 2 as well as indicators of associated harms of underage and binge drinking will be developed. A listing of indicators can be found in Appendix A.

Objective 3.4: By June 2018, a youth behavioral health survey will be deployed in at least three school districts. The survey will be deployed every two years thereafter to track trends in alcohol use by high school students.

Objective 3.5: By August 2018, an evaluation of the first year of the implementation and enforcement of the social host ordinance in El Paso evaluation report will be conducted.

Objective 3.6: By December 2018, recommendations on strategies for addressing college binge drinking in the region will be developed.

Objective 3.7: By August 2019, an update to the Underage Drinking Report for El Paso will be released.

Objective 3.8: By September 2020, a sustainability plan for the Alcohol Impact Network will be developed.

Objective 3.9: By December 2020, the number of community providers trained in motivational interviewing will increase.

Strategies

The following strategies will be implemented from January 2018-December 2020.

- Advocacy for environmental and policy change: The primary focus of the initiative will be advocating for improved policies that contribute to system or environmental changes. Policy strategies will be guided by data and input from community partners. Targeted Requests for Proposals will be released annually.
- Backbone organization support: The YMCA of El Paso will continue to serve as the backbone organization (BBO) for Shift+. The BBO will lead advocacy efforts, facilitate coalition functions, capacity building trainings, and provide technical assistance to grantees and other partners. The Health Foundation is moving towards having one BBO per Priority Area. Beginning in 2018, the YMCA will serve as the BBO for both Shift+ and A Smoke Free Paso del Norte.
- Coalition building and sustainability: The BBO, in collaboration with PdNHF staff, will provide support to the Alcohol Impact Network using the Collective Impact framework. The capacity of working groups will be strengthened to advance advocacy efforts and ensure the sustainability of the structure and functioning of the Network.
- Measures: 1) GIS mapping will be used to assess and monitor alcohol-related risk factors in the retail environment. 2) The El Paso Youth Health Behavior Survey will continue to be deployed in participating high schools to measure self-reported alcohol consumption. 3) Shared measures identified by the Alcohol Impact Network to track advocacy efforts will be monitored and updated as data become available. 4) Shift+ grantees will be monitored for completion of approved objectives. 5) The Alcohol Impact Network and the BBO will be monitored using the Collective Impact framework. While the BBO will carry out some of these duties, additional funding may be needed.
- Brief Motivational Interventions: Training in motivational interviewing will be offered to regional service providers and community partners with PdNHF support. Efforts to build sustainable training programs will be explored.
- Evaluation: Coalition/network functions, fidelity to Collective Impact principles, and advocacy and policy change efforts will be evaluated.

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Appendix A

Shared Measurement System Indicators: Many of these indicators were included in the Underage Drinking Report. Others, such as crime data, can be utilized in GIS mapping to correlate specific harms with alcohol outlet density or location. In April 2017, Alcohol Impact Network members agreed that these indicators represent the initiative’s shared measures. The BBO will coordinate the collection of and develop a dashboard to track these data. Note: Strategies will continue to emerge after the writing of this strategic plan. The list of indicators may change as new strategies are implemented.

Indicator	Current data	Measurement
<i>Social Host</i>		
Percentage of high school students that report that alcohol is always used at home parties in El Paso	El Paso, 2012: 9 th graders=16.1%; 10 th graders=21.8%; 11 th graders=39.0%; 12 th graders=45.4%; grades 7-12=22.2%.	Texas School Survey of Drug and Alcohol Use (YISD), 2012.
Number of calls for service for underage drinking parties in communities that have adopted social host ordinances. To date, El Paso, Luna County, and Anthony, New Mexico have passed ordinances.	Data not currently available. El Paso does have data for calls for services for loud parties/loud music. In 2014, The El Paso Police Department received 9,443 calls from all regional commands for service for loud music/loud parties.	Efforts will be made to work with the police departments in each community to develop a tracking system for this measure.
Number of social host citations in communities that have adopted social host ordinances.	Baseline data will be collected starting in 2017.	Efforts will be made to work with the police departments in each community to develop a tracking system for this measure.
<i>Retail</i>		
Number of off-premise alcohol retail establishments that confirm the purchaser’s age before selling alcohol in Juárez.	In 2015, 23% of off-premise alcohol retail establishments asked for identification to confirm the buyer’s age before selling alcohol to a young person in a pilot neighborhood in Juárez.	Shift+ Pseudo-Sales Pilot Study. <u>Additional data:</u> In 2014, 22.9% of adolescents 12-17 years old reported buying alcohol in a shop, supermarket, or liquor store (Alcohol Survey in Juárez, 2014).
Place of last drink in El Paso.	Data not currently available.	Efforts will be made to work with the police departments to develop a tracking system for this measure.

Crime data used in GIS mapping:	Crime data below is number of calls to El Paso Police Department from June 2015-December 2016	
Disturbance ¹	Number of calls: 53,206	El Paso Police Department
Burglary	Number of calls: 10,280	El Paso Police Department
Theft	Number of calls: 15,579	El Paso Police Department
Harassment	Number of calls: 524	El Paso Police Department
Mischief	Number of calls: 5,008	El Paso Police Department
Narcotics	Number of calls: 2,041	El Paso Police Department
Sexual Assault	Number of calls: 1,291	El Paso Police Department
Robbery	Number of calls: 1,188	El Paso Police Department
<i>Other indicators that are sensitive to underage drinking policies</i>		
Sexually-transmitted diseases (13-20 year olds)	El Paso, 2014: Chlamydia: 1739 cases Gonorrhea: 208 cases	El Paso County STD data, TB/HIV/STD Epidemiology and Surveillance Branch, Texas Department of State Health Services
Teen pregnancy		Texas Department of State Health Services Center for Health Statistics
Driving after drinking	El Paso, 9 th graders, 2015: 25.8%	El Paso Youth Health Behavior Survey, 2015
Riding with a driver who has been drinking	El Paso, 9 th graders, 2015: 54.9%	El Paso Youth Health Behavior Survey, 2015

¹ Disturbance includes: criminal trespassing, drunk, fights, subject with a gun, subject with a knife, and noise.

The map below is an example of how crime data can be correlated with alcohol retail outlet density.

Alcohol Outlet Density & Crime June 2015-Dec 2016

